

Inverclyde Centre Housing Support Service

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Telephone: 01475 715 880

Type of inspection:

Unannounced

Completed on:

4 June 2018

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Service no:

CS2004078039

About the service

The Inverclyde Centre is managed by Inverclyde Council's Health and Social Care Partnership (HSCP) and is registered with the Care Inspectorate to provide a housing support service. The service provides support to people in the Inverclyde area who are homeless or at risk of becoming homeless.

The service supports people in temporary and permanent accommodation including within the 27 bedsits in the Inverclyde Centre, two of which can accommodate couples. Additional emergency accommodation can be accessed primarily within Inverclyde.

Support is provided for up to four hours each week. At the time of this inspection the service was supporting 98 people.

The aims and objectives of Inverclyde HSCP Homelessness Service are:

- To prevent homelessness and provide high quality support for those who become homeless, and their families.
- To ensure that services are appropriately organised and that staff are skilled and trained to deliver effective inputs.
- To ensure that service users have a role in the development and delivery of services.

What people told us

During this inspection we sought the views of people who use the service in a number of ways. We visited people at their home address, met people in the Inverclyde Centre and carried out telephone interviews. We also took into account the feedback within the three questionnaires that were returned to the Care Inspectorate.

People told us that they received a good service and spoke highly of staff. The support provided had helped people to sustain their tenancies and this contributed to improvements in other areas of their lives. The service was described as flexible and people told us about the practical support they received including support to manage debt and maximise their income.

Self assessment

The Care Inspectorate did not ask the provider to submit a self assessment prior to this inspection visit.

From this inspection we graded this service as:

| | |
|--------------------------------------|--------------|
| Quality of care and support | 4 - Good |
| Quality of staffing | not assessed |
| Quality of management and leadership | 3 - Adequate |

What the service does well

People who use the Inverclyde Centre service benefit from the multidisciplinary approach with access to a range of health and housing professionals. As a result of the effective working relationships between the staff at the Inverclyde Centre residents of the centre were able to proactively address any concerns they had. This included presenting health concerns and difficulties associated with substance misuse and debt.

The service provides emergency and temporary accommodation and assistance to help people secure their own tenancies. People identified improved health and wellbeing as a positive outcome from the security of having somewhere to live.

The practical support provided by the homemakers and the wider team helped people to maximise their income. This increased the potential for people to be able to improve their living environment.

People using the service achieved good outcomes because staff were flexible, resourceful and responsive to their needs. Staff demonstrated good local knowledge and this meant that people benefitted from being signposted to support agencies that provide on going support in areas including counselling and support to maintain their recovery from addictions.

People using the service felt valued because the homemakers managed their time effectively to ensure that people received regular and responsive support. People spoke positively about staff who demonstrated good communication skills and an ability to develop positive working relationships.

What the service could do better

There were many challenges and demands on staff time and this was compounded by the continued difficulties with the IT systems at one of the base locations. This contributed to some of the areas we identified as needing to improve.

The provider uses the outcome star to plan and review peoples support. This approach helps people to identify the areas in their lives where they wish to make changes. We found that the quality of information within the support plans was variable and ranged from very detailed information to partially complete and in some cases incomplete. Reviews of the support plans had not always taken place. This meant that for some people there was limited documented information about their needs, effective interventions and the improvements that they had made. (See requirement 1)

Quality assurance needed to improve to ensure the people who use the service are able to comment on the quality of the service they receive. The opportunity for the service to improve from the feedback of people using the service was also limited. (See recommendation 1)

The provider acknowledged that the service could be improved and at the time of this inspection the service model was being reviewed. Whilst the findings from this had informed a wider strategic plan we identified the need for a local improvement plan to help drive up quality at the service.

Quality management systems needed to improve to be more effective and to ensure that the manager was aware of what needed to improve and how those improvements could be made. (See recommendation 2)

Staff with supervisory responsibility needed to register with the Scottish Social Services Council (SSSC). (See recommendation 3)

Whilst we acknowledge robust internal reporting mechanisms, the provider had not been compliant with their duty to report accidents and incidents to the Care Inspectorate. (See recommendation 4)

Requirements

Number of requirements: 1

1. 1. To ensure that people's needs are met the provider must put in place the following action by the 1st December 2018:

Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff.

Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards:

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15). I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12).

It also complies with:

Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 4

1. The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved and regular feedback should be used to improve and develop the service.

This is to comply with the Health and Social Care Standards: I can be meaningfully involved in how the organisations that support and care for me work and develop

(HSCS 4.5). I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership (HSCS 4.7). I am supported to give regular feedback on how I exercise my care and support and the organisation uses learning from this to improve (HSCS 4.8). I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

2. To continuously improve the quality of the service provided the manager should ensure that regular and effective auditing takes place.

This is to comply with the Health and Social Care Standards: I use a service and organisation that are well led and managed (HSCS 4.23). I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

3. The provider should ensure that staff who are required to do so register with a professional body.

This is to comply with the Health and Social Care Standards: I use a service and organisation that are well led and managed (HSCS 4.23).

4. The provider should ensure that they inform the Care Inspectorate of any accidents and incidents and follow the guidance on making notifications.

This is to comply with the Health and Social Care Standards.

I use a service and organisation that are well led and managed (HSCS 4.23).

Complaints

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

Inspection and grading history

| Date | Type | Gradings |
|-------------|--------------------------|--|
| 26 Apr 2016 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good |
| 25 Apr 2014 | Unannounced | Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good |
| 26 Apr 2013 | Announced (short notice) | Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate |
| 27 Apr 2011 | Announced (short notice) | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed |

| Date | Type | Gradings | |
|------------|-----------|---------------------------|--------------|
| | | | |
| 8 Jan 2009 | Announced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |

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