

Care service inspection report

Glenfairn Housing Support Agency

Housing Support Service

28 Racecourse Road

Ayr

KA7 2UX

Telephone: 01292 610770

Inspected by: Louisa Walker

Type of inspection: Announced (Short Notice)

Inspection completed on: 22 March 2013



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Service provided by:

Glenfairn Limited

Service provider number:

SP2003000269

Care service number:

CS2004060138

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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

| | | |
|--------------------------------------|---|------|
| Quality of Care and Support | 4 | Good |
| Quality of Staffing | 4 | Good |
| Quality of Management and Leadership | 4 | Good |

What the service does well

The manager and staff team continue to support service users to maintain tenancies, live, enjoy and experience everyday lifestyle choices within their own communities.

What the service could do better

The manager should continue with plans to introduce a formal system to feedback outcomes of consultations to service users.

The manager of the service should continue with plans to review and audit service user initial assessment and care plan formats.

The manager of the service should continue with plans to develop a framework to review service user support needs.

The manager of the service should continue with plans to further develop a system to record, audit and review accidents and incidents.

The manager should continue with plans to further develop a written framework for staff supervision.

The manager of the service should continue with plans to further develop the services quality assurance systems.

The manager of the service should continue with plan to develop a monthly auditing

system.

The manager of the service should ensure a written procedure to record outcomes of complaints and specific actions taken from complaints are in place.

What the service has done since the last inspection

The manager of the service further developed methods to seek service user's views and opinions regarding the quality of service provision.

Conclusion

The manager and staff team are fully committed to the continued development of the service.

Findings were confirmed through feedback from service users, carers and the services staff team, in addition to examination of relevant documents, policies and procedures.

Who did this inspection

Louisa Walker

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Glenfairn Housing Support & Care at Home Agency was registered to provide an integrated housing support and care at home service to adults in Ayrshire. The offices for the service are based in Glenfairn Care Home near the centre of Ayr.

The service's aims and objectives statement notes the following: 'offer a broad spectrum of housing support to individuals living in the community'.

The service information booklet also states that it strives to ensure that service users retain their independence and that each person will be supported in a way that is best suited to them.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

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

Quality of Care and Support - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

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.careinspectorate.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

We write this report after an announced inspection that took place on the 12 March 2013. Telephone and face to face interviews with service users and carers formed part of the inspection process.

As requested by us, the service sent us an annual return. The service also sent us a self assessment form.

We issued thirty questionnaires to service users eleven completed questionnaires were returned before the inspection.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

Evidence from the service's most recent self assessment

Evidence of any changes to the service from service user feedback

Management structure

Service user information pack

This years training plan - staff training / refresher training in, moving and assisting, support with behaviour , first aid, health and hygiene, food hygiene, adult support and protection, personal care, epilepsy, dementia, catheter care, medication, communication techniques, calm / skip.

Complaints

Staff disciplinary information

Staff resources - how issued and received

Staff holiday / sickness cover procedures

How service users are informed of staff changes - how recorded

Staff supervision notes, seniors, managers

Monthly reports - audits

Lone working risk assessments / policy

Care plans - example of content

Service user - time allocation for support and travel time link with service agreement, late coming procedures

Risk assessments for care planning who carries out and reviews, initial assessments

Quality assurance – spot checks, audits care plans, contact service users, carers, referrers
Home visit from managers
Meeting minutes – staff, management
Induction procedure for staff
Communication with service users, carers and referrers, – monthly reports, letters, reviews
Participation policy
Annual carer questionnaire
Annual staff questionnaire
Exit interviews for clients / staff
Accident and incident log
Medication – policy, procedures audit
Financial – policy, procedures audit for clients money
Adult / child protection – records

Discussion took place with service staff including:

The service manager
Quality Assurance manager
Support Worker

Three service users were spoken with as part of the inspection process, three relatives were spoken with via telephone interviews, and in addition eleven care standard questionnaires were received from service users. Three professionals from health and social work agencies who link with the service were also contacted and asked their opinion on the quality of service provision.

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

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

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.

A fully completed self-assessment document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and areas for future development and gave evidence of service user involvement and how they planned to implement changes.

Taking the views of people using the care service into account

We spoke to three service users as part of the inspection process, they told us about their support workers and their daily routines. All felt well supported by staff.

Taking carers' views into account

Eleven questionnaires were returned prior to inspection all strongly agreed or agreed that they were happy with the quality of care received. An additional three carers were spoken as part of the inspection process.

Comments included:

'I am very happy with the service I receive from my provider.'

'Staff treat my relative with respect, are always on time and if not, we are told beforehand.'

'Staff come and we go to the shops and collect my prescription, I am happy with the service I receive.'

'Very happy cannot give enough praise to the staff.'

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

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 care and support provided by the service.

Service strengths

Based on discussions with service users, carers, staff members and referrers, a review of sampled written evidence, this service was found to have a good performance in relation to this statement.

