

Care service inspection report

Glenfairn Housing Support Agency

Housing Support Service

28 Racecourse Road

Ayr

KA7 2UX

Telephone: 01292 610770

Inspected by: Mala Thomson

N/A

Type of inspection: Unannounced

Inspection completed on: 9 January 2014



HAPPY TO TRANSLATE

Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	6
3 The inspection	9
4 Other information	27
5 Summary of grades	28
6 Inspection and grading history	28

Service provided by:

Glenfairn Limited

Service provider number:

SP2003000269

Care service number:

CS2004060138

Contact details for the inspector who inspected this service:

Mala Thomson

Telephone 01294 323920

Email enquiries@careinspectorate.com

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	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Glenfairn Housing Support Agency provides a very good support for people living in the community.

The service has an effective management team who work well with other agencies.

The service provides flexible individualised support and consults well with service users.

The service has a stable staff team who are caring and have a good knowledge of the people who use the service. Staff presented as being professional, caring and considerate.

Service Users spoke warmly and positively about staff and acknowledged that staff are kind and polite.

The staff team had continued to maintain the very good work they did directly with people using the service.

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

Glenfairn Housing Support Agency should continue to identify ways to develop their service and provide opportunities for service users, staff and other professionals to influence care delivery.

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

The Providers should introduce a more structured management to ensure effective leadership in the absence of the manager.

What the service has done since the last inspection

The service has maintained the good standards identified at the last inspection.

The manager and staff have continued to consult with service users and relatives in all aspects of their care needs.

Service user response to the service provided by Glenfairn Housing Support Agency was highly complementary and positive.

The Care Inspectorate has again noted positive developments. The service has continued to work towards implementing their quality assurance systems and has consulted well with service users and partner agencies.

Conclusion

Since the last inspection on 22 March 2013, the service has continued to evaluate and improve its performance. The manager and staff are keen to continue to develop the participation and quality monitoring processes in place. We found that a very good standard of care and support is delivered by a motivated and professional staff group. The service continued to provide very good individualised support.

Who did this inspection

Mala Thomson

N/A

1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS. We are also known as the Care Inspectorate.

Information in relation to all care services is available on our website at:
www.careinspectorate.com

Glenfairn Housing Support Agency is registered to provide a housing support service. The main office of the service is located within Glenfairn care home near the centre of Ayr. The services are provided to service users living in their own tenancies in local communities across Ayrshire. At the time of this inspection, the service was being provided to 26 people with varying degrees of support. The overall client group have differing support needs and age differences.

Support packages varied greatly from a few hours per week, to some individuals who require constant support 24 hours per day seven days per week. Some service users also require two to one staff ratios due to challenging behaviour issues. 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.

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 - 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

In this service we carried out a low intensity inspection.

We wrote this report after the unannounced inspection that took place between:

03 December 2013 - 09 January 2014.

For this inspection we sampled evidence from a variety of sources related to how the staff organise support.

We met with service users and spoke with staff.

In addition, we observed staff interaction between each other and service users. We sent out 50 questionnaires for service users and nine were returned.

Feedback on the grades achieved was given to the manager and providers on 09 January 2014. The inspection was carried out by Inspector, Mala Thomson.

As requested by us, the service sent us a self assessment form.

During the inspection we gathered evidence from the following sources:

- Service user visit records
- Register of service users
- Register of staff
- Care files (7)
- Care reviews (6)
- Staff communication records
- Complaints records
- Staff training records
- Staff supervision policy & records
- Staff meeting records
- Staff rotas
- Communication records

Accident /incident records
Certificate of Registration
Insurance details
Participation Strategy
Quality assurance folder

We spoke with the following people:

Service users (5)
Relative (1)
Support staff (11)
Manager (1)

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

The manager has continued to address previous recommendations.

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 submitted a self-assessment form as requested by the Care Inspectorate. Information from this was taken into account during this inspection.

