

Engage Support Services Housing Support Service

27 Rathlin Street
Glasgow
G51 3AS

Telephone: 0141 445 0301

Type of inspection:

Unannounced

Completed on:

7 November 2018

Service provided by:

Scottish Association For Mental Health

Service provider number:

SP2003000180

Service no:

CS2014334286

About the service

Engage Support Services is registered with the Care Inspectorate to provide a housing support and care at home service to adults with mental health problems who are homeless; some people may also have needs associated to addictions. The provider is Scottish Association for Mental Health (SAMH).

The service has been registered with the Care Inspectorate since 13 July 2015.

Engage Support Services is located over two sites in Pollok and Govan, and a staff office is based in each area.

The staff team consists of the registered manager, two team leaders and support workers.

As the purpose of the service is to help people move on, the length of stay for a person is usually up to two years.

The service aims and objectives have been revised since the last inspection with the involvement of supported individuals and staff to better capture the change in registration to housing support and care at home. The service aims "to support people to develop the skills, confidence and resilience to build coping strategies and tools that will help them to self manage and to feel positive and ambitious for their future". We suggested some guidance to the manager to assist with further developing the aims and objectives.

What people told us

People who received the service were very pleased with the service, the care and support they received and the way it was managed and led. They told us that the service was provided by people who understood and supported them and encouraged them to live a better life. However, a few people were struggling with what was expected of them and, for instance, one person told us it was not the right service for him. Concerns were also raised over the use of agency staff. Comments included,

"Staff are looking for things that give meaning to my life, what I am interested in."

"Putting myself back together again."

"Everyone has got time for me."

Self assessment

Although the service was not required to submit a self-assessment for the inspection, the service should continue to work on gathering evidence to support and explain grades and continuous improvement.

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	4 - Good

What the service does well

When people are supported in a person centred way this ensures that the care and support is tailored to their particular needs and wishes. We could see that this was a key strength of the service, which supported individuals who were often experiencing crisis management situations. Many of those we spoke with could identify how the service made a positive difference to their lives. We found examples where people were actively working towards becoming more independent, engaged with their local community and experiencing improved mental health.

Since the last inspection, a number of people had got to a point in their recovery where they had successfully moved on to their own tenancy or other supported accommodation. People could give us examples of how community links had been developed and how support with budgeting, housework and maintaining a tenancy had led to people developing the confidence and skills to think about the next steps on their road to recovery.

When people are recognised as experts of their own experiences they will feel listened to and respected. This is important as it ensures that their wishes and preferences are used to shape how they are supported. We could see that people were fully involved in developing their recovery focused support plans. Regular monthly meetings with supported individuals provided the opportunity to discuss progress, concerns, and make plans in the person's interests indicating an inclusive approach to support planning. Regular reviews of support plans took place with all interested parties.

We observed staff during two home visits and noted they were enabling, encouraging, accepting of people's situations and non judgemental. This positive approach was also reflected in the comments from people we spoke with, for instance, one person said, "Staff are looking for things that give meaning to my life, what I am interested in" and another commented, "I am a lot calmer since I came here, put this down to the staff".

People should be confident that the manager and leader of a service is a visible role model as this ensures a management vision that inspires, encourages the development of staff skills and aligns staff performance with identified aims and objectives. Everyone described the manager and her team leaders as approachable and supportive. We could see that those who led the service had a clear knowledge of each supported person's circumstances. This meant they could guide staff effectively. One person told us, "the Manager fights for me...showed compassion towards me as she... didn't give up on me". Staff and managers also worked closely together. This was important as it meant that staff could influence improvements as they felt valued and listened to.

Staff participated in regular supervision, appraisal and team meetings. These forums gave them the opportunity to reflect on best practice and develop a shared understanding of their role and responsibilities. In general, we found a range of appropriate ways that managers checked the quality of the service and which meant that people could have confidence in how the service was provided. The manager recognised the benefits of peer review of services and was keen to maintain this aspect of quality assurance.

What the service could do better

We noted from speaking to staff and supported individuals, that at times placement referrals were viewed as inappropriate. For instance, some people found that they were in a service which was not right for them so consequently it did not work out well. We would want managers to consider how the referral process could be made more rigorous to ensure that people are well enough to participate in a programme that requires participation and full understanding of what the individual can expect and what is expected of them.

We highlighted the need to increase staff opportunities around specific areas of need such as addictions training.

The service, particularly the Pollok project, relied on agency staff to help cover staffing shortages. We found from feedback that people still raised issues about the quality of some agency staff and the effect on consistency of care. One person noted, "the agency staff, makes me disorientated. I need someone who knows me and is able to calm me down". We continued to find gaps in training and education for agency staff despite the service moving to a different agency company (See Recommendation 1).

Support plans should give clear direction about how to deliver each person's care and support. Care records sampled indicated to us that staff were still finding their feet with the new paperwork that had been introduced since the last inspection. We discussed with managers some inconsistencies in recording and the need to ensure that outcomes were written in a way that provided clarity to the reader and could be easily measured. Attention to these issues would mean that support plans can better reflect the positive person centred work that staff carry out with people in practice to meet identified outcomes.

We also discussed with managers how care records could better record staff actions and responses to supporting positive behaviour, a recommendation highlighted at the last inspection (See Recommendation 2).

While we found a strong culture of involvement, we discussed with managers ways to make further improvement. In particular the service could evidence people's involvement in the service development plan. This would ensure a shared understanding of how the service should be progressing and that people's views are an essential part of this.

It is important that people can have confidence that any concerns they may have are being heard and followed up. Managers acknowledged that delays in responding to a recent complaint need to be avoided in future.

We could see that managers were diligent at informing appropriate agencies of adult protection concerns. However, they needed to ensure that they followed up on these referrals and did not close off their reporting mechanisms too hastily. This would ensure that they can fully demonstrate the actions taken and have carried out the duty to protect people. We were reassured by the immediate steps managers were taking to address this issue when we brought this to their attention.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. In order to ensure that people receive a reliable service with continuity of care, the service provider should,
 - fill staff vacancies and review its staffing resources and strategy for staff retention to ensure continuity of support without the need to rely on the use of agency staff
 - where agency staff are used, put in place arrangements for checking that agency staff have been suitably trained before supporting people and this should include mental health and addictions training which are key support needs for people

- introduce a system for assessing and monitoring the quality of agency staff at service level as part of quality assurance systems.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: My needs are met by the right number of people (HSCS 3.15), I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation (HSCS 4.15) and, 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 (HSCS 3.14).

2. In order that people are enabled to manage stressed and distressed behaviour appropriately and build positive relationships with other people as much as they can, managers and staff should look at how behaviour plans could better demonstrate staff actions and positive responses. Organisational guidance and specialist input should be sought as needed to support the team in this exercise.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: I am enabled to resolve conflict, agree rules and build positive relationships with other people as much as I can (HSCS 2.16).

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 Aug 2017	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
29 Sep 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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