

SAMH - Edinburgh Support Service Housing Support Service

18/7 Baltic Street
Leith
Edinburgh
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Telephone: 0131 553 7782

Type of inspection:

Announced (short notice)

Completed on:

5 February 2019

Service provided by:

Scottish Association For Mental Health

Service provider number:

SP2003000180

Service no:

CS2004081888

About the service

We used the new Health and Social Care Standards to evaluate the care and support people using SAMH Edinburgh Support Service experienced. The standards focus on the experience of people using services and describe what people can expect. They can be accessed at www.gov.scot/Publications/2017/06/1327/downloads

SAMH Edinburgh Support Service registered with the Care Inspectorate in April 2011. It is registered to provide housing support and care at home to people with mental health problems living in their own homes. The service operates from an office at Baltic Street, Leith. At the time of the inspection, the staff consisted of a team leader (registered manager) and nine support workers.

SAMH's Mission statement is:

'We will work to raise the aspirations and expectations of people who use services, people who deliver services and society as a whole.'

What people told us

At this inspection, 34 people were being supported by the service.

We spoke to 14 people using a range of ways to communicate and received 13 questionnaires. We also spoke to two family members and three external professionals.

Overall people told us they experienced good care and support.

Comments from people who receive support include:

'I know people are there for me'

'I'd be a bit lost without support'

'they really listen to me and give good advice'

'I don't want my support to change, it sometimes changes with little notice'

'there are times when I see people (staff) that I am not expecting to see at times I am not expecting to see them'

'I have no say in who supports me'

Relatives told us:

'they are generally really good and do their best'

'although it's been erratic, I have a sense things are getting better'.

Self assessment

We are not asking services to submit a self-assessment for this inspection year but expect services to take account of the new Health and Social Care Standards, My support, My life, and our Quality Framework to evaluate their service and plan future 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	5 - Very Good

What the service does well

We evaluated the quality of care and support that people experienced and concluded there were important strengths.

Paperwork was detailed and guidance on how to support each person was clear and reinforced by relevant risk assessments. People were involved in reviews of support plans along with other relevant parties. Reviews were carried out regularly and when changes occurred. Staff clearly understand people's support needs and wishes and had a good grasp of indicators for when people's health deteriorated. Staff also had a good understanding of the roles and responsibilities in supporting vulnerable adults.

Some people described relationships as respectful and compassionate which enabled them to have trust and confidence in their support. We also saw evidence of a flexible and responsive approach to some people's changing support needs.

Visiting professionals informed us staff were good at maintaining communication and attending formal reviews led by other agencies, all to people's benefit. They also advised the service understood the role of different professionals and agencies involved in people's care and treatment.

'they are good at understanding [person supported]'s mental health needs'

'the support workers have good knowledge and skills' and 'show a flexible approach when required'.

We evaluated the quality of management and leadership and concluded there were major strengths.

There was a new team leader who was also the registered manager. As her previous role was with SAMH, she was fully aware of the policies, processes and values expected of the service. She was described as 'open and approachable' by staff and people knew who she was, most having met her.

The service had also recently experienced a turnover of staff with the team leader having to cover gaps in service delivery. However, there was clear evidence she was well supported by senior management to think creatively about staffing solutions and recruitment was underway.

An outcomes focused framework 'pathway' for assessing and planning support had been fully implemented. This ensured people received the right support for them. There were good quality assurance systems in place to

ensure that staff maintain a focus on the needs of individuals and that they follow organisational procedures. The management team encouraged staff to take more ownership of quality assurance so that they learn from each others' work. People who were supported can be confident that the management and staff team work very well together with the aim of continually improving the service.

The service promoted participation. There was a regular newsletter which encouraged contributions from everyone. People who were supported had also been involved in the recruitment of new staff. A senior manager from outwith the service carried out telephone surveys on a six monthly basis. It had been determined this was an effective way to gather people's views. People could be confident that their views were listened to and acted upon.

We heard there were fortnightly team meetings which incorporated dedicated time for training and practice development. We saw detailed minutes of these meetings as well as evidence of regular and beneficial supervision for all staff. This enabled people to feel confident staff had the knowledge and skills to support them effectively.

What the service could do better

There were some areas which could improve the quality of care and support.

Some people told us they had at times experienced inconsistent and 'erratic' support and were given limited notice of arrangements. One person informed us that due to these difficulties, they cancelled support for a whole month 'November was a bad month; support was chaotic and I got so fed up with it I cancelled support for a month'. A family member also echoed this concern. This is reflected in recommendation one.

Staff were generally unfamiliar with the new standards that promote people's rights, independence and dignity. We shared copies of the Health and Social Care Standards 'My Life, My Support'. Staff should be supported to become familiar with the standards and consider new and innovative ways to support people to achieve their wishes, choices and support needs and promote their rights. The team leader had agreed to incorporate discussions of the Standards during practice development sessions at team meetings.

