Care service inspection report

Turning Point - Inverclyde
Housing Support Service
4 Argyle Street
Greenock
PA15 1XA
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Inspected by: Colin Goldie
Type of inspection: Unannounced
Inspection completed on: 30 January 2014
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Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Care service number:
CS2004077576

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>
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</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>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Management and Leadership</td>
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</table>

What the service does well

We found that the manager and staff were motivated, experienced and familiar with client's support needs and preferences. We decided this after reading support files and talking to the manager, staff, relatives and clients.

During the inspection we saw that staff support people to live in their own home, take part in activities, go on holiday and have a say in developing the service.

We found that the manager is always looking at new ways to obtain people's views and opinions. One example of this was supporting clients to set up the Inverclyde Voice forum.

People using the service are fully involvement in writing and reviewing their support plan.

What the service could do better

During the inspection the manager said that he and the service will continue to maintain and develop their level of performance.

What the service has done since the last inspection

There were two recommendations arising from the previous inspection. These have been met. Please read the report for details.
The service has developed a "Peer Group" and "Inverclyde Voice". Both of these are client led and help influence service developments.

**Conclusion**

We found that management and staff have considerable knowledge and skills.

Staff were very committed to making sure that the service meets people's expectations and needs.

When we spoke with people receiving support they said were very happy with the service and that they had their needs met. People said that the service always listened to them.

**Who did this inspection**

Colin Goldie
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This care service was previously registered with the care commission and transferred its registration to the care inspectorate on to 1 April 2011.

Requirements and Recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, 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 but where failure to do so will not directly result in enforcement.

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

Turning Point - Inverclyde provides a combined Housing Support and Care at Home Service to adults with a range of support needs.

The service supports people to live in their own homes, be part of the community and lead fulfilling lives.

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 5 - Very Good
Quality of Management and Leadership - Grade 5 - Very 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
This report was written by Colin Goldie (Inspector) following an unannounced inspection which took place on Wednesday 29 and Thursday 30 January 2014.

During this inspection information was gathered from a number of sources:

We spoke at length with:

The manager, staff, clients and relatives.

We looked at:

Participation folder and local participation policy
Newsletter.
"Involving the people we support" good practice guide.
Multi elementary support plans.
Risk assessments.
Finance files.
Medication files.
Accident and incident records.
Complaint log.
Staff meeting minutes.
Inverclyde Voice forum minutes.
Planning meeting minutes.
Training plan and training records.
Supervision plan and supervision record.
Registration certificate.
Returned staff and clients/family Care Standard Questionnaires.
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

There were two recommendations arising from the previous inspection;

1. The Manager should ensure that greater monitoring is carried out to ensure that supervision and appraisal sessions are being implemented as per expected frequency and organisational policy. The quality of records, action plans and associated timescales should also be monitored. This is to comply with NCS Care At Home Standard 4.5 Management and Staffing.

We found that a supervision and appraisal planner was in place. When we compared supervision dates we found that they were in line with the planner. We looked at supervision records and found that these were appropriate.

This recommendation is met.

2. The service should introduce a system to ensure that review meetings are planned within the minimum frequency of 6 months. This is to comply with NCS 4.1 Management and Staffing.

The manager had written a planer which set out when reviews should take place. We saw that the manager audited reviews to make sure they took place as occurred. When we looked at review records we saw that they were occurring within the expected time scales.

This recommendation is met.

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 manager submitted a self assessment noting service strengths and proposed areas of development.

We discussed how service's could include clients in writing the self assessment and ways in which service's could write and include evidence of practice against themes and statements.

**Taking the views of people using the care service into account**

Care Standard Questionnaires returned by clients showed a high level of satisfaction with the service, commenting:

"I would like to comment on the quality of support from my staff for preparing me for independence when I eventually live on my own."
"I'm very happy with everything."

When we visited clients in their own home they said they were happy with their support and were seen to be at ease with staff.

**Taking carers' views into account**

Care Standard Questionnaires returned by relatives showed a high level of satisfaction with the service, commenting:

"We have a twice yearly review of our daughters care and meet with staff twice a week."
"The relationship between us and staff is an open one and we feel free to correspond at any time."
"The staff are warm and caring."
"I am more than happy with the support my son receives."
"So far so good."
"Overall, very pleased with the service".
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
At this inspection we found that the performance of the service was very good for this statement. The service consulted and encouraged participation very effectively. We spoke with the manager, staff, clients and relatives. We observed staff and clients interacting. We read support files, review minutes, Inverclyde Voice meeting minutes, the service's participation strategy and stakeholder feedback questionnaires.

We met and talked with clients during the inspection. They were keen to be involved in the inspection and were complementary about the staff and service. They said that they were listened to and that their comments were taken into account by staff and management.

