

Sense Scotland Supported Living Glasgow 1 & Surrounding Area Housing Support Service

43 Middlesex Street
Kinning Park
Glasgow
G41 1EE

Telephone: 0141 883 3275

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Sense Scotland

Service provider number:

SP2003000181

Service no:

CS2004061986

About the service

Sense Scotland Supported Living Glasgow 1 & Surrounding Area provides an integrated housing support and care at home service to adults with sensory impairment and other disabilities. The service is provided to people in their own homes and it currently covers the Craighton, Clydebank, West End, Southside, Gorbals and Bearsden areas of Glasgow. Support offered to people varies according to assessed need. Most receive 24 hour support.

The registered manager is responsible for managing the service with support from three locality managers and four supervisors overseeing care staff who provide direct support to people.

During this inspection, we visited the two supported living services based in the Craighton area of Glasgow, where many people lived. We also spent time with someone from the outreach part of the service who was participating in a community based activity and met another person who was being supported by staff whilst in hospital.

The service leaflet states that, "every service is tailor-made for you and designed with your potential and independence in mind."

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 could see from our observations that people appeared at ease in staff company. They were able to communicate their needs and wishes to staff and we concluded that supported individuals were generally happy with the service they received. One person, who could respond to our questions indicated that she was happy with the service overall. However, this person referred to poor communication at times and also felt there was a lack of service consistency from agency staff.

Family carers provided mixed views about the service. Positive comments were made with regards to permanent staff, but these were overshadowed by concerns about poor communication, lack of confidence in management and leadership, staff turnover and mistakes in people's care.

Comments included,

"Its made a huge difference...they see to his needs when I can't."

"The management have huge problems, he continually sees new faces and he doesn't respond to them."

"Constantly I complain to management."

Self assessment

The service was not required to submit a self-assessment at this time.

From this inspection we graded this service as:

Quality of care and support

3 - Adequate

Quality of staffing

3 - Adequate

Quality of management and leadership

2 - Weak

Quality of care and support

Findings from the inspection

When people are supported in a person centred way this ensures that their care and support is tailored to their particular needs and wishes. We observed staff practice in people's homes and out in the community. Staff were enabling and accepting of people's uniqueness, treating people with dignity and respect. We saw a lot of person centred interactions, encouraging choices and promoting people's preferred pastimes and daily routines. Staff were knowledgeable about people's needs including how to manage distressed behaviour. A key strength of the service was evident in staff relationships and communication with the person.

The last inspection welcomed a notable decrease in the number of adult support and protection referrals to the local authority, which had previously been an issue for the service. However in recent months, concerns relating to the care and support of a few individuals using the service had been highlighted, such as staff not following seizure protocol properly or managing a fall appropriately. This was an indicator to us that staff needed to be ever vigilant to maintaining the highest standards and practice that support high quality care and support.

Support plans should give clear direction about how to deliver people's care and support along with personal interests and preferences. This is important in ensuring that care and support is provided according to the needs and wishes of individuals. We found that support plans were person centred, detailed and informative, with clear protocols, such as behaviour management plans to direct staff in a consistent approach. They contained a good range of information in respect of the person's individual health needs, including the management of medication and past medical history.

However, we would want to see more ruthless archiving of paperwork as there was a great deal of information making some support plans unwieldy and difficult to access. Sampled care records were not dated so it was unclear if support plans reflected current needs and wishes. We also found that relatives' involvement or agreement was not made clear as support planning paperwork, including reviews and risk assessments, were unsigned. If people are unable to make their own decisions we would want to be assured that the views of those who know the person have been considered and taken into account (See Recommendation 1).

Not everyone was receiving a regular review of their support plan. This was a concern because holding regular reviews ensures that people's outcomes and levels of risk are being monitored and appropriately met. This was raised as an issue at the last inspection as well (See Recommendation 2).

We noted a growing number of medication errors being reported. Most of the errors were low level, but staff needed to learn lessons to avoid people potentially experiencing more serious outcomes (See Recommendation 3).