Taking the views of people using the care service into account

We met with service users, observed practice and also took account of returned questionnaires. They said:

"Marks out of 10? 9 ½ . I am very happy with the service."

"As far as I am concerned, it is very good."

"This is an excellent service. I have had carers for 15 years from a range of services, and this is the best yet." They help me with shopping, picking up my meds, any problems with bills and generally looking after my wellbeing."

Taking carers' views into account

We refer to relatives, friends and advocates as carers. They do not include care staff.

Carers stated:

"We as a family are very happy with the service".

"My wife gets good personal care".

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: 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 grade awarded for this quality statement at the last inspection in March 2013 was 4 - good. At this inspection we have seen continued improvement and we have increased the service grade to 5 - very good.

We reviewed the following recommendation made at the previous inspection.

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.

Action taken:

We found good quality assurance systems in place. The manager had introduced formal systems to gain feedback from service users. Questionnaires had been sent out to service users and a planner introduced.

See area for development for further comment.

MET

We found that the service had very good strategies in place regarding service user participation and had worked well to implement it. Service users confirmed that they were kept informed and consulted about issues affecting them and we found many practical examples of service users being consulted and involved in a variety of ways on a daily basis. It was evident that the service took a proactive view to participation

and service users were encouraged to express their views. A variety of methods were deployed to gain people's views.

These included:

- * Face to face interviews with individuals
- * Reviews
- * Complaints procedure
- * Advocacy
- * Partnership working with other agencies
- * Participation Policy
- * Service user annual questionnaires
- * Relative questionnaires
- * Service user daily recording sheets
- * Care plans
- * Newsletters
- * Information booklet

Service users were involved in the care planning process. We found standards were very good in this area. There was evidence that key workers are promoting a person centred approach to the support and care of service users and ensuring effective communication.

Support Plans and other documentation such as communication records were written in a respectful and person centred way. Personal choices were sought from relatives and service users. For example, we observed staff asking service users about their preferences and it evident that staff knew service users well. We noted that personal plans included people's views and provided staff with clear direction, to meet the needs of those using the service. Service users told us they were consulted about their care needs and confirmed that they could attend events if they chose to.

The service made available information about advocacy services and information about the service including how to use the complaints procedure. Service users were also signposted to other agencies which they might find useful. We spoke with staff who were clear about the rights of people they supported. Service users and their relatives were invited to speak with the manager or staff at any time to discuss any concerns they had and an established complaints procedure was in place. People we spoke with confirmed that they could make a complaint and raise issues with senior staff but were keen to stress that they are very happy with the service.

We found that the service worked closely with other providers and organisations. For example, health services and social work services.

Interaction between staff and service users positive. Service users told the Inspector

that they are treated with respect and dignity and clearly valued the help and support they received. Service Users said:

"I don't know what I would do without the staff"

"I'm very happy with the service"

There was a clear complaints policy and effective whistleblowing procedures in place. Service users were confident about raising concerns with staff and/or the managers of the service. During inspection, we found that the managers and staff had dealt with the concerns raised in a highly professional and sensitive manner. Service users were enabled and assisted to participate in this inspection.

Service users confirmed that their views are listened to and attended to appropriately. Some very good practice was observed whereby individuals were offered choices. Staff were observed to be respectful and courteous and in turn, service users spoke highly of individuals.

The service has sustained service user participation and improvement since the last inspection.

Areas for improvement

The service has worked towards addressing a previous recommendation to introduce a formal system to share outcomes and changes, from consultation with service users and their carers. Any issues raised by service users were "reviewed by the management team". However, we noted that any action taken by the service was not always noted and positive comments made by service users were often overlooked. The service should continue to include and evaluate all feedback received.

The service should continue to develop meaningful involvement of service users and carers in improving the quality of the service. The Participation Strategy should continue to be reviewed and implemented as the service develops and expands. The service should demonstrate sustained improvements.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The grade awarded for this quality statement at the last inspection in March 2013 was 4 - good. This inspection has increased the grade to 5 - very good.

