

Care service inspection report

Bellshill Locality

Support Service Without Care at Home

95 Main Street

Bellshill

ML4 3DZ

Telephone: 01698 403520

Inspected by: Michelle Deans

Type of inspection: Announced (Short Notice)

Inspection completed on: 28 May 2014



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Service provided by:

North Lanarkshire Council

Service provider number:

SP2003000237

Care service number:

CS2003001210

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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	6	Excellent
Quality of Environment		N/A
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The staff team provided support to the people who accessed and were supported by the service using personal outcomes. This meant that the service was tailored to meet the needs of each person using it.

The service was excellent at using joint working approaches between health and social care to enable the best possible outcomes for the people who were referred to the service. This included options of self directed support.

The joint working process enabled a holistic approach to support to be identified and put in place for each person.

The service also linked into a carer support worker who was funded by the Princes Royal Trust. This enabled support to be offered to carers as part of the day to day service.

What the service could do better

The service should continue to look at ways to involve service users and their representatives/carers in the recruitment of staff and in being involved in giving feedback about their support that links directly to staff supervision and development, including the yearly review of their practice.

What the service has done since the last inspection

The last inspection was completed in 2010 and since this time the changes made as the outcomes of consultations about day service provision and self directed support

have been made fully operational and are part of the day to day service. This included a personal outcome approach for each person using the service, joint working, help to access self directed support and then the continuing case management of people who had accessed the service but had then moved onto other services provided externally from the local authority.

Conclusion

We found that the service provided excellent opportunities for both carers and service users to access a wide variety of services by being supported by the staff team at Bellshill Locality. Because personal outcomes were used to evaluate the success of the service, each person's support reflected what they wanted to achieve. We saw that joint working between health and social care had meant that service users had quick access to services they needed and that communication was excellent between the services. We also found that service users who no longer used the service still had a link with the locality support workers. This meant that should they require support in the future that this can be promptly reassessed and put in place to benefit the service user.

Who did this inspection

Michelle Deans

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2012, 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.

Requirements and recommendations.

If we are concerned about some aspects of a service, or think it needs 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 Act (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 requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Bellshill Locality is a support service for adults within the service user's local community. The service was registered as a support service to provide day opportunities for a wide range of people over the age of 16. The service provided support to attend a range of activities in the local communities but also provided help to access services through self-directed support.

The service had a manager responsible for the overall management of the service, three locality managers responsible for the day-to-day running of the service, 10 locality support workers and 10 locality workers who provided direct support to the people using the service.

Within the office base which was a community centre, there was also a rehabilitation officer, an occupational therapist, two community learning disability nurses and a carers support worker who was funded by the Princes Royal Trust.

Bellshill Locality provided support to access community facilities and activities, no activities take place within the community centre.

The service aims to provide a "service without walls" where the service user's "access meaningful, inspiring activities and learning opportunities within their own communities."

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

Quality of Care and Support - Grade 6 - Excellent

Quality of Environment - N/A

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

The Inspector visited the service and carried out the inspection on 28/05/2014 between the hours of 8.30am and 3.30pm.

In this inspection we gathered evidence from various sources, including:

- 10 service users personal plans, personal outcomes, reviews and files
- 10 Staff training and supervision records
- Team meeting and management meeting minutes
- Staff development days and outcomes
- Records of group descriptors for activities and associated risk assessments
- Quality assurance documentation
- Samples of Policies including, complaints ,staff supervision, whistle blowing and adult support and protection.
- Discussions with two service users
- Discussions with a locality worker, a locality support worker and the manager

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.

Due to the short notice for inspection a self assessment was not completed prior to the inspection, however the provider subsequently submitted this prior to the report being issued. This self assessment document gave relevant information for each of the Quality Statements under the three Quality Themes. The service identified its strengths and areas for future development.

Taking the views of people using the care service into account

As part of the inspection we met with two service users. It was clear that they had built up an excellent relationship with the locality worker supporting them. When asked if they did choose what they liked to do both said yeas and should they not like any activity then other options were discussed with them. It was also clear from the community hub we met in that there was a strong emphasis on activities within the local community.