Staff could tell us how the service had made a positive difference to those receiving the service. For example, they told us how individuals were encouraged to participate in the community through groups, outings, shopping, social activities and holidays. However, a lot of experienced staff had left since the last inspection, which was particularly significant given the complexity of needs within the service. The volume of staff changes in the last year was having an impact on consistently meeting identified outcomes for people. For example, when agency staff were not trained to manage medication this could lead to the person being disadvantaged, such as missing out on community activities (See Recommendation 2 under Quality of Staffing).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. In order that people receive care and support that is right for them and that their needs and wishes are appropriately met, the manager should ensure that,

- care plans are appropriately maintained through regular quality audits
- care plan and review documentation are signed by all relevant parties and that staff are following the latest support planning advice and guidance for the person.

This ensures that care and support is consistent with the Health and Social Care Standards which state that, "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)

2. In order that people are involved in planning and reviewing their care and that their outcomes and levels of risk are being monitored and appropriately met, the manager should ensure that all care reviews take place on a regular basis for everyone in the service. This should be at least six monthly or more frequent, depending on need.

This ensures that that care and support is consistent with the Health and Social Care Standards, which state that, "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

3. In order that people can be confident that they are receiving their medication as prescribed, managers should ensure that staff fully adhere to the provider's system for managing medication through staff training, robust medication checks and 'root cause' analysis of medication errors that will help support improvement.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.24)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We could see that staff and management were motivated to provide a high standard of care and support that resulted in positive outcomes for the people they supported. However, we gained the impression from speaking to staff that staff morale and team stability were not as good as they should be. This was in need of attention to ensure people could always expect a staff team that worked well together. Issues raised by staff included,

- more staff working long hours to cover gaps in the shift rota

- lack of notice with rotas
- spiral of experienced staff leaving the service and others looking to follow
- staff not turning up on time for shift or sometimes, not being informed about the shift impacting on staff stresses and demands
- feeling unsupported by managers who staff described as overworked and 'fire fighting'.

The staff we spoke with and observed were generally passionate about ensuring people received a good quality of life, but the above points were having a negative impact on the staff working well together, leading in turn, to a potential negative impact on the people using the service (See Recommendation 1).

The majority of people we spoke with highlighted concerns in relation to staff retention and turnover, and the impact this was having on people's outcomes. Despite the efforts of the provider to recruit and retain an appropriate pool of staff, the previous recommendation in this area was not yet met (See Recommendation 2).

Agency staff we spoke with were positive about their induction and shadowing experiences. However, we did not see evidence of ongoing monitoring arrangements for agency staff other than at their induction. They should be included in all learning and development opportunities relevant to the role they are asked to perform and be included in regular observations of their practice in key areas. This will help to promote consistency of practice for people receiving the service.

Staff were aware of a recent BBC Panorama programme which highlighted abuse of supported individuals in a social care service. They expressed confidence that such events would never happen or be tolerated in this service and described an open culture where any wrongdoing would be reported and dealt with.

People who experience care should be confident that the staff who support them are competent and have opportunities to learn and develop. We continued to find gaps in training for staff. Consequently, we were not able to confirm that everyone receiving the service was supported by teams of people who were well trained and skilled. Whilst we found some signs of recovery in relation to providing regular staff supervision and observations of practice, this was not sustained across all the teams. These areas remain a priority in developing staff performance as previous and recent incidents in the service have shown that people are at risk when staff do not have a shared understanding of their role (See Requirement 1).

We were pleased that managers were placing greater emphasis on the Scottish Government's Health and Social Care standards to promote positive outcomes and safe care. However, staff were not clear about this good practice guidance, indicating that more work needed to be done to ensure that the standards were implemented successfully and underpinned service delivery (See Recommendation 3).

Requirements

Number of requirements: 1

1. In order to meet the assessed needs of people who use the service, the provider must ensure that staff receive the support required to do their job safely. In order to achieve this the provider must ensure:

- staff supervision is performed in accordance with the provider's policy and procedures in order to ensure staff are supported to discuss and develop their roles.
- the service sustains systems for assessing staff competency across all the teams, such as formal assessment of observed practice.