We reached this decision after we had spoken with the staff members and service users during the inspection visit. We also reviewed a number of relevant documents about service users and observed practice.

We reviewed three recommendations made at the previous inspection in this quality statement and found the following two recommendations to be met.

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 and Standard 11: Expressing your views.

Action taken:

The service has introduced a review planner which highlights care reviews which have been scheduled to take place six monthly or sooner if needed. Service users we spoke with confirmed they attended care meetings about their support plans.

MET

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.

Action taken:

Appropriate accident and incident recording and reporting procedures were in place. Two incidents had taken place since the last inspection and these had been dealt with properly, reported and reviewed.

MET

We found that practical assistance for people had continued to be well managed to meet the needs of the service users we spoke with. For example, assistance with personal care such as showering and getting ready took account of people's needs and abilities. The service strived to take needs and preferences into account and worked hard to promote independence. Service users told us that staff always treated them with respect and dignity when delivering personal care.

We found that the service played a significant role with some service users in ensuring they managed their health in a safe manner. For example, if a service user's health had deteriorated overnight, then the health professional would be contacted

immediately. Staff demonstrated a good understanding of promoting healthy eating and healthy lifestyles.

Support plans indicated and service users confirmed that they were supported to access primary and other health services. The level of support was flexible depending on the health needs of the service users at any given time. Changes to support in this area were the subject of multi-disciplinary discussion. Staff and service users confirmed that they liaised with community health professionals and others such as social work services.

Health information was available for staff and service users informing them about various illnesses and about how they could access support. Service users told the Inspector they are well looked after and liked their staff.

We found the medication administration systems inspected to be of a good standard with typed recording sheets for staff to sign they had given medication. This included written guidance for staff about how the system works and what to do in the event of medication error or refusal of service user to take medication. The service had previously sought advice from the Care Inspectorate Pharmacy Advisor about medication administration and implemented this guidance. The medication procedure had been updated to ensure clarity about the differences between prompting, assisting and administering medication.

Person centred care planning promoted healthy living and lifestyles. We found that service users were aware of their support plans and these were reviewed to ensure current support needs. In addition, any changes to care management were implemented. Service users told us that they attended reviews and that staff were attentive and would access health professionals if necessary. Through discussion, service users and carers confirmed their involvement in development and review of care plans. Areas discussed included daily living and health needs, risk assessments, interests and leisure pursuits.

There were relevant policies and procedures in place to ensure the health and wellbeing of service users.

These included:

- * Management of Medications
- * Risk Assessment
- * Adult Support Protection
- * Accident and Incident reporting

The service worked hard to ensure that service users largely receive support from a core team of staff to ensure continuity of care. Service users told us that by and large, the same people provide their support although sometimes that wasn't always possible due to unforeseen circumstances and staff absence. Service users told us

that staff were attentive and caring. Service Users and relatives said of the support provided:

"My support workers are excellent."

"It is very good".

Areas for improvement

The following recommendation made at the last inspection remains outstanding.

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 and Standard 11: Expressing your views.

Action taken:

As previously reported, 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. 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 wellbeing needs of service users. Information regarding specific training for support staff should also be included. At this inspection, the manager acknowledged that they have not yet had the opportunity to address this recommendation and we have repeated it to monitor progress.

(See Recommendation 1 of Quality Statement 1.3, Quality Theme 1)

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.

Some respondents to the Care Inspectorate questionnaires made comment about poor communication between the service and service users.

One service user stated:

"The task of supplying a weekly rota seems to be a problem. This does not let family know who or when support will be with my relative. There is the concern also that when support falls short for whatever reason; a service user can be left without help".

We discussed the issue of rotas and staff allocation with the Manager. He explained that rotas are issued to staff on a Friday, for support to be delivered for the following week. See Areas for Development in Quality Statement 3.3 for further information.

