

# Inspection report

## Inverclyde Supported Accommodation Support Service

10 Broomhill Way  
Greenock PA15 4HE

**Inspected by:** Colin Goldie  
**(Care Commission Officer)**

**Type of inspection:**

**Inspection completed on:** 12 December 2008

**Service Number**

CS2004077439

**Service name**

Inverclyde Supported Accommodation

**Service address**

10 Broomhill Way  
Greenock PA15 4HE

**Provider Number**

SP2003000180

**Provider Name**

Scottish Association For Mental Health

**Inspected By**

Colin Goldie  
Care Commission Officer

**Inspection Type****Inspection Completed**

12 December 2008

**Period since last inspection**

15 months.

**Local Office Address**

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## **Introduction**

The Scottish Association for Mental Health (SAMH) Inverclyde Supported Accommodation project registered with the Care Commission in April 2004 to provide a combined Housing Support and Care at Home Service.

SAMH is a voluntary organisation with projects across Scotland, providing services for people with mental health problems.

There are two components to this service:

1. The alcohol related brain damage (ARBD) service supports people who have a history of alcohol abuse and associated brain damage to re-establish themselves in the community. Each person in this service has a tenancy with Cloch Housing in two properties that are indistinguishable from others in the community.
2. The second service is office based in Greenock and offers support to people with mental health problems to enable them to maintain their own tenancy.

During this inspection support was being provided to 39 individuals. Of these, 16 were being supported in the ARBD service.

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Care and Support - 5 - Very Good

Quality of Staffing - 5 - Very Good

Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

### **Before the Inspection**

This report was written following an announced inspection which took place on 12 December 2008.

### **The Annual Return**

Annual Returns are used to ensure that the Care Commission has up to date and accurate information about care services. Care services are obliged to provide the Care Commission with the information requested in the Annual Return.

The Manager submitted a completed Annual Return as requested by the Care Commission.

### **The Self-Assessment Form**

The Manager submitted a self-assessment form as requested by the Care Commission. This contained information on what the Manager considered the project did well, and identified

areas of development.

#### Views of service users

The Officer had the opportunity to meet with 3 service users during the inspection. Their comments were positive and will be reflected in the report.

#### Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant inspection Focus Area and associated National Care Standards, any recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

#### Staff at inspection

This inspection was undertaken by Colin Goldie, Care Commission Officer.

#### Evidence

During the inspection evidence was gathered from a number of sources including:

Discussion took place with Manager, Service Managers, Support Staff and service users.

Observation of staff practice.

Complaint records.

Staff training records.

Service users Support Plans.

Business Excellence Update results and summary.

All of the above was taken into account during the inspection process and was reported on.

#### Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

The inspection was based on the Quality Assessment Framework. This report reflects three Quality Themes appropriate to combined Housing Support and Care at Home services:

- Quality of Care and Support
- Quality of Staffing
- Quality of Management and Leadership

Inspection Focus Area:

#### Notifications

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

## Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

## Action taken on requirements since last Inspection

There were no requirements arising from the previous inspection.

## Comments on Self Assessment

A fully completed self-assessment document was submitted by the Manager. This was completed to a high standard, providing relevant information for each of the Quality Themes and Statements.

The Manager identified the projects' strengths and areas of ongoing development.

## View of Service Users

Prior to the inspection 20 Care Standard Questionnaires had been provided to service users and family members of which 13 were returned, 9 noted that they were "very satisfied" with the service, 3 "satisfied" and 1 "dissatisfied".

Questionnaires commented:

"If I have any complaints I go to the staff, but I have no complaints."

"My sister is very well cared for by the staff."

"I really enjoy living in my new home and all the support I get from staff."

"I enjoy the social side with all my neighbours."

"I have no complaints and am really happy with everyone and every other thing."

"I feel that she (sister) has been cared for and respected well."

In addition to the above two questionnaires were returned from external professionals. these commented:

"I feel the standard of service provided by SAMH is very high. They communicate regularly with myself, attend all reviews and have been flexible and person centred in their approach to working with the service user."

