

Glasgow Services Housing Support Service

Kirkhaven Business Centre
120 Sydney Street
Glasgow
G31 1JF

Telephone: 0141 378 0700

Type of inspection:

Unannounced

Completed on:

11 December 2018

Service provided by:

Cornerstone Community Care

Service provider number:

SP2003000013

Service no:

CS2004073020

About the service

Glasgow Services is managed by Cornerstone Community Care Group. It is registered to provide a housing support and care at home service to adults with physical disabilities and mental health problems as well as people with learning disabilities.

Levels of support are based on the individual's assessed care needs and can range from a few hours a day to 24 hour care.

The stated vision of the service is:

"To meet and exceed the expectations of our customers, particularly people we support."

The aims of the service include:

"To enable the people we support to enjoy a valued life."

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

What people told us

We met a number of people during home visits and at a local community centre. We were only able to have short verbal exchanges with people using the service, but could see that they appeared relaxed and at ease in the company of support workers. We observed positive interactions and noted that individuals were able to communicate their needs and wishes to staff.

Relatives spoke positively about staff and management and most felt that their family member experienced a good quality of life as a result of service delivery. They spoke very highly about all the staff who were described as kind and respectful and who made people feel happy and contented. Relatives said that the staff understood their family members' likes and dislikes and their "little ways", encouraging the person to reach their potential. Comments included,

"My son gets out into the community now which he didn't in his previous place."

Some individual concerns were raised and these were discussed with managers during the inspection.

Self assessment

The service did not require to submit a self-assessment as part of this inspection process. We looked at the service improvement plan. While we found clear evidence of relevant information and clear examples of positive outcomes achieved, it was not always clear how some aspects of the plan related to the continuous development of the service as a whole. We would like to see the service improvement plan developed and we provided some guidance for managers to assist with this process.

From this inspection we graded this service as:

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

What the service does well

How people spend their day is important in maintaining their wellbeing. Social inclusion was given a high priority in this service. Holidays, outings and accessing a range of social events were positive examples of this. We could see that supported individuals were involved in a range of group and individual activities which gave meaning and enjoyment to their lives. We suggested to managers that people would benefit from a review of what staff were aiming to achieve during the bi-weekly community centre events to promote a more meaningful, innovative and purposeful approach to these day opportunities.

When services are focused on ensuring that care and support is provided in the right way this helps promote better outcomes for those receiving the service. Staff and others we spoke with could give us examples of how the service had made a positive difference to the lives of supported individuals. For instance, this included maintaining better weight and diet, and positive changes in reducing distressed behaviour which meant less need to administer 'as required' medication.

When people have a support plan that is right for them this ensures that their needs and wishes are met appropriately. Overall, support plans provided staff with comprehensive information about the person's support needs, providing a clear picture of the person to guide staff and which encouraged people to be as independent as possible. We make further comment about support plans under the next section in the report.

Staff we met impressed as caring, committed, person centred and hard working, often going above and beyond to meet the needs and wishes of supported individuals and their family carers. We observed positive interactions with staff being person centred and appropriately attentive to needs and wishes.

A few parts of the service had adopted the provider's new model of care approach, known as "Local Cornerstone". This involved small self-organised teams based on devolved responsibility and local decision-making to provide care and support in a way that enabled people to live a valued life. Managers identified that the staff in these teams were lacking practical support to ensure they were properly skilled and accountable in their practice. To address this issue, managers were keen to introduce a practical mentor role. We will review progress with this during our ongoing regulatory activity with the service.

Staff described team leaders as approachable and visible role models. Staff could also describe to us an open culture where they could freely raise any concerns with members of management or an external agency.

People who experience care should be confident that the staff who support them are competent and receive training relevant to their needs. The service had a training plan which reflected support needs. Staff told us they had regular opportunities to participate in training that was relevant to their role. This meant that people were supported by staff who understood and were sensitive to their needs and wishes.

The staff induction process was tailored to the training needs of individual staff. Relatives had the opportunity to be involved in the staff selection process which meant that their views about recruitment decisions were taken into account.