We found that the service met service users' health and wellbeing needs at the time of this inspection. The service should continue to improve the current good standards in meeting the health and wellbeing needs of the service users.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

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 and Standard 11: Expressing your views.

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

The grade awarded for this quality statement at the last inspection in March 2013 was 4 - good. This inspection, we have seen continued improvement and we have increased the service grade to 5 - very good.

We decided this after we:

Examined documentation

Spoke to the managers and staff members

Spoke to people who use the service

The strengths for this statement include those already mentioned in Statement 1.1.

Staff were seen to be polite and respectful to the service users in their care. Service users spoke highly of staff and told us that staff presented as being considerate and kind. We observed some very good engagement between service users and staff. There was clear respect and dignity shown to people using the service.

We found that efforts had been made to involve service users in assessing staff.

For example:

Wherever possible, staff were matched to service users and views were sought about whether service users would prefer male or female workers to attend to them. We observed service users talking fondly about their staff and it was evident that staff had worked hard to build meaningful relationships with service users. Systems were in place to gain service users views on staff and service delivery.

These included:

* Review and one to one meetings

- * Participation meetings
- * Complaints procedure
- * Spot checks

Service users told us that they had access to the Manager and could raise concerns with him as necessary. Staff were also encouraged and enabled to participate in this inspection.

We received some very positive comments about the staff including:

"My staff are very helpful and caring".

"They are always polite and respectful."

"On the whole, most of them do alright."

Areas for improvement

The service should continue to gain service user views on the quality of staffing. This section should be read in conjunction with associated comments made under Quality Statement 1.1.

Grade awarded for this statement: 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

The grade awarded for this quality statement at the previous inspection in March 2013 was 4 - Good. The evidence we sampled at this inspection has maintained the grade at 4 - Good.

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 supervision, training and development opportunities
- * Staff meeting records

We reviewed the following recommendation made in the previous inspection report. 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.

Action taken:

There is a planned programme of individual supervision in place. The manager has allocated responsibility for supervising individuals. Staff understood that supervision was a two-way process and confirmed that they could also raise issues affecting them. Individual supervision was planned for the year and is supported by a clear policy. Staff told us that they felt supported by their manager and felt confident about raising any issues with him.

MET

We spoke to staff who told us they have a supportive working environment where there is effective communication with one another and their direct line manager. Staff were positive about team work and we observed staff working well together. Staff described the morale in the service to be "good."

Staff presented as being confident and knowledgeable about service users. We noted that during the days of inspection, staff demonstrated a professional approach. Staff demonstrated a good understanding of their roles and responsibilities and we think staff are kind and caring.

Staff confirmed that they have access to a good variety of training. We looked at the training programme in place and found it to be good. The training programme included a variety of formal and mandatory training. In addition, staff confirmed that they can also request training to assist them with their work. Some examples of training available to staff are:

- * Protection of Vulnerable People
- * Medication management
- * Food hygiene
- * Moving and Handling
- * Health and safety

We found that staff knew about the requirement to register with the Scottish Social Services Council (Scottish Social Services Council) and about the SSSC Codes of Practice.

Staff told us they could approach the Manager at any time for guidance and support.

They said that communication was good and that they thought there was good informal teamwork. The manager produced a monthly newsletter for staff to keep people informed of developments, issues and events. We observed service users being treated with dignity and discretion and every effort was made to ensure that they were comfortable and treated with respect. The staff worked well and had developed good working relationships with other professionals. Interaction between staff and service users was observed to be friendly and respectful.

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.

Staff were committed to delivering the best possible service.

Areas for improvement

Staff members expressed mixed views about teamwork. Whilst some considered they worked well as a team, this was more on an informal basis. Some staff accepted that they tended to be lone working more than part of a team. Staff made the following comments:

"We work well as a small team when supporting someone, like a client, but not a larger team."

"Communication could be better- we work against each other."

