Glasgow Simon Community - Housing Support Branch
Housing Support Service
472 Ballater Street
Gorbals
Glasgow
G5 0QW
Telephone: 0141 418 6980

Inspected by: Anne Borland
Type of inspection: Announced (Short Notice)
Inspection completed on: 31 August 2011
Contents

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Service provided by:
Glasgow Simon Community

Service provider number:
SP2003000169

Care service number:
CS2003054036

Contact details for the inspector who inspected this service:
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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Quality of Management and Leadership</td>
<td>4</td>
<td>Good</td>
</tr>
</tbody>
</table>

What the service does well

The staff at the service are very good at engaging with service users and building up trusting, helping relationships which are based on respect and positive regard.

What the service could do better

The organisation should ensure that current financial limitations do not impact on key time and staff training.

What the service has done since the last inspection

The service has undergone a period of change. This transition appears to have been managed in a way which limited the impact on service users.

Conclusion

The Glasgow Simon Community continues to offer a high quality service for adults who are homeless through vulnerability. Many service users make great progress through receiving the support of the organisation and its staff.

Who did this inspection

Anne Borland
Lay assessor: N/A.
1 About the service we inspected

The Glasgow Simon Community (GSC) is a voluntary organisation which offers housing support services to adults who are, or are at risk of, being homeless. The service offers accommodation and support in different settings to reflect the differing needs, gender and preferences of the people the GSC supports.

The branch has five services:
- Tollcross Project (Men only)
- Govanhill Project (Women only)
- Newlands Project (Mixed gender)
- Parkhead Project (Women only)
- Kent Road Project (Women only)

The provider places a strong emphasis on empowering and enabling service users to take control of their life situation. Staff members provide support with other issues such as budgeting, cooking, addiction and mental health problems and securing future accommodation. The service make referrals to other supporting services. The service was deemed registered by Social Care and Social Work Scotland (SCSWIS) on the 1st April 2011.

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

- Quality of Care and Support - Grade 5 - Very Good
- Quality of Staffing - N/A
- Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection
This announced inspection was carried out over two days on 30 and 31 September 2011. Two projects were visited during the inspection, Kent Road and the Parkhead Project. The SCSWIS inspector met with four service users across both projects, the managers of both projects, a deputy manager and two project staff. Relevant documents were examined, some of which included; the personal support plans for six service users, staff supervision and training records, accident and incident reports, staff and service users meeting minutes and service user questionnaires provided by the GSC. The Inspector also took account of the views expressed in service user questionnaires returned to SCSWIS which were issued prior to the inspection.
Grading the service against quality themes and statements
We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)
In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues
We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any recommendations we made at our last inspection

Following the last inspection the service received four recommendations. Progress is detailed below.

1. The service should collate the views expressed in exit forms in assessing the quality of service provision. The service should also consider using service satisfaction forms while the service user is still receiving the service. Standard 8.3: Expressing Your Views. National Care Standards Housing Support Services.
   This had been met as the service has commenced with questionnaires no issued to service users.

2. The length of time and circumstances in which a service user can keep a place whilst not living within the service requires clarifying and stating on the service agreement to allow service users to make an informed choice. Standard 2.1: Your Legal Rights. National Care Standards Housing Support Services.
   This had been met as new occupancy agreements had been issued.

3. The policy and procedures for the management for medication should be clear and with the person/s responsible for the medication recorded, and, where staff are keeping medication administration records, reasons for gaps should be recorded. A clear audit trail of changes to medication should be recorded. Standard 3.1: Management and Staffing Arrangements. National Care Standards Housing Support Services.
   This had been met as a new policy was in place and staff members were clear about procedures.

4. Risk assessments should be current and contain an action plan of how to reduce and/or eliminate the risk. Standard 4.1: Housing Support Planning. National Care Standards Housing Support Services.
   This had been met with risk assessments and action plans in place.
The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate. The service completed a self assessment which identified strengths and areas for improvement.

Taking the views of people using the care service into account

The Inspector met with four service users and considered the views of completed SCSWIS questionnaires. Service users confirmed their involvement in support planning and in residents' meetings. Below are some of the comments received by service users.

"The staff are great really different to other places I have lived in"

"I have no complaints it is a great place, the staff know when you are sown and will talk to you. They really care here"

"My head feels clearer and I feel so confident about the future. The staff have been brilliant"

"This is a big place with a big heart"

"I couldn’t ask to be in a better place"

"My flat is lovely and I have been helped sort things out. Live is much better now"

"Staff talk to you and listen, no one judges you, it like they understand"

One service user said that there could be better checks kept on the quality of key time.

Taking carers' views into account

Not applicable.
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support
Overall grade awarded for this theme: 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
Service users who met with the Inspector confirmed they participated in assessing their support needs which was reviewed regularly. All felt the staff listened too, and respected their views.

The provider had a commitment to service user involvement. This could be seen at all levels throughout the organisation. At a strategic level three places on the Board of Directors were held for service users.

Within projects, service users were consulted as a group within regular house meetings. Minutes of discussions confirmed that views were sought regarding a variety of issues for example house rules, planned activities and the quality of the environment. It could be seen that requests made were met and explanations provided when requests could not be met.

The support planning documentation used was person centred and the involvement of service users was recorded throughout, from the point of identifying support needs and how these would be met, individual meetings with key workers to explore progress or agree where further support was needed and to the formal review meetings of the progress made. A new development was, the encouragement of service users to compile their own support plan. The Inspector was shown a support plan completed by a service user and evidence that support was provided in keeping with the assessment of need recorded by the service user.