Everyone spoken with said that the service could only develop if client's views and suggestions are sought and acted on. We saw evidence of this when we read support plans and talked to clients. To help obtain people's ideas a planning and stakeholders day is being held in March 2014.

To make sure that the service is right for them and before receiving support people are given information about: the support that can be provided, staff, how to complain, opportunities for participation, and client's rights and responsibilities.

During this inspection we found that the service has a positive impact on people's' lives. By observing staff we saw that they were approachable and respectful. We saw that client's opinions were sought and acted on.
This can be evidenced when client's support plans and activities are changed to meet new goals, for example deciding where to go on holiday or what to do during the day or when to attend Day Centres or college.

The service and Turning Point Scotland place an emphasis on client and relative participation. The service does this via: Peer Group, Inverclyde Voice and review meetings, relative involvement, satisfaction questionnaires, involving clients in staff training and recruitment and using third parties such as care managers or advocacy workers. These keep people up-to-date with local and other events and provide opportunities to comment on service policies and performance.

Questionnaires give people the opportunity to comment on developments, staffing, the quality of the service and raise any issues. Returned questionnaires are analysed to find out what people think of the service and their support. An action plan is written to address areas of development. We saw that action plans noted who was responsible for action and by when. We saw that these were checked for progress by the internal and external manager.

When we read support plans and spoke with clients we saw that clients were involved in their development and review. Clients said that they decided who to have at their reviews and confirmed that staff went that extra mile, including outwith normal office hours.

We saw that staff and clients related well and were relaxed in each others company.

**Areas for improvement**
The service should look at ways that clients and families can be involved in completing its self assessment.

The service should look at how it can develop in relation to the Scottish Governments "The key to life" initiative which encourages a personal outcomes approach.

**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
At this inspection we found that the performance of the service was very good for this statement. We spoke with the manager, staff, clients and relatives. We read support files, review minutes and risk assessments.

Turning Point Scotland has a range of policies addressing clients' health and well being. These include: confidentiality, medication, behaviour, adult protection, participation and whistle blowing.

We found that the service has a very knowledgeable and longstanding staff team who focus on supporting clients to meet their goals and be involved in the community. We decided this after talking to staff, clients and reading support plans. Staff spoke with respect and consideration of clients, acknowledging their individuality. We were of the opinion that staff are strongly committed to making sure that clients get the most benefit from the service.

Staff said that training is geared towards clients' individual support needs, for example epilepsy, rescue medication and autism.

We saw that the service is committed to meeting people's needs whilst promoting clients' dignity and privacy. We evidenced this by reading support plans and speaking to clients. Support plans showed that clients are involved in their support and that this is geared around their aspirations and goals. There is a strong emphasis on achieving positive outcomes, for example: gaining qualifications, building independence and increasing home making skills. We saw that staff support clients when they are dealing with other agencies such as social work, health and housing.

Each client has a range of files covering: medication, finance, fire safety and support. On reading these we saw they followed a standard format and contain a range of information such as: Support Planning Group minutes, personal care routines, "What's Working" meeting minutes and a Multi Elementary Support Plan. These combine to provide a very detailed breakdown of the client's choices, support needs, how these will be met and any risks.

Plans show that support and risk assessments are regularly reviewed, updated and agreed. Risk assessments were very detailed and we found evidence of management auditing of plans. Clients and key workers met to check that the service is meeting their support needs and agree steps needed to achieve their goals.
Support plans showed that staff encourage people to maintain a healthy lifestyle by attending appointments, eat well and address health issues. Plans show that health issues are referred to the appropriate agency and that there are good relationships between the service and health care professionals such as GPs and community nurses. Their advice is noted in support plans, for example a Diabetic management tool and sharps protocol.

**Areas for improvement**

The service should continue to work with local agencies, clients, relatives and third parties to make sure that client's health and wellbeing needs are met.

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

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 3: Quality of Staffing
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 staffing in the service.

Service strengths
At this inspection we found that the performance of the service was very good for this statement.

Please refer to Quality Theme 1, Statement 1 for further details.

We found that clients are involved in staff recruitment and selection. By doing this the service gives clients control over their staff team.

Areas for improvement
Please refer to Quality Theme 1, Statement 1 for further details.

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
At this inspection we found that the performance of the service was very good for this statement. The manager makes sure that staff are professional, trained and motivated. We spoke with the manager, staff, relatives and clients. We observed staff and clients working together.

We found that there was a consistent and experienced staff team that had a range of experience and a sound knowledge base. The outcome of this was that people had the advantage of being supported by staff who knew them well. We found that staff regularly reflected on their practice.

To make sure that staff work to the service's expectation Turning Point Scotland has a range of policies that support staff practice and development, including induction, learning & development, supervision and recruitment.

