

Care service inspection report

Hansel Community Support Services - East Ayrshire

Support Service Care at Home

43 John Finnie Street

Kilmarnock

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Telephone: 01563 572182

Type of inspection: Unannounced

Inspection completed on: 13 August 2014



HAPPY TO TRANSLATE

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Service provided by:

Hansel Alliance

Service provider number:

SP2003000261

Care service number:

CS2004073922

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

What the service does well

Overall, the service had continued to work at a very good level to provide care and support to its customers. The support that was given to each customer was decided by the customer to suit their needs and preferences where possible. We saw numerous very good examples of individualised support packages which had led to improvements in the customer's quality of life experiences.

What the service could do better

The service had recently had a small but significant turnover of staff group and was still recruiting to get back to full complement. Whilst it was recognised that the care sector can have a higher than average staff turnover, we felt that the provider and service could have managed the induction training of new staff in a more organised and effective way.

What the service has done since the last inspection

Since the last inspection the service had achieved its plan to develop larger packages of support including care and support over a 24 hour period. The outcome from this had been positive and the service had worked through the teething problems encountered in a manner that included the customer, family and other relevant health care professionals.

Conclusion

Hansel Community Support East Ayrshire provided a very good service to the people they support and were interested in developing new ways to improve the service and involve the customers as much as possible.

1 About the service we inspected

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

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

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 Reform (Scotland) Act 2010 and Regulations and Orders made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

Hansel Community Support Services - East Ayrshire was registered on April 2011 to provide support services to adults with learning disabilities in their own homes. Staff support will be individualised and specified in the service users' support plans. Staff support will be available over a 24 hour period.

The service currently provide support to around 76 - 86 people with learning disabilities, per year within the East Ayrshire area. The service operates from an office base in the town centre of Kilmarnock, which provides a good contact point for service users and carers. The service's registration certificates states that:

1. The Support Service will be provided to adults with learning disabilities living in their own homes.
2. Staff support will be available to service users over a 24 hour period.
3. Staff support will be individualised and specified in the service users' support plans.

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

We wrote this report following an unannounced inspection. This was carried out by one inspector, Eleanor Higney. The inspection took place on Thursday 7 August 2014 between 9.45am and 5pm. It continued the following day, Friday 8 August 2014 from 9.30am until 1pm. It concluded on Wednesday 13 August 2014 from 9.30am until 3.15pm. We gave feedback to the manager and the deputy manager on 13 August 2014.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent twenty five care standards questionnaires to the manager to distribute to the customers and their families. The service had assisted the customers and families to complete these rather than distribute them. However, after we discussed this with the manager and spoke to customers we were satisfied that this had not changed the outcomes of the questionnaires but perhaps had limited the chance to add comments and the option for the replies to remain anonymous to the service.

We also asked the manager to give out 15 questionnaires to staff and we received 8 completed questionnaires.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- 5 customers
- 2 family members
- The manager
- The deputy
- 5 support workers

We looked at:

- 'Have Your Say' which is the services participation strategy of how they plan to involve customers in the service.
- Customer, family and staff questionnaires
- Newsletter
- Minutes of meetings with customer representative
- Records of periodic contact by management to families
- Complaints log
- Compliments log
- Customer and family involvement in recruitment
- Staff supervision and appraisals
- Training records
- Induction records
- Support plans
- Customer review meetings
- Accidents and incidents folder
- The 'Working Together' project
- Minutes of staff and management meetings

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.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

Taking the views of people using the care service into account

These are reflected throughout the statements of the report.

Taking carers' views into account

These are reflected throughout the statements of the report.

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

The service had a 'Working Together' project which was in partnership with Values Into Action Scotland (VIAS). This development work had been carried out and outcomes arrived at with regard to what Hansel did well and what areas could be done better. This looked at 5 main areas - community, learning & teaching, relationships, support and work. This had then moved forward to planning sessions that had involved both staff and customers and the service were now at the actions and training stage.

A newsletter was produced six monthly. We saw that this included information about the working group and invited customers to attend or give ideas for the agenda. It also included a short vote in relation to forthcoming activities. These led to the customers being able to take part in directing the service.

The service was currently carrying out questionnaires for customers and families. There had been previous questionnaires sent out in February 2013 and we saw that the results from these had been collated and an outcome given in June 13 to those that had participated. We found that action had been taken in response to any shortfalls that had been identified.

The service had a helpline that previously had only been available to staff but now had been extended to customers and families. This meant that they had anonymous access to help and information.

The service told us that since the last inspection they had changed the on call to be available 24 hours to customers and families because calls to the service now diverted to the on call phone out with office hours. This offered an opportunity for people to communicate with the service when they required to.

