

Transform Community Development Housing Support Service

Transform Community Development
Transform House
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Telephone: 01382 322923

Type of inspection: Unannounced
Inspection completed on: 6 June 2018

Service provided by:
Transform Community Development

Service provider number:
SP2003000085

Care service number:
CS2004078915

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Transform Community Development was previously known as Dundee Cyrenians. It was established to provide shelter and support to homeless people in Dundee.

The name of the organisation and service was changed in 2009 to reflect the dynamic approach to providing the service.

The ethos of the organisation in relation to its belief in the value of the individual remains very much intact.

Today, the organisation offers a range of housing support services to homeless people across Dundee.

The residential branch of the service provides support and accommodation to up to 70 single homeless people in three premises across Dundee. In one of the premises, the organisation provides accommodation with housing support for 15 people who have longer term health and support needs. This part of the service now has registration to provide care at home as well as a housing support service.

What people told us

During this inspection we received the views of 22 people. 13 people gave us their views through questionnaires and another nine people spoke with us during our visits. We heard that people felt respected and listened to by staff. Some people felt staff went above and beyond in the support they provided. They told us the difference this had made to them both practically and emotionally. Comments included;

"When I ask the staff for something they try their hardest to do it for me"

"Staff are good and respectful towards service users. You can talk to them about anything and they go out of their way to fulfil your needs"

"Staff here really care"

"Support staff are fantastic. They feel like friends"

"It would be good if it was easier for wheelchair users. Moving light switches or changing how the doors work would be great"

Self assessment

The service had not been asked to complete a self-assessment before this inspection. During our visit we looked at their own improvement plan and quality assurance paperwork.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

People told us they felt respected and listened to. They felt staff supported them to achieve positive outcomes such as moving on from temporary accommodation. Staff we spoke with were compassionate and motivated to providing high quality support. We heard how their practice was evolving to a more psychologically informed and flexible way of working with people. This meant events were managed more thoughtfully with greater focus on working with the person to prevent a recurrence.

People using the service can be reassured that the organisation works hard to keep them safe. Staff had all received recent adult support and protection training and were confident about their responsibilities. Management, recording and auditing of incidents and accidents had all improved since our last inspection. This meant that events were acted on quickly and analysed to identify trends. People can be confident that staff are recruited safely and the right checks carried out. We asked the registered manager to be more transparent about how some decisions were reached, for example, through risk assessments.

During our previous inspection we told the provider to make sure people had a regular review of their support. We told them to make improvements to the written plans of support and assessment completed with every service user. Having clear written records makes sure that all staff know how to work with people in the right way. We saw great improvements had been made in this area. We were confident that the auditing process now in place would continue to maintain and improve staff skills and confidence in this area.

We looked at records of medication during this inspection. We highlighted some areas for improvement in relation to written records. This was in relation to best practice for hand written entries. This would make sure that it was clear who made the change, what the change was and when it was made. Although auditing was generally very robust, we asked that changes to the audit was made to reflect Care Inspectorate medication guidance.

Conversation cafes had recently been introduced as a way of gathering feedback from people using the service. The effectiveness of this was in the process of being reviewed. It was clear that the organisation was keen to hear people's views and use this to improve and develop. However, it had been an on-going challenge to find the best way to engage people. We feel this should be one of the key areas for development in the year ahead.

In summary, we thought the service had made positive changes this year and these had a significant impact upon peoples' support experience. Staff were embracing the concept of developing a psychologically informed environment and were using this to reflect on their own practice. All staff should be commended for their work in making these changes and their openness to improved ways of working.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

During this inspection staff told us they felt supported by their manager and senior support workers. We heard that they had regular opportunities for one to one supervision. This was regular protected time with a senior member of staff. Reflective practice had been introduced into supervision. This practice helps staff to explore a working experience in detail. It supports staff to think about their own feelings, what worked or didn't work and how they might change their future approach to similar events. This way of working supports a staff team to remain motivated and continually improve the way they work with people. It is a key feature in developing a psychologically informed environment.