- staff receive the appropriate training to meet the needs of the individuals they support.

This ensures that people experience high quality care and support that 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). It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 15(a)(b) (i)(ii) - Staffing

Timescale: To be fully implemented by 31 October 2019.

Recommendations

Number of recommendations: 3

1. In order to ensure that people can maintain their confidence in the people who support them, the service provider should focus on addressing those issues affecting staff morale and teamwork to foster a more unified and collaborative approach aimed at achieving better outcomes for people.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support is consistent and stable because people work together well" (HSCS 3.19).

2. To ensure everyone can feel confident in receiving continuity of support, the manager should continue to increase staffing resources available to the service and continue to look at ways to improve staff retention.

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 3.16).

3. In order that people can be confident in the workers who support them, managers should ensure that staff have the opportunity to reflect individually and at regular team meetings on their work practice and take account of best practice guidance, including the new health and social care standards.

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).

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Our findings under the other quality themes in this report, along with those findings reported here, have had a bearing on our evaluation of this quality theme as weak.

The service had been through a difficult and unstable period since the last inspection. This was characterised by staff and management turnover and changes in management arrangements.

The new manager acknowledged to us that these events had affected her ability to manage and lead the service effectively, resulting in reactive and unsustainable approaches to development and quality assurance. There was still a significant amount of work to be done in relation to sustaining local quality assurance audits, safe practice, staff supervision, training/education, maintaining direct observations and spot checks of practice, and upskilling on matters related to effective management and leadership (See Requirement 1).

The views of people should be sought, including when the person has reduced capacity or cognitive impairment, as this ensures that they experience high quality care that is right for them. We could see that staff and managers communicated effectively with people in ways that gave them comfort and reassurance. However, a number of the relatives and care managers who provided feedback, told us that they felt communication with families could be a lot better. A recurring theme from this and previous inspections was that relatives felt their concerns were not being listened to and addressed. For example, some relatives felt that their concerns about poor outcomes for their family member were unsatisfactorily addressed over a number of years, not helped by the frequent changes in management personnel. One person commented, "I spend enough time sending emails and texts and having conversations on how to improve the service - nothing works!" This view was echoed by other agencies we spoke with, for instance, one social worker commented, "They need to rebuild relationships and trust" (See Recommendation 1).

We discussed with managers that it would be good to evidence people's involvement in the service development plan. This involvement would ensure a shared understanding of how the service was progressing and that people's views were an essential part of this process (See Recommendation 1).

We discussed with the new manager the importance of accountable notification reporting of significant incidents as we found a few discrepancies with regards to informing the Care Inspectorate of notifiable incidents. This is important as notifications help us understand how the service is performing and responding to matters that have or could have an impact on the safety and quality of care for people.

Managers told us that they recognised that the service was not yet performing well enough in key areas. We acknowledged the concerted efforts and action planning by the new management team and the continued desire and commitment to make service improvements. However, the provider requires to demonstrate an overall strengthening and effective monitoring of management and leadership approaches that will be able to respond proactively to the needs of this service to achieve and sustain improvements.

Requirements

Number of requirements: 1

1. The provider must ensure that quality assurance for the service is sustained and is carried out effectively to show good governance that contributes to high quality care. In order to demonstrate this:

- routine and regular management monitoring of the quality of care and support, staffing and management and leadership must take place and include analysis that identifies themes and root causes and action taken on follow-up to effect change or improvement that is needed.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I use a service that is well led and managed' (HSCS 4.23). It is also necessary to comply with Regulation 4 (1) (a) Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 31 October 2019.

Recommendations

Number of recommendations: 1

1. In order that people receiving the service and their relatives can have confidence in the leadership of the service, the provider should ensure:

- good lines of communication are maintained resulting in families feeling listened to and that their concerns are welcomed and responded to in a spirit of partnership.
- the service improvement plan is made available to people to show actions being taken by the provider in response to quality audits and what people receiving the service, relatives, staff and external stakeholders are identifying as areas for improvement.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12) and, "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7).