"We work ourselves but work as a team as well - no - I don't really see my colleagues much."

"We don't always work as team."

The staff team have not had the opportunity to meet as a larger group and some staff stated that they would benefit from this as an opportunity to meet with colleagues on a wider basis and improve development. 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 and reported that they are planning larger staff development events in the forthcoming year.

(See recommendation 1 of this Quality Statement).

We found that staff members were aware of their responsibility to register with the SSSC as professional workers but were unclear about the process and timescales for registration. The Provider and Managers should ensure that they introduce a process

whereby they are clear about details of the professional registration of their workforce with SSSC.

(See Recommendation 2 of this Quality Statement).

As stated in Quality Statement 1.3, we discussed the issue of rotas and staff allocation with the Manager. Relatives raised concerns that they did not always receive rotas early enough for them to know who was providing care. The service provided is flexible and there are inevitable changes and a need to regularly review rotas to ensure service users are well attended and care needs are not overlooked. The manager explained that rotas are issued to staff on a Friday for support to be delivered for the following week and there can be unexpected changes such as staff absences, changes to care packages and emergency response. Staff also raised further concerns about the rotas. They confirmed that weekly rotas are issued at very short notice and this makes planning for work and personal life difficult.

We found examples where no travel time is allocated between visits to service users. This means that there are occasions when staff are unable to deliver the full agreed time of support for service users and have no travel time between visits. The manager stated that they do try to ensure that staff are allocated to travel the shortest time and that they try to accommodate staff requests. However, some staff also raised concerns about the cost of travel and lack of recompense where they were expected to undertake journeys between visiting service users.

(See Recommendation 3 of this Quality Statement).

Staff told us that they had participated in a range of training. We evidenced this by reviewing training certificates and training plans and talking with staff. 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. However, we are concerned that there is an over-reliance on DVDs, hand-outs and self-directed learning.

The provider should use the Promoting Excellence framework, Scottish Government 2011 to review staff training and development, to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. In addition, we spoke with some staff who had not undertaken Protection of Vulnerable people and this training should be mandatory for all staff. We consider that there is a need to extend the training programme to include more relevant training for staff such as End of Life, Dementia and Activities.

(See Recommendation 4 of this Quality Statement).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The manager should continue with plans to further improve staff communication, development and teamwork through the introduction of structured staff meetings.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements.

2. The management of the service should ensure that there is a process and that their workforce meets the registration requirements as specified by the SSSC.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing.

3. The providers and manager should review the timescale for rotas to ensure that both service users and staff receive rotas more timeously to improve planning and communication. The rotas should allow for realistic travel time between visits to service users.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing.

4. The provider and should use the Promoting Excellence framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. This should include training at skilled and enhanced level for all staff working directly with people. In addition, the training programme should be reviewed to ensure all staff have access to relevant training appropriate to their roles and taking account of service user needs.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing.

Promoting Excellence framework, Scottish Government 2011.

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

The grade awarded for this quality statement at the last inspection in March 2013 was 4 - good. This inspection, we have seen continued improvement and we have increased the service grade to 5 - very good.

We decided this after we:

Examined documentation
Spoke to the manager and staff members
Spoke to people who use the service

The evidence we sampled included:

Service user involvement
Keyworker roles
Feedback from service users
Strengths identified in Statements 1.1 and 1.3 are also relevant to this statement.

We found that a variety of quality assurance processes and systems are used to assess and improve the quality of service.

Quality monitoring systems in place included:

- * audits of questionnaires
- * direct observation and feedback of staff practice
- * evaluation of comments and complaints
- * Feedback from other professionals
- * Feedback from service users and relatives

All service users who took part in this inspection were complimentary about the

quality of management and the service they received. Service users and staff told us that they found the Manager to be responsive and supportive.

The service had a clear complaints policy in place and service users indicated that they were familiar with this and would feel comfortable about raising an issue or a concern. No complaints had been made against the service.