In conversation staff spoke with respect and consideration of clients, had a clear understanding of the service's aims and objectives. They said that the manager had a transparent, supportive and open culture. The benefits of this for clients is that staff feel confident raising issues of practice.

We met with seven members of support staff. They told us there were regular training opportunities, for example: induction, adult protection, autism, healthy eating and Scottish Vocational Qualifications in Social Care. The benefits of this training is that staff have the skills to meet people's needs. Staff receive refresher training as required.

New staff undertake comprehensive induction training which informs staff of the service's expectations and their role in promoting and maintaining client's dignity, independence and wellbeing. Their progress is monitored by the manager. The service training and development plan is regularly reviewed and updated to reflect the support needs of clients.

To make sure that staff maintain good practice there is a programme of supervision and appraisal. Records show that staff are set clear goals and learning targets. This shows that the organisation is committed to making sure that the support staff provide has a positive impact on clients' lives. There is evidence that poor practice is identified and addressed with referrals being made to the SSSC as required.
Supervision minutes contain detailed recordings, noting progress being achieved by clients and an action plan detailing any actions to be taken by staff.

There are regular meetings where staff can discuss and share their views on how the service can develop.

Turning Point Scotland holds a Learning Disability Forum four times a year. At this managers discuss practice issues and service developments. To make sure that these meeting focus on improving the service for clients they, the client, are invited to attend and participate.

**Areas for improvement**
The service should continue to explore training and learning opportunities for staff to help them sustain the provision of a high quality service.

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

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 4: Quality of Management and Leadership
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 management and leadership of the service.

Service strengths
At this inspection we found that the performance of the service was very good for this statement.

Please refer to Quality Theme 1, Statement 1 for further details.

Areas for improvement
Please refer to Quality Theme 1, Statement 1 for further details.

Grade awarded for this statement:  5 - Very Good
Number of requirements:  0
Number of recommendations:  0
**Statement 4**

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

**Service strengths**

At this inspection we found that the performance of the service was good for this statement. We spoke with the manager, staff, relatives and clients. We observed staff and clients working together. We looked at a range of quality assurance paperwork. We found that people are always asked for their views and opinions, with their comments being listened to.

The provider undertakes regular audits of the service to verify that high standards of service are being maintained. The service undertakes their own internal audits to ensure compliance with the provider's key performance indicators. These cover areas such as: review dates, health and safety, senior managers location audit, supervision file audit and service practice audit. Audits are scored against set criteria and an action plan written to address any shortfall. We saw that plans note who is responsible for action and set time scales for work to be undertaken.

When we read an action plan we saw that it linked into the previous audit and provided clear goals to be achieved. We saw evidence of management monitoring progress to meet these time scales and goals.

Clients were positive about the support they receive, saying that they meet with their key workers to review their support needs.

The service uses stakeholder feedback questionnaires to measure the quality of services and identify areas of development. These questionnaires ask for people's opinions about a range of matters. The manager analyses returned questionnaires to identify areas of strength and development. We saw evidence of action plans being written, setting clear targets for development and improvement.

As noted elsewhere in the report the service has a complaints policy. We found that people were aware of the right to complain. People said that any issues they have raised had been resolved to their satisfaction. This shows that the service listens to and acts on people's comments and suggestions.

The service meets regularly with other local providers (Care Provider Forum) who work in the field of learning disability. Local developments and shared experiences are discussed and help services have an overview of what is available and can signpost clients to other resources for support.
The manager submits annual returns, self evaluations, notifications and action plans as expected.

**Areas for improvement**

The service should continue to undertake regular audits of their activities to identify areas for further improvement and evidence the outcomes achieved for people using the service.

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

**Number of requirements:** 0

**Number of recommendations:** 0
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 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

<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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<td>Statement 3</td>
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<tr>
<th>Quality of Staffing - 5 - Very Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 4</td>
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## 6 Inspection and grading history

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<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Feb 2013</td>
<td>Announced (Short Notice)</td>
<td>Care and support 6 - Excellent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 5 - Very Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and Leadership 5 - Very Good</td>
</tr>
<tr>
<td>1 Jul 2010</td>
<td>Announced</td>
<td>Care and support 6 - Excellent</td>
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<tr>
<td></td>
<td></td>
<td>Staffing 6 - Excellent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and Leadership Not Assessed</td>
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<tr>
<td>13 May 2009</td>
<td>Announced</td>
<td>Care and support 5 - Very Good</td>
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<tr>
<td></td>
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<td>Staffing 5 - Very Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 5 - Very Good</td>
</tr>
<tr>
<td>1 Oct 2008</td>
<td>Announced</td>
<td>Care and support 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Management and Leadership 4 - Good</td>
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</tbody>
</table>

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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