Grade: 2 - weak

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

Previous requirements

Requirement 1

In order to meet the assessed needs of people who use the service, the provider must ensure that staff receive the support required to do their job safely. In order to achieve this the provider must ensure:

- Staff supervision must be performed in accordance with the provider's policy and procedures in order to ensure staff are supported to discuss and develop their roles.
- Staff have the appropriate training and skill to meet the needs of the individuals they support.

This ensures that people experience high quality care and support that 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). It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).Regulation 15(a)(b) (i)(ii) - Staffing

Timescale: To be fully implemented by 31 December 2018.

This requirement was made on 8 October 2018.

Action taken on previous requirement

This requirement was not fully met. We comment on this within the report.

Not met

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

Previous recommendations

Recommendation 1

In order that people receive care and support that is right for them and that their needs and wishes are appropriately met, the manager should ensure that:

- care plans are appropriately maintained through regular audits
- care plan and review documentation are signed by all relevant parties and staff are following the latest advice and guidance for the person.

This ensures that care and support is consistent with the Health and Social Care Standards, which state that, "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)

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

This recommendation was not fully met. We make further comment about this in the report.

Recommendation 2

In order that people are involved in planning and reviewing their care, the manager should ensure that care reviews take place on a regular basis for everyone in the service.

This ensures that care and support is consistent with the Health and Social Care Standards, which state that, "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17)

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

This recommendation was not fully met. We make further comment about this in the report.

Recommendation 3

To ensure everyone can feel confident in receiving continuity of support, the manager should continue to increase staffing resources available to the service and continue to look at ways to improve staff retention.

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 3.16)

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

This recommendation was not fully met. We make further comment about this in the report.

Recommendation 4

In order that people can be confident that staff work well together in providing their care and support, managers and staff should continue to develop a shared understanding of how they should deliver support and work together to tackle tensions and low morale within teams.

This will ensure care and support is consistent with the Health and Social Care Standards, which state, "My care and support is consistent and stable because people work together well." (HSCS 3.19)

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

This recommendation was not fully met. We make further comment about this in the report and have reworded the recommendation.

Recommendation 5

In order that people are supported in a consistent manner by staff, the manager should ensure that the service implements systems for assessing staff competency such as introducing observed practice as a part of their supervision.

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) and, "My care and support is consistent and stable because people work together well." (HSCS 3.19)

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

While we found some signs of improvement with regards to this recommendation, it was not yet fully actioned and sustained across the whole service. We make further comment about this in the report.

Recommendation 6

In order that people can be confident in the workers who support them, managers should ensure that staff have the opportunity to reflect individually and at regular team meetings on their work practice and take account of best practice guidance, including the new health and social care standards.

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)

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

This recommendation was not yet fully met. We make further comment about this in the report.

Recommendation 7

In order that people benefitted from a service focused on continuous improvement, the manager should ensure that key quality auditing processes and staff performance systems are carried out on a regular basis.

This will ensure care and support is consistent with the Health and Social Care Standards, which state, "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

This recommendation was not fully met and we make further comment about this in the report.

Recommendation 8

In order that people can feel safe about how staff provide their care and support, the manager should ensure that staff receive a full debrief following a serious incident.

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

This recommendation was made on 8 October 2018.

Action taken on previous recommendation

Evidence from sampled incident and accident records indicated that this recommendation was now met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
27 Aug 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
20 Feb 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
11 May 2017	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
27 Jun 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
25 Jan 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
14 Jul 2015	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 4 - Good
7 Jul 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings
28 Jun 2013	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
27 Sep 2012	Announced (short notice)	Care and support 2 - Weak Environment Not assessed Staffing 2 - Weak Management and leadership 2 - Weak
27 Jun 2011	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
8 Oct 2010	Announced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
21 Jul 2009	Announced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
12 May 2008	Announced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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