Taking carers' views into account

We asked the manager to pass on with permission phone number of carers who would be willing to speak with us as part of the inspection. We were able to contact two relatives. Both said they were very happy with the support available. Both felt the communication between the service and themselves was very good and could not make any suggestions for improvement.

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: 6 - Excellent

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

There were excellent for service users and cares to participate in assessing and improving the quality of care and support.

All aspects of the service was based on the personal outcomes for service users, this meant that at the initial stage of accessing the service a full assessment would be undertaken to look at how the service could effectively support the individual. One part of the service was to help to access self-directed support with a locality support worker supporting the person to completed relevant paperwork and to help look at what services and support they needed to achieve the outcomes they wanted. We saw that service users were fully involved in all aspects of this, from the initial assessment to follow-up meetings to decisions about the support. The process of self-directed funding would be supported through joint working with health and social care. This enabled a holistic approach to be undertaken to the benefit of each service user. There was excellent evidence of the process for self directed support, the involvement of service users in this and the outcomes for each person in their file. We found the information on file to be detailed, outcome focused and written in a person centered way.

The second part of the service was to support service users access to activities in the community. All activities undertaken had detailed descriptors of how the person wanted to be supported at the activity and any preferences with regard to this. We saw that again personal outcomes were used to enable each person say what they wanted to achieve and how this would be done. We saw that personal outcomes were reviewed six monthly and there was a yearly review of support which included invites to carers and any relevant health professionals. We saw that yearly reviews were very

detailed and the reviews discussed all aspects of the person's life. Reviews were also used to ask carers if they felt they needed any help. This linked to best practice to offer support and advice to carers based on Scottish Government Strategies.

We saw that reviews discussed the outcomes achieved and if the support was enabling this to happen. We also saw that revised or new outcomes were discussed when ones were completed which were then linked into the personal outcome plan. Whilst the personal outcomes plan was discussed quarterly with the service users there was also a six monthly review of these. We saw that the personal outcome plans we saw were regularly reviewed and updated.

We found that all service users were also supported prior to the yearly review to have an agenda as to what they would like to be discussed at the review. We saw that pre review meetings were held with the service users to enable them to discuss any support they needed and who they would like to invite to the review. All service users had named workers who would support them in this.

Every week the Princes Royal Trust care support worker facilitates two carer groups which whilst predominately was a support for the carers was also an opportunity to feedback any issues to an independent person who was part of the joint working initiative.

We saw that the manager had sent out carers questionnaires in January 2014 to all carers. These asked if the closure of the service over the Xmas period caused any issues for them as the main carer, asked about staff support to the service users and was also used as an opportunity to ask if the carers required further information on self directed supported. For those who said yes, individual meetings had been arranged to discuss this with the manager.

Every year there is a carers week where a range of topics were discussed along with activities. This again gave the opportunity for carers to give feedback in a more relaxed setting.

Carers also were asked to complete a questionnaire based on the Care inspectorate's quality statements the outcomes of which were very positive.

Carers had been asked if they wanted to form a carers committee as part of the service but all said they did not and were happy with the current arrangements for feedback and support.

The Princes Royal Trust produce a seasonal newsletter for all localities in North Lanarkshire for carers. This gives information on each service and also gives feedback on any developments, training, conferences etc, relevant for carers.

North Lanarkshire Council have an overarching quality assurance strategy which links into all aspects of monitoring and evaluating the service provided, including consultation methods

Areas for improvement

We discussed with the manager that some of the paperwork in individuals' files had no dates printed on them; however we did see these were up to date on the I.T system and there were no issues with the actual quality of written records which were of a high standard. We discussed that where documents were signed by service users or their representatives that the staff member printing these off must check to ensure that paper copies are dated.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that support was excellent in ensuring that service users' health and wellbeing needs were being met.

North Lanarkshire Council had a range of policies and procedures in place which underpin staff practice. These included whistle blowing, protection of vulnerable adults and safe recruitment procedures for staff.