What the service could do better

The settling in period for people living at the Provanmill service location had been characterised by complex behaviour affecting the shared relationships. We understand that ongoing discussions were taking place with the local authority to ensure the best interests of the people involved. However, the impact of staff turnover and a relatively inexperienced staff team focused on working with complex behaviours within a newly set up 'self-organised' team, had added to the challenges faced. Managers acknowledged that the service had to learn lessons from the events of the last year.

Concerns had been raised as a result of a number of adult protection incidents over the course of the last year, particularly, but not solely, affecting the Provanmill service location. We noted that appropriate actions were taken in response, following events. Immediate action was also taken during the inspection when we pointed out the known risks to an individual who had experienced a serious fall. However, the service needed to get better at proactively assessing and managing such incidents to avoid the occurrence of events which had the potential to lead to poor outcomes. For instance, this should involve using risk assessments and incident records to systematically and consistently pick up on lessons learnt and include assessing the impact of environmental factors, changes needed to support plans or considering any specific staff learning and development needs (See Recommendation 1).

We asked managers to look at how support plans could evidence the involvement of all interested parties and better demonstrate how progress with achieving identified outcomes was measured. In general, we came across inconsistencies in recording practices which indicated the need for better auditing processes (See Recommendation 2).

It is important that people are protected by accountable record keeping as this ensures their interests are protected. We noted from records sampled, such as hot water temperature checks and finance records, that there were some discrepancies in recording (See Recommendation 2).

People's interests are protected when they have the appropriate support to ensure their rights are being upheld. Some supported individuals using this service had no family to represent their interests. We encouraged managers to be more proactive in seeking independent advocacy involvement in these situations.

People are likely to receive consistent care and support when the staff team is stable and work well together. Staff retention was an issue for the service as a whole. It was notable that a number of new staff had left the service or were planning on leaving after a relatively short period of time. The service provider should review recruitment and retention processes to ensure continuity of support and so that the right people are recruited and continue to work in the service (See Recommendation 3).

More attention could be given to developing a culture of reflective practice where staff discuss and learn from incidents and good practice guidance which informs and influences their work. The majority of staff we spoke with had not read the new Health and Social Care standards or were aware of how these standards should underpin the care and support that the service provided. We found that key aspects of staff performance monitoring and support were not happening consistently across the service, including direct observation of staff practice, individual supervision and holding team meetings (See Recommendation 4).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. In order that people are kept safe and have a good quality of life, managers should:

- Ensure that staff have a clear understanding of their responsibilities through appropriate training, day to day support and team discussion.
- Use risk assessments, and incident and accident records to better inform service delivery and support planning in the interests of the health and welfare of supported individuals.

This will ensure care and support is consistent with the Health and Social Care Standards, which state, "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty" (HSCS 3.18) .

2. To ensure that people's care and support needs are appropriately and safely met, managers should:

- Carry out tighter and more regular audits of support plan paperwork including, risk assessments and finance records to ensure they are up to date, accountable and accurate, and reflect the actual care and support provided.
- Adopt a more outcome focused approach to reviews that clearly measure how well the outcomes that matter most to people and are identified in the person's support plans are being achieved.
- Ensure that health and safety recordkeeping is maintained in an accountable fashion.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support meets my needs and is right for me" (HSCS 1.19) and, "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

3. In order that people can be confident that their care and support is consistent and stable, the manager should review its recruitment processes and staff retention strategy to ensure continuity of support.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with" (HSCS 3.18) and, "My care and support is consistent and stable because people work together well" (HSCS 3.19).

4. In order that people can be confident that the service is provided by staff who receive regular feedback on their practice and can reflect on their work performance, the manager should ensure that all staff:

- Have opportunities as a team and individually to reflect on good practice guidance, particularly the new Health and Social Care standards.
- Regularly undertake reflective accounts individually and as a team to demonstrate how theory has informed practice.
- Receive regular one to one supervision and direct observation of their actual work practice.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (3.14).

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
16 Nov 2017	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed Not assessed 5 - Very good
17 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 5 - Very good Not assessed
20 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good
6 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good
10 Dec 2013	Announced (short notice)	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 5 - Very good 5 - Very good
21 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good
16 Nov 2010	Announced	Care and support Environment Staffing Management and leadership 5 - Very good Not assessed Not assessed Not assessed

Date	Type	Gradings	
8 Apr 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
8 Jul 2008	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.