

# Inspection report

## Quarriers Homelife Project Support Service

Units 16 - 18 Ladyloan Place  
KCEDG Commercial Centre  
Drumchapel  
Glasgow G15 8LB

**Inspected by:** Morag Kelly  
**(Care Commission Officer)**

**Type of inspection:**

**Inspection completed on:** 14 September 2005

**Service Number**

CS2004070598

**Service name**

Quarriers Homelife Project

**Service address**

Units 16 - 18 Ladyloan Place  
KCEDG Commercial Centre  
Drumchapel  
Glasgow G15 8LB

**Provider Number**

SP2003000264

**Provider Name**

Quarriers

**Inspected By**

Morag Kelly  
Care Commission Officer

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

14 September 2005

**Period since last inspection**

N/A

**Local Office Address**

Central West  
4th Floor  
1 Smithhills Street  
Paisley  
PA1 1 EB  
Tel: 0141 843 4230  
Fax: 0141 843 4289  
Lo-call: 0845 600 8334

## **Introduction**

Quarriers Homelife Project supports 27 adults, to live in their own homes in North West Glasgow and in the West Dunbartonshire Council area.

The registered service was made up of four projects, each was managed by a Team Leader who was overseen by the project Manager.

Each service user had their own support package. Service users were supported with everyday household management tasks as well as being supported to participate in the community.

## **Basis of Report**

Before the visit:

Quarriers Homelife Project sent a Pre Inspection Return, a self evaluation form and information about the service.

The Care Commission Officer wrote to the project stating when the visit would take place.

This inspection was undertaken by one Care Commission Officer and one Team Manager on 14 September 2005.

Prior to the inspection 8 staff and 8 service users returned completed questionnaires.

During the course of the inspection the Officers examined service documentation and spoke with the manager, a Team Leader and 2 Support Workers. The Officer also spoke on the phone with 4 service users.

The inspection focussed on the following Standards and Regulations:

- Care at Home - Informing and Deciding
- Care at Home - The Written Description
- Care at Home - Management and Staffing
- Care at Home - Keeping Well - Medication
- Care at Home - Expressing Your Views
- Housing Support Services - Exercising Your Rights
- SSI 114 Regulation 3 - Statement of Aims and Objectives
- SSI 114 Regulation 4(1) - Welfare of Service Users
- SSI 114 Regulation 5(1) - Personal Plans
- SSI 114 Regulation 7 - Fitness of Managers
- SSI 114 Regulation 9 - Fitness of Employees
- SSI 114 Regulation 13 - Staffing
- SSI 114 Regulation 19(1) - Records
- SSI 114 Regulation 25 - Complaints

## **Action taken on requirements in last Inspection Report**

This was the first inspection.

## **Comments on Self-Evaluation**

The self-evaluation documentation was completed in full prior to inspection and detailed some of the strengths of the service as well as identifying appropriate areas for development.

### **View of Service Users**

The Officer had a telephone conversation with four service users. Almost all stated that they received very good support from staff.

The following comments were made by service users through the questionnaires or in telephone conversations;

"Happy with the care, staff or OK at helping me",

"No complaints, no worries"

"Good help with housework and appointments"

One service user raised an issue about not having their own money and another raised an issue that they would like to know when staff will visit.

### **View of Carers**

The Officers did not have the opportunity to meet with any relatives.

## **Regulations / Principles**

### **Regulation 3: SSI 114 Regulation 3 Statement of Aims and Objectives**

#### **Strengths**

There was a Quarriers Mission Statement and there was information about some of the service aims, included in the Annual Report.

#### **Areas for Development**

This information did not cover all aspects of the service. The manager confirmed that the existing information would be further developed to include the function and purpose of all the projects and the aims and objectives of how this has to be achieved.

### **Regulation 4: SSI 114 Regulation 4 (2) Welfare of Users**

#### **Strengths**

Quarriers standard policies and procedures were in place. These reflected the requirements of those using the service.

Quarriers had a 'Promoting Positive Behaviour' Standard. Staff confirmed that no forms of physical restraint were practised in the service. Staff had undertaken training in relation to developing safe strategies for crisis intervention.

Staff were knowledgeable about infection control and confirmed that they followed Quarriers detailed guidelines for the control of infection.

Examination of support plans and talking to staff and service users, evidenced that the health and welfare needs of users were being met.

#### **Areas for Development**

None identified at this inspection.

### **Regulation 5: SSI 114 Regulation 5 (2) Personal Plans**

#### **Strengths**

Each service user had their own support plan which identified how their health and welfare needs were to be met.

Support plans had recently been reviewed.

#### **Areas for Development**

There were no areas for development identified during this inspection.

### **Regulation 7: SSI 114 Regulation 7 Fitness of Managers**

#### **Strengths**

The provider had confirmed the manager's fitness by submitting the necessary information to the Care Commission. This covered areas such as experience and knowledge.

#### **Areas for Development**

None identified at this inspection.

### **Regulation 9: SSI 114 Regulation 9 Fitness of Employees**

#### **Strengths**

The manager confirmed that Quarriers had a robust staff recruitment procedure which included an application form, the taking up of written references, Disclosure checks and a healthcare assessment. It was not possible to examine examples of all the recruitment documentation during the inspection as some of this information was held at Quarriers Head Office. Confirmation of all the information will be sought from Quarriers Human Resources Department.