We heard that the organisation was in the process of considering mandatory training and how it should be delivered. E-learning was being explored as a cost effective way of delivering some training. This would allow resources to be directed to external events and training. We heard from some staff about recent opportunities to attend training in psychologically informed approaches. We heard how this had supported them to think about their own practice and consider changes to how they work.

People using the service were positive about the staff who worked with them. They felt respected and valued. We heard examples of how staff had worked with people and the difference this had made in their lives. We heard how a more flexible approach from staff was leading to a significant change in culture. Working in this way is known to support positive outcomes for people experiencing homelessness both in the short and longer term. We highlighted some instances where written records could better reflect the culture of respect and tolerance. We agreed this was an area for further learning and could be addressed through support plan audits and checks.

We saw how staff had been afforded more responsibilities through working groups. This year should consolidate on this work, supporting their growth and change. Involving staff in this way supports motivation and makes sure staff have a real voice in the growth and direction of the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We saw that each part of the service had a development plan. This had been informed by two staff development days. These days had given staff the opportunity to come together and identify goals and objectives for the year ahead. Staff told us they had welcomed and benefited from this opportunity. It was striking for us to see the difference in the cohesion and direction of the staff team over the past 12 months. Staff spoke with great passion and determination to continue to build on recent improvements. We thought the opportunity to be fully involved in determining the goals and objectives of the service had been key in supporting this. We heard that a further day was planned for late summer 2018 and yearly thereafter. Careful consideration must be given to look at ways to keep the plan dynamic. This would make sure goals remain shared, progressed and reviewed regularly.

We were pleased that quality assurance processes were beginning to embed and lead to improvements. This included regular checks in areas such as support planning, finance and medication. We heard that the board hoped to develop "key performance indicators" in the near future. These are a number of agreed goals which indicate how well the service is performing.

We thought communication had greatly improved. An online planner was used to share information and we found staff were up to date on important changes and developments. There was a more measured approach to making changes based on planning and review. This should be built upon with greater consultation forming a key feature of the planning stage.

The registered manager should be commended for both his involvement and enthusiasm in developing services for people experiencing homelessness. This was evident both within the service and on a wider local basis. Staff were beginning to think about their role in developing a psychologically informed environment. Specialist training was increasing staff understanding and commitment to change. This should continue to be built upon and be reflected within development plans.

Staff we spoke with held senior staff in high regard. They felt valued, supported and told us there was an "open door" approach from senior staff. Some staff felt their had been a cultural shift for staff as well as for people using the service. Staff disengagement from the organisation had been an area of concern for us during our inspection in 2017. Whilst we recognised the significant improvements, we thought more work was required in this area. We highlighted this to the Chief Executive during feedback.

We recognised the work from all staff in making the improvements we saw during this inspection. We thought a strong foundation had been built to support on going development and improvement which reflected the views of all stakeholders. This year should see these improvements fully embed whilst continuing to support change in a planned and measured way.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that the support service users require from staff is clear. In order to achieve this the provider must ensure;

- assessments of risk and the strategies to reduce risk are agreed and in place
- plans of support are agreed and in place and accurately reflect the current needs of service users
- these assessments and plans are reviewed no less than six monthly and updated when necessary

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011, SSI 2011/210 regulation 4 (1)(a)

Timescale for Completion: To commence immediately and be completed within 12 weeks.

This requirement was made on 1 June 2017.

Action taken on previous requirement

Please refer to quality of care and support findings.

Met – outwith timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
1 Feb 2018	Announced (short notice)	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
24 May 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed 3 - Adequate 3 - Adequate
4 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
16 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate Not assessed 4 - Good 3 - Adequate
25 Nov 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
11 Dec 2015	Re-grade	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
8 Jul 2015	Unannounced	Care and support Environment Staffing Management and leadership
		2 - Weak Not assessed 3 - Adequate 3 - Adequate

Date	Type	Gradings	
12 Jun 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
15 Oct 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate 4 - Good
8 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
6 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good 4 - Good
25 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate 4 - Good

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