Staff had access to a wide variety of training and where a service user had specific needs the staff would be given training to support them with this. Examples of this were: training in dementia, multiple sclerosis, communication and swallowing training and positive behaviour training.

The manager was part of the Local Planning Group. This group had representatives of health, housing and social care. When an initial referral came in for support or a person was identified as requiring support this would be discussed in this group. This enabled an overview of services needed to be discussed planned and put in place. This meant the service users were receiving a holistically assessed service based on all their health and social needs. From looking at personal outcomes achieved for service users this method of working was seen as a beneficial to each person being supported by the service.

Added to this within the office base which was a community centre, there was also a rehabilitation officer, an occupational therapist, two community learning disability nurses and a carer's support worker who was funded by the Princes Royal Trust. This meant there were prompt responses to any changing support needs for service users or their carers. This included health, social or housing needs.

Where service users' accessed activities there were risk assessments in place both generic and specific to the activity. Each person had a detailed account of how they wanted to be supported in the activity. As the service was based on personal outcomes these were used as a tool to evaluate the success of the support and where any changes were needed these were put in place.

We saw excellent records of changes to support, reviews and meetings with relevant professionals on file. We could also see that service users were fully involved in all aspects of their own support and where this was not possible carers were fully involved.

For people who were supported to access self directed funding we could see the positive impact as a result of this through their personal outcome reviews.

In summary the service was delivered based on the best outcomes for each person.

The outcomes covered all aspects of their life that they required support in. Whilst the service itself did not provide all the support, only activities in the local community, they did enable service users to access what services they required through joint working and planning.

Areas for improvement

The service should maintain the current high standards in relation to this statement.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment - NOT ASSESSED

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

We found there were very good opportunities for the service users to participate in assessing and improving the quality of staffing in the service.

Service users were involved in information sessions for prospective candidates for interview. Service users gave presentations on what they expected from the workers.

After North Lanarkshire Council assess candidates as suitable and they are employed in the service, service users can have the opportunity to interview staff to decide who they would want to support them.

Feedback on support can be given through reviews, through carer meetings and via the questionnaires.

Comments under Theme 1, statement 1.1 are also relevant to this statement.

Areas for improvement

An area for improvement would be to link feedback from service users and carers directly into supervision and performance review of staff.

Whilst service users could have an opportunity to be involved in choosing which staff supported them, they were not involved in the recruitment process and this was not written into the overarching recruitment strategy. Thought should be given on how to involve service users and/or carers at the initial stages of recruitment.

Comments under Theme 1, statement 1.1 are also relevant to this statement.

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

We found that the service had professional and motivated staff who worked to the National care Standards.

An induction was in place for all new staff. This included how the service operated, the expectations of the staff and an introduction to relevant information about the service. Staff were also given a corporate induction to North Lanarkshire council. This included mandatory training in adult support and protection, moving and handling, food hygiene and personal outcomes. All staff received a handbook as part of their induction with policies to read including the Scottish Social Services Council codes of practice.

We saw that a wide range of training was available through external courses. We sampled staff training files and saw that staff had undertaken a wide variety of training, included, dementia, welfare rights, British sign language Huntingdon's, positive behaviour and self directed support training. North Lanarkshire council had a dedicated training team which had a training base in the locality. This meant that all training was overseen by the training department. Because of the access to community learning disability nurses when specific training issues were identified then these were either delivered by the nurses or sourced by them. This meant that training could be given at very short notice, again this benefited the people using the service.

All staff received regular one to one supervision as well as informal meetings of support. We sampled minutes of these and found them to discuss practice issues and policies and procedures. Staff also had group supervision sessions. These were used as both team building exercises and reflective training/team working forums. We saw for example that group supervision was used to enable the team support a new service user effectively by sharing ideas, practice and developing ideas about what would work well for them to enable the best outcomes.

We also saw that staff development days were held three monthly where different relevant training topics were discussed such as autism, finances, outcome focused work. We saw discussion and sharing of practice throughout minuted meetings which evidenced a high level of team working.