Staff had been provided with Scottish Social Services Council Codes of Practice.

#### **Areas for Development**

### **Regulation 13: SSI 114 Regulation 13 Staffing**

#### **Strengths**

Staffing levels varied depending on the needs of service users. There was a rolling programme for staff to gain vocational qualifications. Staff confirmed that they had good access to Quarriers training. This was further evidenced through training records.

Staff who took part in the inspection were knowledgeable and showed a clear commitment and enthusiasm.

#### **Areas for Development**

### **Regulation 19: SSI 114 Regulation 19 (1) Records**

#### **Strengths**

Service users' personal records contained almost all of the required information.

#### **Areas for Development**

## **Regulation 25: SSI 114 Regulation 25 Complaints**

### **Strengths**

Quarriers complaints procedure was made available to all service users. The complaints procedure contained the contact details of the Care Commission and also stated appropriate timescales for responding to complaints.

### **Areas for Development**

## **National Care Standards**

### **National Care Standard Number 1: Care at Home - Informing and Deciding**

#### **Strengths**

Service users were provided with leaflets and a video presentation about the service. The manager had started to develop an information pack. Moreover, she was developing this in graphic/pictorial format.

Quarriers had a mission and values statement. There was a Quarriers standard statement for new people coming to the service.

#### **Areas for Development**

The manager agreed to continue to develop the information pack in line with the information detailed in this standard.

### **National Care Standard Number 2: Care at Home - The Written Description**

#### **Strengths**

Care co-ordination and team meetings took place on a regular basis, to discuss information and plan the care and support to be provided.

#### **Areas for Development**

There were no written agreements for service users or their representatives. The manager had identified the need to develop the written agreement in a user friendly way. It is recommended that the written agreement be developed in line with this standard and ensure that service users who cannot consent have this signed by a nominated representative.

### **National Care Standard Number 4: Care at Home - Management and Staffing**

#### **Strengths**

The manager had recently taken up post and had worked hard to establish good

relationships with service users and staff.

The project had a comprehensive set of Quarriers policy standards which included Administration of Medication, Managing Risk and Complaints. These were updated and reviewed on an ongoing basis.

Staff were well informed about Quarriers Standards and staff confirmed that these were discussed at supervision.

Through discussion with the manager and staff, it was evident that new staff had to shadow existing staff prior to administering any medication.

Staff information reflected that all new staff had to undergo mandatory induction training.

Through discussion with staff and training records, it was evident that staff had good access to training.

Through discussion with staff and observation of service users' information, it was evident that staff support to service users was very flexible and responsive to their needs.

The manager confirmed that all staff who administered medication had been trained to do this.

### **Areas for Development**

Service users' financial transactions were recorded. However, on some occasions there were no countersignatures against the recordings. Staff should ensure that countersignatures are consistently recorded.

One staff member discussed a keen interest in taking part in vocational qualifications.

However, to date had been unable to access this. The manager confirmed that systems were being further developed to improve opportunities for staff to access the rolling programme of vocational training.

## **National Care Standard Number 7: Housing Support Services - Exercising Your Rights**

### **Strengths**

There were Protection from Abuse, Confidentiality and Data-Protection Standards in place.

The manager confirmed that service users' personal information and records were appropriately stored.

Staff respected service users' privacy and through discussion with the manager it was evident that service users' individual needs, wishes and preferences were taken into account.

All service users had their own Care Co-ordinator. Staff had access to the Scottish Social Services Council Codes of Practice along with Quarriers own codes of conduct.

### **Areas for Development**

None identified at this inspection.

## **National Care Standard Number 8: Care at Home -Keeping Well -Keeping Well - Medication (where help with taking medication is provided as part of the service)**

### **Strengths**



The manager confirmed that detailed records were kept about the healthcare needs of service users.

It was not possible to observe the written arrangements for the administration of medication for service users who required this. However, the manager and staff confirmed that this information was fully documented in service users' files stored in their own homes. Staff confirmed that medication was kept in a locked cabinet in service users own homes. Quarriers had a detailed administration of medication Standard.

### **Areas for Development**

There were no areas for development identified during this inspection.

## **National Care Standard Number 11: Care at Home - Expressing Your Views**

### **Strengths**

Through questionnaires and in discussion with staff and service users, it was evident that service users were able to approach staff and management to discuss any concerns. Complaints leaflets were freely available to service users and their relatives.

Through discussion with the manager and staff, it was evident that there were regular meetings where information was shared and ideas discussed.

Through discussion with service users, it was evident staff listened to them and responded appropriately to their support needs.

Four service users took part in a telephone discussion about the service provided to them. It was evident from these discussions that staff and service users had developed positive relationships overall.

### **Areas for Development**

None identified at this inspection.

**Enforcement**

No enforcement action had been taken.

**Other Information**

Included within the Homelife Project was a team providing Planning Services. This team did not provide a Care at Home or Housing Support Service. Staff provided a Person Centred Planning Service to people with a learning disability and also staff training on Person Centred Planning. The Team Leader for this service described a very committed and enthusiastic approach towards the continuing development of this project.

**Requirements**

There were no requirements made at this inspection.

**Recommendations**

National Care Standards care at home, Standard 2: The Written Agreement.

An individual written agreement should be developed and signed by the service user or their representative.

**Morag Kelly**

**Care Commission Officer**