

## Blue Triangle Oban Housing Support Service Housing Support Service

Albany Street  
Oban  
PA34 4BG

Telephone: 01631 565575

**Type of inspection:**

Unannounced

**Completed on:**

29 May 2018

**Service provided by:**

Blue Triangle (Glasgow) Housing  
Association Ltd

**Service provider number:**

SP2003000162

**Service no:**

CS2004079132

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

Blue Triangle Housing Support Service (Solas) provides temporary accommodation and support for up to five service users living at the service. The service is provided for people who are experiencing homelessness. The principal aim of the service is to work with individuals to promote their independence and to prepare them to sustain future tenancies.

## What people told us

We spoke with three service users who told us about their experience of living at the service. Each person commented positively about the support they received from staff, with some saying, "Its offered me a place to stay and I get good support from staff", and "Its good here, I get on well with staff and the others who live here". Some service users told us about their personal circumstances and how the service guided them in making decisions and that staff spent time helping them to access other agencies for support.

## Self assessment

The provider was not required to submit a self assessment document for this inspecting year.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

During this inspection, we considered how the service supported people to meet their needs. We spoke with service users, staff and managers and reviewed support plans for people using the service. We concluded that supports were personalised and tailored to meet individual needs and awarded a grade of good for this quality theme.

During this inspection, feedback from people using the service was very positive and we found that staff spent time with service users, discussing their needs and identifying supports. For some, this included help to complete college applications and access social security benefits, while others were signposted to addiction services and treatment for personal health care. All service users received help with housing applications and close links with colleagues in housing departments assisted this process.

Although we reviewed annual evaluations relating to the quality of provision for service users, we felt that the service should explore how more routine evaluation of the views of a changing population of service users, could better evidence the experiences and outcomes for people using the service. This practice will help to inform key priorities for service improvement and we discuss this more under quality theme 4 of this report.

Involving service users in meaningful activity was encouraged by the service and we found that opportunities to participate in local community projects or take part in organised leisure activities, helped service users to develop a positive sense of wellbeing. By socialising with others, during barbeques, picnics and hill walking, service users were encouraged to develop positive relationships which promoted improved mental and physical wellbeing. Within the service, there were opportunities for supported cooking sessions, with staff trained in safe food handling and during such activity, we noted that service users provided a supportive role for one another, by cooking meals for other residents.

Importantly, there was a focus on involving service users in improving the quality of their experience and by spending time with service users, over coffee and shopping, staff enabled service users to talk about supports, which they identified were important to them. While involved in social activity such as shopping, service users were encouraged to choose items which enhanced the quality of their experience and living environment. Service user meetings were also used as a means of exploring how the service could be improved and from minutes of meetings, we noted that people using the service were encouraged to make suggestions about preferred activities and were reminded about taking responsibility for the upkeep of private and communal areas. Meetings were held regularly and this helped to ensure that there was a forum during which service users could express their views and receive information about opportunities available within the local community. Although we were satisfied that the views of service users were listened to, we felt that response times, in relation to persistent requests, such as the installation of WiFi, could have been dealt with more quickly. We discussed this with the manager at inspection feedback and asked that this be addressed following our inspection.

When supporting service users to address personal challenges, we found that staff were both insightful and compassionate when responding to individual needs. For example, we saw that service users were supported sensitively to obtain food parcels, when they were unable to purchase groceries. Additionally where some service users experienced significant mental ill health, we noted that staff, who were both skilled and knowledgeable in this area, provided on going support to assist service users to better understand how to self manage their anxieties and behaviours. The effect of the ill health of some service users required to be carefully managed and staff worked hard to mitigate and minimise the impact for other residents.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

We awarded a grade of adequate for this quality theme, further to speaking with service users, staff, managers and following observations of practice.

We found that key staff working at the service showed strong commitment to meeting the needs of service users. Through sensitive and well informed practices, it was evident that staff regularly exercised professional practices, in order to assess risk and identify how service users may respond to interventions. Such practices included displaying patience and actively listening to service users. By getting 'alongside' those using the service, staff displayed great empathy and insightfulness about how relationship based practices would yield better outcomes for service users.

In our discussions with staff, we heard that the ability to support service users correctly, was of significant importance to them and our discussions highlighted the need for awareness and understanding of each service user's circumstances. We found that upon arrival at the service, staff engaged with service users at a pace suited to them as individuals, however, prior to working directly with people, information to assist assessment, was variable. For example, there were times when referring agencies had not provided adequate information at the point of referral, to allow for appropriate risk assessment or identification of needs. Collaboration with partner agencies plays a critical role in understanding how the needs of each service user can be met and therefore, we have asked that discussion takes place with those agencies, in order to promote improved practice.

Formal training had provided the opportunity for staff to work alongside service users during supported cooking and this had been implemented since the last inspection visit. We also noted that lone working training also offered important guidance to staff, who routinely worked alone in the service.