"Good support provided to service users. Support Plans are clearly explained and reviewed on a regular basis. A flexible approach to service users' needs promotes effective working

relationships."

"The service maintains excellent links and provided valuable information regarding service users."

There were no negative comments made to the Officer during the inspection.

**View of Carers**

There were no family members available to comment during this inspection.

## **Quality Theme 1: Quality of Care and Support**

### **Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

#### **Service Strengths**

The findings in this section are based on Quality Statements 1.1 and 1.2.

An examination of relevant documents and feedback from service users, the Manager, staff and family members indicated a very good performance by the service in relation to this statement.

As part of their Business Excellence system SAMH sent questionnaires regarding service provision to all service users and a wide range of external agencies, for example Local Authorities and Health Boards. These requested the recipients opinion regarding a range of matters appropriate to their involvement in the service, such as:

"SAMH staff are always courteous to me."

"SAMH have my best interests at heart."

"SAMH staff convey a sense of hope for me and my recovery."

In line with the Business Excellence system the service undertook an annual Satisfaction Survey. This provided questionnaires to service users, relatives, advocates, Care Managers and appropriate others. Returned questionnaires were analysed and published, informing the "Local Objectives" plan.

There was an extensive range of participation methods utilised within the project to gather the views of service users and significant others. These included regular Care Co-ordination and Care Programme meetings at which service users could discuss and change the service being provided with their Key Worker. Reviews evidenced that the wishes of aspirations of service users were listened to and, where appropriate, acted on, for example accessing employment and education.

A Peer Support Group had been set up, by a service user, to ensure that the views of those using the service were sought. This group was planning to meet in the community to ensure that it was not seen as part of SAMH.

The ARBD project had set up a service user forum to seek the views of those using the service, while the Mental Health component had identified a member of staff who had responsibility to distribute information via a "User Involvement Folder."

The Manager informed the Officer that SAMH as an organisation and staff as individuals recognised the central role that service users had in improving the quality of care and support provided.

This approach evidenced that the views of those using the service were sought on an ongoing and systematic basis, informing the direction of the service and activities undertaken.

The Manager and staff were considering how to meaningfully involve all those using the service in the grading process.

Service users spoken with during the inspection confirmed that the Manager and staff actively sought and listened to their comments, actioning any points of development.

There was a Complaints Policy in place. The Manager informed the Officer that complaints would be recorded and investigated. Records confirmed this assertion. Complaint details were forwarded to Inverclyde Council Social Work Services on a quarterly basis.

Based on the findings of this inspection, the service has been awarded the following grade:

Quality Statement 1.1 - 5 - Very Good.

### **Areas for Development**

The Manager and staff have made very good progress in engaging service users, relatives and appropriate others in assessing and improving the quality of care and support. It is the Manager's intention that this will be sustained to ensure continued positive outcomes.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 2: We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential**

### **Service Strengths**

An examination of relevant documents and feedback from service users, the Manager and staff indicated an excellent performance by the service in relation to this statement.

The Manager stated that the service adopts a "Recovery Approach" when working with service users. This underpins the techniques adopted by staff in that engagement with those using the service is solution focused and motivational. There is a very strong emphasis on relationship building.

The service has strong links with the local Alcohol & Drug Team, Mental Health Resource Group and Mental Health Development Group.

The Manager and staff informed the Officer that they aimed to encourage service users to make individual choices and achieve their potential. One example of this was the SAMH "Hopes and Dreams Fund" which could be used by service users to access funding to help them achieve a goal. The funding will be provided for a "taster session", for example a driving



lesson.

In conversation staff displayed a very strong commitment to maximising service user's potential, informing the Officer that each person was treated as an individual. This was confirmed on auditing Support Plans, in observation of staff practice and in conversation with service users.