People should receive support that reflects current Scottish legislation in order that they are protected and supported properly. We discussed staff developing their knowledge and understanding of relevant legislation - see recommendation two

There were few areas which could improve the quality of management and leadership. Areas we thought they could improve, management were already progressing.

People who required support in relation to managing their finances should have confidence this is being delivered according to best practice and legislation. Management had not implemented suggestions made at the time of the last inspection in terms of reviewing and updating their Service User Finance Policy and therefore a recommendation has been made - see recommendation three.

We heard some people being supported benefited from attending a 'service user group'. This enabled them to contribute to service development as well as offer opportunities for socialising. However, this had not been held in a number of months. The service could look at how this could be reintroduced.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. People should know when support is planned and who is delivering support. The service should ensure any changes to this should be discussed with people as soon as possible. Any changes should be kept to a minimum to ensure consistent care and support and avoid disruptions to people's health and well-being.

This is to make sure care and support is consistent with Health and Social Care Standards, My Support, My Life (HSCS) which states 'I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support' (3.11) and 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

2. In order for people to experience support inline with relevant legislation, the service should develop its understanding of current legislation which impacts on people's daily lives. This includes but is not limited to:

- 1) Mental Health (Care and Treatment) (Scotland) Act 2003
- 2) Adults with Incapacity (Scotland) Act 2000
- 3) Criminal Procedure (Scotland) Act 1995

This is to make sure care and support is consistent with Health and Social Care Standards, My Support, My Life (HSCS) which states 'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2), 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3) and 'if a decision is taken against my wishes, I am supported to understand why' (HSCS 2.13).

3. The service should review and update its 'service user finance' policy. This is to make sure management and support of people's finances is consistent with Health and Social Care Standards, My Support, My Life (HSCS) which states 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

Complaints

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

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 reviews of support plans and risk assessments should take place at least once every six months. If this has not happened then the reason for it should be clearly recorded.

National Care Standards Care at Home. Standard 3: Your Personal Plan.

National Care Standards Housing Support Services. Standard 4: Housing Support Planning.

National Care Standards Care at Home. Standard 4: Management and Staffing.

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

This recommendation was made on 23 November 2016.

Action taken on previous recommendation

We were satisfied that reviews of support plans and risk assessments were taking place at least once every six months. Support plans and associated documents were up to date. This recommendation was met.

Recommendation 2

The service should consider revising the support plans and reviews so they better capture the progress people are making towards their personal outcomes. How progress towards outcomes at an overall service is recorded could also be more detailed.

National Care Standards Care at Home. Standard 3: Your Personal Plan.

National Care Standards Housing Support Services. Standard 4: Housing Support Planning.

National Care Standards Care at Home. Standard 4: Management and Staffing.

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

This recommendation was made on 23 November 2016.

Action taken on previous recommendation

SAMH have developed a new outcomes framework which is aligned to the new health and social care standards. New 'pathway' recording is to be introduced to more clearly show people's goals, the support they need to achieve these and progress towards their outcomes. The staff felt the new framework was a positive step but had some concerns about how much time monthly updates would take. We will assess progress with this recommendation at the next inspection. We would also welcome ways to collate and evidence overall service outcomes.

Recommendation 3

The service should consider introducing 360 degree feedback from service users and staff. This should be fed into staff supervision and appraisal.

National Care Standards Care at Home. Standard 4: Management and Staffing.

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

This recommendation was made on 23 November 2016.

Action taken on previous recommendation

The service had considered this recommendation but had not yet implemented a system. This recommendation is carried forward.

Recommendation 4

The service should work with staff so that they manage their time better and keep the paperwork up-to-date.

National Care Standards Care at Home. Standard 4: Management and Staffing.

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

This recommendation was made on 23 November 2016.

Action taken on previous recommendation

We found that record keeping was generally well maintained and up to date. There were regular audits by the manager and any gaps in service user records were addressed. This recommendation was met.

Recommendation 5

The service should ensure that yearly appraisals happen for all staff and are fully completed.

National Care Standards Care at Home. Standard 4: Management and Staffing

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

This recommendation was made on 23 November 2016.

Action taken on previous recommendation

We saw that established staff had received a yearly appraisal which was meaningful and relevant. This recommendation was met.

Inspection and grading history

Date	Type	Gradings
14 Dec 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
17 Nov 2016	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
3 Nov 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
17 Nov 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
18 Jul 2014	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 3 - Adequate Management and leadership 2 - Weak
29 Nov 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
7 Mar 2013	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
30 Jan 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed

Date	Type	Gradings	
		Management and leadership	4 - Good
17 Nov 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
23 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed

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