Concerns regarding safe and adequate staffing levels, highlighted at previous inspections, continued to impact upon the service provided. The provider had explored solutions to staff recruitment, however we remained concerned that the service was not adequately staffed at times and this meant that service users relied upon support from staff based in other Blue Triangle housing services, who were less familiar with their support plan. We asked the manager to raise our concerns with the organisation and to review existing arrangements to improve the staff cover across the service. We have made a recommendation regarding this practice. (see recommendation 1).

With some staff, we discussed the support received from the new manager of the service, who was appointed in the latter part of 2017. Those staff commented that they had received formal supervision and that the manager had provided a responsive and supportive presence within the service. This had been appreciated, with those staff expressing that they felt very supported and reassured. However, we asked the manager to ensure that the frequency of supervision is maintained, in light of the areas for improvement highlighted throughout this report. We will assess this at the next inspection.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. The service should explore how current staffing arrangements can be improved.

This is to ensure that care and support is consistent with the Health and Social Care Standards that states that 'I am supported and cared for by people I know so that I experience consistency and continuity' (HSCS 4.16) and 'My needs are met by the right number of people' (HSCS 3.15).

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

During this inspection, we considered the quality of management and leadership within the service. Further to discussions with service users, staff and review of documentation, we awarded a grade of adequate for this quality theme.

The manager, who had been in post since late 2017, had made some impact upon the provision of the service. Further to a comprehensive period of support from the external manager, the manager had met with staff and service users to develop their understanding of the service. By attending service user meetings, the manager was able to consider existing provision and identify where improvement could be made. By also beginning the process of regular supervision for staff, the manager was gaining important insight into key strengths and areas for development within the staff team. We asked that assessment now be translated into a service development plan and that protected time be given to staff, to consider how they will address identified areas for improvement. Given the significance of this piece of work, in that it should focus on developing structured approaches to improving the overall quality of the service, we have made a requirement that time be afforded to prioritise development planning and implementation of a development plan. (see requirement 1).

We were encouraged to find that the Assistant Project Manager had now been assigned daily duties within Solas. We believed that this should encourage a focus on development planning and support the service to operate more effectively. Additionally, this should allow for a more detailed approach to quality monitoring and the development of a robust approach should link with key priorities for improvement.

As stated under quality theme 3 of this report, we had concerns regarding the referral process for new admissions and we asked that this be reviewed to allow for all 'known' information to be shared with the service, prior to service users coming to live at Solas. The manager committed to discussions with referring agencies and we will review progress at the next inspection. Our expectation is that all relevant information is shared by agencies and that this supports risk assessment and support planning for those accessing the service.

## Requirements

**Number of requirements:** 1

1. The provider must ensure that all aspects of the service operate effectively in order to suitably meet the needs of service users. This must include safe and adequate staffing across all aspects of the day, regular staff supervision to ensure effective provision, development planning to promote key priorities and robust quality monitoring practices to ensure a continued focus on improvement.

This is comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, 2011/210, Regulation 4 (1) (a) - make proper provision for the health, welfare and safety of service users.

Timescale: 3 months from publication of this report.

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

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

## Previous requirements

There are no outstanding requirements.

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

## Previous recommendations

### Recommendation 1

The service should ensure that there are regular opportunities for service users to discuss how they can be involved in improving the quality of their experience.

National Care Standards, Housing Support Services, Standard 6 - Choice and Communication.

**This recommendation was made on 10 July 2017.**

**Action taken on previous recommendation**

We found that the service used a range of methods to involve service users. These included service user meetings, which allowed for collective discussion and also one to one time with service users, either in the service or in the local community.

**Recommendation 2**

The service should create a development plan, taking account of the views of all stakeholders.

National Care Standards, Housing Support Services, Standard 3 - Management and Staffing Arrangements.

**This recommendation was made on 10 July 2017.**

**Action taken on previous recommendation**

This remained an outstanding area for improvement and we have addressed this within the body of this report.

**Recommendation 3**

The service should review risk assessments to ensure that all risk is identified and interventions are clearly stated and understood by all staff providing support.

National Care Standards, Housing Support Services, Standard 1 - Informing and Deciding.

**This recommendation was made on 10 July 2017.**

**Action taken on previous recommendation**

A limited number of staff were present during our inspection visits and therefore we were only able to confirm that those staff were fully aware of the risk assessment relating to each service user. Whilst we were satisfied that staff routinely working at the service, had a good knowledge of service users needs, further to spending time in the service, we did highlight the importance of obtaining information about each service user, prior to them being placed at Solas. We have discussed this more within the body of the report.

**Recommendation 4**

The service should implement robust quality monitoring procedures to ensure that fundamental systems are in place and operate effectively.

National Care Standards, Housing Support Services, Standard 3 - Management and Staffing Arrangements.

**This recommendation was made on 10 July 2017.**

**Action taken on previous recommendation**

This remained an outstanding area for improvement and we have addressed this within the body of this report.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
10 Jul 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate
30 Jul 2015	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
6 Jan 2015	Unannounced	Care and support 2 - Weak Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
27 Feb 2014	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
13 Feb 2013	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
20 Sep 2011	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
28 Sep 2009	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.