Respondents of the Care Inspectorate's Care Standards questionnaire said that they agreed that staff had the knowledge and skills to support them. They confirmed that staff were supportive, approachable and always available to them as agreed in their care agreement.

Some staff stated they enjoyed working for Glenfairn Housing Support Agency.

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

Evidence to support strengths in this quality statement is detailed under Quality Statement 1.1 and 3.1.

Areas for improvement

The manager had conducted questionnaires for service users and staff to gain their views and improve participation in the development of the service. For example, from the service's own records, one person had commented " I think having diaries kept in all clients houses would be beneficial - it would allow support workers to pass on any information that needs to be known..." However, there was no evidence of how issues raised by people had been discussed, addressed and how questionnaire returns been evaluated.

(See recommendation 1 of this Quality Statement)

The care service should continue to involve service users and carers in assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should ensure that comments are evaluated and where appropriate, people receive information about what action was considered and taken as a result of their input.

National Care Standards, Housing Support Services, Standard 8: Expressing your views.

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

The grade awarded for this quality statement at the previous inspection in March 2013 was 4 - Good. The evidence we sampled at this inspection has maintained the grade at 4 - Good.

Strengths identified in Statements 1.1, 1.3 and 1.4 are also relevant to this statement.

We reviewed the following two recommendations made at the previous inspection:

The manager of the service should continue with plans to develop a monthly auditing system.

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

Action taken:

The manager of the service has introduced monthly auditing processes for adult support and protection concerns, complaints, accident, incident, medication and continuation record sheets.

MET

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.

Action taken:

There was a clear complaints procedure which included the contact details for the Care Inspectorate. Most people that we spoke to were aware of the complaints procedure. The complaints procedure has been revised to reduce the timescale for initial investigation from 28 working days to 20 working days to comply with current requirements. The manager had introduced a written procedure which included the recording of outcomes and actions from complaint activity.

MET

This service has recently come under new management. The new providers

demonstrated good intentions in determining the direction and future objectives of the service. Service users and staff commented positively about the manager being supportive and approachable. There was an open door policy and staff confirmed that they found the manager to be approachable and that they were able to express their views both informally and formally.

The Service had identified a variety of ways to gain service user views about the quality of the service and to identify ways in which it can be improved. Furthermore, the service had also identified stakeholder involvement. For example, the service worked well with partner agencies such as Local Authorities and NHS and other providers. We found that a good variety of quality assurance processes are used to assess the quality of service.

These included:

- *Direct observation of staff practice by the service manager
- *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.

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

Areas for improvement

We reviewed up on the following recommendation made in the last inspection report. 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.

The manager of the service has introduced formal systems for monitoring the service. He has conducted audits and questionnaire surveys. These are detailed in Quality Statement 1.1. We discussed with the manager about how evaluate and assess results and share outcomes with service users, staff and other professionals. The manager also needs to take account of additional comments and demonstrate how results have led to service improvement. We have repeated this recommendation to monitor progress.

(See Recommendation 1 of Quality Statement 4.4)

At the previous inspection, the manager of the service had confirmed the development of a senior post within the service. However, at this inspection, we found that this role has not been substantiated. A support worker was described to be "unofficially deputising" in the absence of the manager. This lack of a clear management structure has been further undermined by the retirement of an external manager. We consider that the service needs to ensure a more formal management structure which clearly identifies delegated managerial responsibilities at all times. 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 2 of this Quality Statement)

The service should continue to gain views from service users, staff and other professionals and to enable them to contribute to the assessment and improvement of the management of the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

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 providers should review the management structure to ensure that there is clear delegated senior responsibility and accountability in the absence of the manager.

National Care Standards, Housing Support Services, Standard 3: 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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
22 Mar 2013	Announced (Short Notice)	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
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.

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0845 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تاقي سنن تب بل طلا دن ع رفاوتم روشنملا اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com