We evidenced a range of information incorporating opportunities for service users to participate in assessing and improving the quality of care and support provided, this included:

- * Participation Policy
- * Service user annual questionnaires
- * Relative questionnaires
- * Feedback framework from referrers
- * Service user daily recording sheets
- * Care plans
- * Newsletters
- * Information booklet

Through discussion, service users and carers confirmed their involvement in reviews of care plans. Areas discussed included daily living and health needs, risk assessments, interests and leisure pursuits.

Through discussion, staff confirmed their knowledge and understanding of the need to ensure service users are involved, engaged and consulted about all aspects of their service. Staff told us how they met the individual needs of service users; social interaction, befriending and the promotion of hobbies formed part of the support

offered to service users.

Discussions with service users, carers, staff and referrers confirmed that changes to the service had been implemented based upon consultations already held.

Areas for improvement

See Recommendation 1 of Quality Statement 1.1 Quality Theme 1

We evidenced a range of consultation information from service users, any areas for improvement identified by service users and their carers were followed up by the service manager. However, no formal system to share outcomes and changes from consultation with service users and their carers was in place, the manager of the service confirmed the further development of a formal approach when feeding back outcomes of consultations with service users and their carers.

Currently staff can support service users to fill in consultation questionnaires if carers are not available, through discussion the service manager confirmed further development of a more formal approach to whom supports service users to complete consultation documentation, this could include an advocate, or senior from another Glenfairn service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should continue with plans to introduce a formal system to feedback outcomes of consultations to service users.
National Care Standards Care at Home, Standard 11: Expressing Your Views.

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

Based on discussions with service users, carers, staff members and referrers, a review of sampled written evidence, this service was found to have a good performance in relation to this statement.

We evidenced a range of information that ensured the health and well being needs of services users were met, this included:

- * Initial assessments of service user support needs and reviews
- * Individual service user care plans and agreements
- * Service user review meetings
- * Staff medication prompt and assistance procedures

- * Risk assessment information
- * Contact information for health and social works agencies

Through discussion, staff confirmed their participation on a range of training courses that supported the individual health and well being needs of service users, this included epilepsy, first aid, medication, food hygiene, moving and assistance.

We evidenced information relating to training for staff to support service users with specific health needs, this was also confirmed in discussion with service users and carers.

Care plans were reviewed as part of the inspection process, information was found to be pertinent to the individual needs of service users. Care plans defined the service to be provided. We found information outlined how the service would be delivered, the date the agreement was made, identified support and care hours, review arrangements, the complaints procedure, and any charges to the service user and period of notice required if the service provider or service user wishes to change or end the service.

Through discussion, services users and carers confirmed their involvement in development of care plans.

The service manger confirmed his role and responsibilities as adult protection coordinator; we evidenced information relating to the protection and safe guarding of all service users. Adult support and protection training was incorporated into staff induction procedures and reviewed annually.

Service users and carers told us that the service tried where possible to ensure consistency with support workers who were allocated to them.

Information packs containing key information are available in each service users home, the service has recently updated and reviewed information packs.

Areas for improvement

The service is currently reviewing medication procedures in line with guidance from the Care Inspectorates Health Professional Advisors; updated training has been planned for all staff.

See Recommendation 1 of Quality Statement 1.3 Quality Theme 1
Currently the service manager visits prospective service users after they have been referred to the service by social work or health agencies, an initial assessment of service user support needs is carried out, information gathered then links into an individual care plan for the service user. Through discussion the manager of the service confirmed the further development of the initial assessment and care plan format for all service users, this included a more easy read format with pictorial

information, in addition a follow up review of how things are going within 6 weeks of starting the service; also the further development of risk assessment information incorporating environmental, health and well being needs of service users. Information regarding specific training for support staff should also be included.

An audit process for care plans should be further developed, care plans should be audited by the service manager and incorporate an index of key information required and review dates. In addition risk assessment information should be reviewed regularly or when there are changes to the support needs of service users.

See Recommendation 2 of Quality Statement 1.3 Quality Theme 1

Some review information for service users support needs was available however not all had been reviewed every six months or when changes to service user support needs had taken place. The manager of the service confirmed an internal review framework was under development.

See Recommendation 3 of Quality Statement 1.3 Quality Theme 1

Some information relating to accident and incidents pertaining to service users and staff was found in some care plans however a clear procedure to record, audit and review accident and incidents was not in place.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The manager of the service should continue with plans to review and audit service user initial assessment and care plan formats.
National Care Standards Care at home, Standard 3: Your personal plan. Standard 11: Expressing your views
2. The manager of the service should continue with plans to develop a framework to review service user support needs.
National Care Standards Care at home, Standard 3: Your personal plan. Standard 11: Expressing your views
3. The manager of the service should continue with plans to further develop a system to record, audit and review accidents and incidents.
National Care Standards Care at home, Standard 4: Management and Staffing

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

Based on discussions with service users, carers, staff members and referrers, a review of sampled written evidence, this service was found to have a good performance in relation to this statement.

Evidence to support strengths in this quality statement is detailed under Quality Statement 1.1.

Areas for improvement

This section should be read in conjunction with associated comments made under Quality Statement 1.1.

Grade awarded for this statement: 4 - 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

Based on discussions with service users, carers, staff members and referrers, a review of sampled written evidence, this service was found to have a good performance in relation to this statement.