Service users were provided with personalised Support Plans which detailed the service to be provided, e.g. support with housing, bill payment, community activities, employment and education. Plans evidenced that support was being provided to meet the needs and expectations of individuals. Plans showed that while current support was reviewed future aspirations and wishes were discussed and, where appropriate, acted on. Community links were maintained, encouraged and promoted with service users being supported to access a wide range of community resources.

Support Plans were clearly written and easy to follow, providing clear and unambiguous details regarding individual's support needs and associated Risk Assessments. Plans evidenced that individuals' health, communication, dietary and social care needs were identified and supported as appropriate, e.g. enabling and supporting people to contact and attend Health Care and GP appointments.

In conversation service users informed the Officer that staff listened to their wishes and monitored their wellbeing.

Corporate SAMH policies and procedures were in place covering all aspects of the service. The Manager and staff were proactive in ensuring that these reflected current practice guidance.

Each component of the service held regular, minuted meetings to ensure that individuals' needs were being discussed and met. Service users were enabled and supported to attend these meetings.

Staff were aware of the need to maintain service users' confidentiality.

Based on the findings of this inspection, the service has been awarded the following grade:

Quality Statement 1.2 - 6 - Excellent

### **Areas for Development**

Please refer to Quality Statement 1.1.

### **CCO Grading**

6 - Excellent

### **Number of Requirements**

0

### **Number of Recommendations**



**Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading:**

### **Quality Theme 3: Quality of Staffing**

#### **Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

#### **Service Strengths**

The findings in this section are based on Quality Statements 3.1 and 3.3.

An examination of relevant documents and feedback from service users, the Manager and staff indicated a very good performance by the service in relation to this statement.

Service users spoken with during the inspection commented very positively about the staff, saying they were approachable, listening to concerns and acting on these.

SAMH Inverclyde had developed a "Recruitment Commitment for User Involvement" strategy which stated the project would develop ways to meaningfully involve service users in the recruitment and selection of staff. When a post became vacant service users would be notified and asked if they were interested in being involved in the recruitment process. Service users were involved in the induction process and their views were formally sought and recorded prior to a contract being concluded. There was evidence to show that SAMH Inverclyde worked to this strategy.

Records and conversation evidenced that service users could request a change of support worker.

Please refer to Quality Statement 1.1 for further details.

Based on the findings of this inspection, the service has been awarded the following grade:

Quality Statement 3.1 5 - Very Good.

#### **Areas for Development**

Please refer to Quality Statement 1.1.

#### **CCO Grading**

5 - Very Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

**Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.**

## **Service Strengths**

An examination of relevant documents and feedback from service users, the Manager and staff indicated an excellent performance by the service in relation to this statement.

SAMH had a comprehensive range of policies addressing staff training, supervision and appraisal.

There was a very comprehensive induction programme in place which included mandatory training for staff in areas such as the aims, objectives and values of the service. During the induction period staff were informed of the services' policies and procedures and new staff shadowed more experienced staff. Service users were involved in staff induction, providing feedback at the end of the process.

Each staff member had an individual training record. SAMH had identified staff requiring to undertake training to register with the Scottish Social Services Council and was working to meet this goal.

The project's Training and Development Calendar noted a programme of mandatory and elective training addressing a range of areas appropriate to the support needs of service users, e.g. Scottish Vocational Qualifications Social Care Risk & Vulnerability, Social Inclusion and Child Protection.

Staff were provided with regular, formal supervision (Professional and Practice Review). These sessions addressed a wide range of matters such as training needs, professional development, team building and key worker matters. Staff informed the officer that they found these sessions useful. The project had a Supervision Champion to ensure that supervision occurred and was promoted.

Staff were obliged to complete Reflective Practice Accounts to help ensure that they had an awareness of their practice and worked to the project's expectations.

In discussion staff displayed an awareness of the Scottish Social Services Council (SSSC) and their Codes of Conduct.

Based on the findings of this inspection, the service has been awarded the following grade:

Quality Statement 3.3 6 - Excellent

## **Areas for Development**

Please refer to Quality Statement 1.1.