Questionnaires were issued within the projects about the quality of the service provided. Most of these provided positive feedback.
The organisation held periodic participation events within projects to which service users from other projects were invited. One of the services which had recently relocated had held an open day which service users were involved in planning. Plans were in place for another service which had changed its remit to do the same.

**Areas for improvement**

The services inspected were in the process of collating the responses of questionnaires to link them to the ongoing improvement agenda. The services within the branch do not all have a link from the service users’ meeting to the staff meeting. The inspector was advised this would become a standardised practice to provide another bridge of communication between service users and staff.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Statement 5
We respond to service users’ care and support needs using person centered values.

Service strengths
The branch has a range of service provision which allows service users to be placed in the service which best meets their needs. Service users can move between services if required or if their needs change when places are available.

Service users spoke highly of the staff team about their values and that they feel supported and not ‘judged’. This was important to service users several of whom expressed this attributed to their positive recovery. Staff were observed to knowing the service users well and the staff were observed to talk warmly and respectfully of the service users. Service users reported positively about relationships with staff members.

The support plans, whilst sharing the same documentation, offered different information which was reflective of the needs and aspirations of service users. Support needs were agreed as directed by the service user and clear action plans were in place to achieve goals set out. Religion and spiritual preferences were recorded and service users directed to services which provided for these preferences. Support plans were well organised and well recorded.

A key worker system was in place and was the corner stone of helping service users explore issues, identify supports and plan ahead. Service users benefited from time spent with key workers and many service users had made remarkable progress.

The Simon Community had policy and procedures to support and guide good practice and all staff had copies of the Scottish Social Service code of practice.

Any issues raised about staff were taken seriously and the services operated resolution meetings between service users and staff and also between service users when conflict had arisen. This worked well with a no blame approach adopted. Service users were aware of the formal complaints procedure and expressed confidence in using this if required.

Service users confirmed a flexible approach taken by staff which allowed them to rediscover independence and hope for the future.

Areas for improvement
There an indication the staff are reluctant to carry out key work sessions when lone working. As key working is central in the very good progress made by service users, this could potentially undermine the quality of the provision. This should be reviewed. (Refer to recommendation).
Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Recommendation with reference to Theme 1 Statement 5:
The service should establish clear policy and practice regarding key work sessions which reflect the support agreement held by service users. This is to meet with Standard 7.1 Exercising Your Rights. National Care Standards for Housing Support Services.
Quality Theme 3: Quality of Staffing - NOT ASSESSED
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - 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
Service users are invited to comment on the quality of the service in questionnaires and in support reviews. A service user’s group was consulted and involved in the new service satisfaction questionnaire which has resulted in this being more service user friendly.

Managers attend service users’ meetings and provide mediation meetings between staff and service users when the need arise. The managers are based in the service and are accessible to service users. Service users expressed feeling able to take concerns and suggestions to the management and were confident their views would be listened too and acted upon if appropriate.

The Simon Community holds three service user places on the board to provide a service user perspective.

The organisation has various groups to which service users can choose to attend.

Areas for improvement
Currently the posts for service users on board of directors are vacant. The Inspector was advised that it is hoped these places will be filled in the near future. The current questionnaire does not contain a questionnaire relating to the quality of the management. The Inspector was advised that this would be amended to include a question about management.

Grade awarded for this statement: 4 - Good

Number of requirements: 0
Number of recommendations: 0
Statement 2

We involve our workforce in determining the direction and future objectives of the service.

**Service strengths**

Staff at the services visited spoke positively of working in the projects. They expressed feeling valued by their immediate line management.

Team meetings were regular and staff members had the opportunity to express their views and opinions freely. Staff members were allocated additional roles with the projects which allowed the contribution of skills, new ideas, additional responsibility and new learning opportunities. Staff could give their views on new and updated policy and procedure guidance via their manager. Working groups were set up within the organisation to review various operational areas of practice within the service. The membership of the group included managers of projects.

Staff reported that training opportunities had improved. The organisation was rolling out in-house training, provided by accredited managers to ensure that training continued despite current financial restraints. Training opportunities for staff were appropriate to the needs of service users.

The majority of staff had also attained a SVQ 3 award and project managers had completed SVQ 4 and the registered managers' award.

Staff received regular supervision from line management in which they had the opportunity to reflect on practice. Annual appraisals also took place in which the ongoing professional development was identified.

**Areas for improvement**

Whilst the organisation proved a ‘Team Brief’ update newsletter to staff, there remained some uncertainty amongst staff over the future of the organisation. Senior management could consider gathering the views of staff.

Some concern was expressed over the impact that staffing budgets could have on staff taking up training opportunities. The organisation should seek to explore this issue. (Refer to recommendation).
Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Recommendation with reference to Theme 4 Statement 2:
The provider should ensure there are adequate resources in place to allow staff members to continue to receive training and development opportunities. This is to meet with Standard 3.2. Management and Staffing Arrangements. National Care Standards for Housing Support Services.
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information
N/A.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).
5 Summary of grades

<table>
<thead>
<tr>
<th>Quality of Care and Support - 5 - Very Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<tr>
<td>Statement 5</td>
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<table>
<thead>
<tr>
<th>Quality of Staffing - Not Assessed</th>
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</table>

<table>
<thead>
<tr>
<th>Quality of Management and Leadership - 4 - Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement 1</td>
</tr>
<tr>
<td>Statement 2</td>
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6 Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<tbody>
<tr>
<td>21 Sep 2010</td>
<td>Announced</td>
<td>Care and support 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership Not Assessed</td>
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<tr>
<td>3 Jun 2008</td>
<td>Announced</td>
<td>Care and support 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 4 - Good</td>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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