We evidenced a range of information relating to the development of staff within the service, this included:

- * Staff handbook
- * Annual staff survey
- * Staff development and training policy

- * Staff induction process
- * Staff training and development meetings
- * 'Whole staff' reviews of service policies and procedures
- * Records of staff's participation in a range of training and development opportunities
- * Staff meeting records

Staff supervision and appraisal information was available; staff told us they met with the manager of the service to identify training and development opportunities. Staff felt very well supported by the manager of the service.

Through discussion, service users confirmed their opinions regarding the suitability of prospective support staff to support their relatives were sought and acted upon.

We found when speaking to staff members that their skills, knowledge and qualifications were relevant to the support needs of service users.

Through discussion, staff members confirmed their involvement in staff meetings; minutes of staff meetings were available.

Scottish Social Service Councils (SSSC) qualification framework information was available.

Staff were committed to delivering the best possible service.

Areas for improvement

Lone working risk assessment procedures were available; the manager of the service confirmed the development of a framework to review and update lone working risk assessments for staff.

Staff questionnaire information was available; this should be further developed to incorporate staff views on the quality of service provision, including care and support, management and leadership, training and development. A system to feedback outcomes of questionnaires to staff should be developed.

Due to shift systems and the nature of service provision enabling all staff to attend staff meetings is challenging, the manager of the service confirmed regular contact with staff throughout the working week, a staff newsletter also updates staff regarding key areas of practice. The manager confirmed the continued development of a communication framework for staff; this includes the further development of a format for staff meetings with key agenda items and a number of core meetings that staff must attend.

Staff told us that they had participated in a range of training we evidenced this by reviewing training certificates and training plans. The manager of the service confirmed the development of a training matrix listing team members, mandatory

training dates and refresher courses along with additional specific training required. A yearly training review should link with training request via supervision and also the support needs of service users.

See Recommendation 1 of Quality Statement 3.3 Quality Theme 1

Staff told us they met with their manager in supervision sessions to discuss their professional and personal development, a written framework for supervision sessions should be further developed, written information should cover key areas of practice.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should continue with plans to further develop a written framework for staff supervision.

National Care Standards Care at home, Standard 4: Management and Staffing

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

Based on discussions with service users, carers, staff members and referrers, a review of sampled written evidence, this service was found to have a good performance in relation to this statement.

Evidence to support strengths in this quality statement is detailed under Quality Statement 1.1.

Areas for improvement

Areas for Development

This section should be read in conjunction with associated comments made under Quality Statement 1.1.

Grade awarded for this statement: 4 - 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

Based on discussions with service users, carers, staff members and referrers, a review of sampled written evidence, this service was found to have a good performance in relation to this statement.

We evidenced a range of quality assurance systems this included:

*Direct observation of staff practice by the service manager

*Quality assurance audit by a senior from another Glenfairn service

*House visits, discussion with service users and their carers

*On call system for staff to contact the service manager

*Complaints policy and procedures

We evidenced information relating to the implementation of further methods to monitor and evaluate the quality of care within the service.

Through discussion, staff confirmed their commitment to the aims and objectives of the service.

Through discussion, stakeholders agreed that the consultation processes that had been introduced by the service had been of benefit.

The services successes and achievements are celebrated and shared with service users and staff.

Areas for improvement

Through discussion the manager of the service confirmed the development of a senior post within the service.

Currently the manager of the service is the only person on call; the service should review the current on call arrangements ensuring a rota that includes more than one person.

See Recommendation 1 of Quality Statement 4.4 Quality Theme 1

Through discussion the manager of the service confirmed that although monitoring procedures were in place a more formal approach to how the quality of service provision is monitored and evaluated is planned.

See Recommendation 2 of Quality Statement 4.4 Quality Theme 1

Through discussion the manager of the service confirmed the further development of monthly auditing processes for adult support and protection concerns, complaints, accident, incident, medication and continuation record sheets.

See Recommendation 3 of Quality Statement 4.4 Quality Theme 1

We evidenced the services complaints procedures and found complaints had been investigated and outcomes given to complainants, however no formal written procedure to record outcomes of complaints and specific actions taken was in place.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The manager of the service should continue with plans to further develop the services quality assurance systems.

National Care Standards Care at home, Standard 4: Management and Staffing

2. The manager of the service should continue with plan to develop a monthly auditing system.
National Care Standards Care at home, Standard 4: Management and Staffing
3. The manager of the service should ensure a written procedure to record outcomes of complaints and specific actions taken from complaints are in place.
National Care Standards Care at home, Standard 4: Management and Staffing

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

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

| | |
|--|----------|
| Quality of Care and Support - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 3 | 4 - Good |
| Quality of Staffing - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 3 | 4 - Good |
| Quality of Management and Leadership - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 4 | 4 - Good |

6 Inspection and grading history

| Date | Type | Gradings |
|-------------|-----------|---|
| 19 Aug 2010 | Announced | Care and support 5 - Very Good Staffing Not Assessed Management and Leadership 5 - Very Good |
| 17 Mar 2010 | Announced | Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed |
| 18 Dec 2008 | Announced | Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good |

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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ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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