## **CCO Grading**

6 - Excellent

## **Number of Requirements**

0

## **Number of Recommendations**



## **Quality Theme 4: Quality of Management and Leadership**

### **Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

#### **Service Strengths**

The findings in this section are based on Quality Statements 4.1 and 4.4.

An examination of relevant documents and feedback from service users, the Manager and staff indicated a very good performance by the service in relation to this statement.

Service users and staff spoken with indicated that they were actively encouraged to be involved in expressing their views of the management of the service.

The Manager and staff stated that they maintained open lines of communication to encourage the views of service users, families and external agencies to be expressed. This was confirmed in conversation with staff and service users.

Service users spoken with during the inspection confirmed that the Manager and staff listened to comments and addressed any concerns.

Care Commission inspections were made available to and discussed with service users, relatives and staff. Inspection reports were on public display and would be provided to those considering using the service.

Please refer to Quality Statement 1.1 for further details.

Based on the findings of this inspection, the service has been awarded the following grade:

Quality Statement 4.1 5 - Very Good

#### **Areas for Development**

Please refer to Quality Statement 1.1.

#### **CCO Grading**

5 - Very Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

**Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

## **Service Strengths**

An examination of relevant documents and feedback from service users, the Manager and staff indicated a very good performance by the service in relation to this statement.

The Inspection Focus Area; Notifications, was considered during this inspection. The Manager was aware of the need to notify the Care Commission and Scottish Social Service Council of specific categories of staff conduct and disciplinary procedures.

There was a Complaints Policy in place. In conversation service users indicated that they were aware of the right to complain, saying that they felt comfortable to do so if the need arose. This was confirmed on examining complaint records.

The Manager outlined how SAMH monitored the quality of service delivery through evaluation of performance, e.g. Business Excellence system

The Manager submitted and implemented an Action Plan to take account of any recommendations or requirements made after inspections.

The Manager and staff were proactive in seeking best practice guidance, using this to inform the service's policies and procedures.

Staff informed the Officer that morale was high and leadership respected.

The Manager and staff sought the opinions of service users regarding service provision. Support Plans were reviewed on an ongoing basis to reflect changing wishes and expectations. This ensured there was the opportunity to discuss the service being provided and, if required, changed to meet developing support needs.

Based on the findings of this inspection, the service has been awarded the following grade:

Quality Statement 4.4 5 - Very Good

## **Areas for Development**

Please refer to Quality Statement 1.1.

## **CCO Grading**

5 - Very Good

## **Number of Requirements**

0

## **Number of Recommendations**

0



**Regulations / Principles**

**National Care Standards**

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

There was one recommendation arising from the previous inspection:

1. The Manager should consider how to ensure that appropriate staff receive physical restraint training.

The Manager informed the Officer that 8 staff have undergone training in this area, with refresher training being provided in 2009. As an organisation SAMH has reviewed its Challenging Behaviour Policy. This recommendation is met.

Prior to inspection 20 Staff Questionnaires had been provided of which 14 had been returned. These commented:

"Staff can access a training calendar on SAMH internet."

"My Manager keeps me updated on training courses, relevant to my job."

"I really enjoy my job. I am supported and listened to by my Manager."

"At my workplace we all work to support service users to reach their own potential."

"A good staff team with a Manager who has an open door at all times."

"SAMH staff are trained to provide service user led support where the service user is involved in the support they receive."

"I feel that I am well supported in my role."

"I believe the service provides and maintains an excellent and consistent level of support."

"From a staff point of view there is little opportunity to develop professionally within the service."

The Officer had the opportunity to speak with 5 support staff during the inspection. They displayed a good knowledge of the service's aims and presented as being committed to service users and the staff team.

The ethos of Inverclyde Supported Accommodation was friendly and welcoming. Staff displayed a high level of commitment to all those using the service.

The Officer would like to thank everyone who took part in this inspection for making them feel welcome and at ease.

## **Requirements**

There are no requirements arising from this inspection.

## **Recommendations**

There are no recommendations arising from this inspection.

**Colin Goldie**  
**Care Commission Officer**