All staff had a yearly PRD, which looked at their performance and development. A review of goals identified would be held six monthly. We saw these were completed for the staff we sampled and that they were done to a high standard with training being identified by staff relevant to their role as were as reflective accounts of practice over the last six months. Any training identified from the PRD would be forwarded to the training department or sources internally where appropriate.

Team meetings were held on a monthly basis. We saw from minutes of meetings that these included case studies, general discussions on developments and practice issues. Meetings were also held which were not mintued where appropriate to discuss any service user issues.

The manager also attended management meetings including Local Planning group meetings where new referrals were discussed in joint partnership with health and social care.

All staff held relevant qualifications and the manager was registered with the Scottish Social Services Council.

Areas for improvement

Whilst it was clear staff were well supported and had opportunities to discuss practice, development and training on a regular basis we found the one to one supervisions did not meet the 4 weekly expectation of North Lanarkshire Council policy. We discussed with the manager that given the service undertakes, development days three monthly ,groups supervision monthly, monthly team meetings that thought should be given to updating the policy on supervision to reflect the practice of the service. We will follow this up at the next inspection.

We also suggested that all informal meetings should be recorded as to who attended, the date, and a brief indication of what was discussed a good practice.

Grade awarded for this statement: 6 - Excellent

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

We found there were very good opportunities for the service users to participate in assessing and improving the quality of management and leadership in the service.

The service through the Princes Royal Trust carer support worker held a carer's week every year. This gave an opportunity for carers to be given information on legislation, government initiatives and service developments.

Carers were supported if they wanted to complete the Carers Journey Scotland document which enabled support to be identified and also enabled feedback to North Lanarkshire Council about issues carers were facing and what help they needed.

See under theme1, statement 1.1, theme 3, statement 3.1 for further strengths which are also relevant to this statement.

Areas for improvement

We made a suggestion to include the people who use the service and their carers in the self-assessment process or in assessing how the service meets the aims identified. This could be done via open events or at the carers' week.

See comments under theme1, statement 1.1, theme 3, statement 3.1 for which are also relevant to this statement.

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

We found there were excellent opportunities for the involvement of service users, relatives, staff and stakeholders in assessing the service provided. North Lanarkshire council had a quality framework and a service user involvement policy which outlines a commitment to the involvement of the people using services.

The manager sits on the local planning group which is a joint initiative with health and social care and housing to look at support options for people referred to the service. This gives an opportunity for service users and their carers to be involved in actively planning all aspects of their support.

The manager is also part of the provider's forum for North Lanarkshire, This is a collective group of all providers and the meetings are used to discuss best practice and joined working for the benefit of service users in North Lanarkshire.

Joint working is embedded into the service and this enabled other stakeholders to share practice, give feedback and work together to ensure outcomes for service users/cares were met.

The manager completed a quarterly report to their line manager. This was a comprehensive report on all aspects of the service and was used as an audit of supervision, training PRD, staff and management meetings, reviews, recruitment and quality outcomes for service users, including details of consultation methods undertaken in the service. This meant that senior management had an overview of the service and if it was meeting expectations in terms of key objectives.

North Lanarkshire Council had a comprehensive complaints procedure and leaflet for service users /carers.

Comments under Theme 1, statement 1.1, theme 3, statement 3.1 and them 4 statement 4.1 are also relevant to this statement.

Areas for improvement

Whilst the complaints leaflet did condense the procedure of how to make a complaint, thought should be given to producing an easy to read leaflet for service users.

Comments under Theme 1, statement 1.1, theme 3, statement 3.1 and theme 4 statement 4.1 are also relevant to this statement.

Grade awarded for this statement: 6 - Excellent

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

None.

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 - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Environment - Not Assessed	
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	6 - Excellent
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	6 - Excellent

6 Inspection and grading history

Date	Type	Gradings
3 Nov 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
27 Oct 2009	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
10 Feb 2009	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - 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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Translations and alternative formats

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