There was a workshop for the younger adults of the service held every two weeks. Whilst this was facilitated by two staff, the customers were encouraged to take as much of an active role in this as possible. We spoke with a customer who told us the benefits of this group and how they had transferred these new skills that they had learned at the group to other areas of their life. Each workshop had a theme and although at times staff may suggest the theme, we were told by a customer that it is ultimately the customers' decision to go with this or provide a theme of their own. Future activities were also decided in this same way. We were told that relevant topics were included. Some examples had been high energy drinks, personal safety talks from the police and the referendum. The workshop used role play to assist with these. The benefits for the people using the service were that they were able to learn and develop in a way that suited them.

The service had a suggestion box that one of the customers took to the fortnightly workshop and to other relevant activities. We spoke with this customer and they told us that this was a useful method of getting views and ideas from other customers.

The office encourages customers and families to 'drop in' and we saw that this happened throughout the inspection process. We saw people being treated with dignity and respect and families we spoke with told us that they were always treated that way.

Areas for improvement

The Working Together Project was still an on-going work in progress and we will review the progress of this at our next inspection.

We found that the outcomes from the services own questionnaires were the same for all three groups - customers, families and staff, yet the results highlighted different areas within each group that could be improved. This meant that some areas were missed and not fed back to the relevant people that had completed the questionnaires. The service should consider this when they collate the findings of the current questionnaires to ensure that they are meaningful.

The service could describe to us and we got a flavour of previous methods of encouraging the participation of people who use the service. We spoke about these with management and various ideas were discussed. The service should look at other ways of enabling more participation from the customers and families. We will look at how the service takes this forward at the next inspection.

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We looked at a sample of individual support plans and found that these contained up to date and relevant information. We saw that these had been reviewed and updated as support needs had changed. We found that these were easy to read.

The support plans contained risk assessments and we found these to be relevant to the customer. These included choking, anxiety and moving & handling.

We found that where relevant support plans contained good practice guidance from specific bodies - an example of this was 'Communication Good Practice - National Autistic Society for Scotland'.

Behaviour support plans were in place if required for a customer and we found that these included possible causes of anxiety and techniques to be tried that had previously worked well for the person. This provided information for staff and staff we spoke to us told us that they read these and that it helped them to provide support to the customers.

At the previous inspection an area being developed by the service was to provide larger packages of support. Since then the service had started this with one customer and we saw that the service had worked closely with the customer, their family and their previous support service through this period of transition. We visited the customer at their home and spoke with their family who told us that they had had regular support meetings and had felt able to discuss ideas or concerns and still felt involved in the care and support of their child.

We spoke with a customer who told us how well they had been supported by the service through a period when their support needs had changed significantly and that the service had worked with other health professionals and the customer themselves to put in place a plan of care for the future. The customer told us that this made them feel reassured and clearly looked comforted by the services response to them.

During the inspection process, customers told us the following:

'The staff are good and I really enjoy the support.'

'I am happy.'

'I get a staff rota each week.'

'I get asked my opinion.'

'I was quite shy when I started but this had made me more confident.'

We saw within support plans how the service used various methods of communication to support those customers that had communication difficulties. We also saw these being used throughout our inspection process. The outcome of this for the customers was that they were supported to convey their feelings and opinions.

The service was able to access some of the activities and facilities available at the Hansel services at Broadmeadows and The Baird Centre. This gave a more varied selection of opportunities for the customers to use and several had recently participated in a 12 week 'Do-Craft' programme where they learned about art, crafts, fabrics and team working.

The service had been working in partnership with the local authority at a new outdoor activity centre. They had also been working with Commonwealth Initiative Partnership. Other partnership working included liaising with addiction services and the 'You Can' workshop. Customers told us that they had been able to experience new experiences and some examples were ice skating, water sports, funky bikes and running. We were also given examples from customers of some activities that they had tried and not liked and they told us that had been able to say this and change to something different.

Throughout the inspection process, from speaking to customers, relatives and staff we were able to conclude that the service is provided around the needs and preferences of the customer and that the customer was not expected to fit around the service.

Areas for improvement

The service should continue to monitor the excellent quality of care and support. The service should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 6 - Excellent

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

The service was in the process of carrying out questionnaires with staff to obtain their feedback on the service.

The views of customers and families had formed part of new staff's shadowing period. Staff were matched to customers and we saw evidence that where the staff member wasn't suited to that particular customer then they were changed to a customer that they were suited to. Staff and customers we spoke to confirmed this.

Family had recently been involved in the recruitment process of staff and they told us that they appreciated this.

See service strength under 1.1 for more information.

Areas for improvement

The service should look at ways of including customers or families in the recruitment and on-going supervision and appraisal of all staff. We spoke about this with the management and various ideas were discussed. We will look at how the service takes this forward at the next inspection.

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

The manager was registered with the SSSC and was aware of the requirement for staff to register in the future.

We saw records of staff supervision and staff we spoke to told us that they received this regularly. Staff told us that they felt able to approach their supervisor and management at the service in between their planned supervision as the management team were very supportive and approachable.

The service had reviewed its appraisal and induction forms since the previous inspection. We looked at some and found them to be completed in a beneficial way which identified the management's views and suggestions as well as the staff member's. We saw that where staff had identified areas of concern then these had been addressed.

The service had a matrix that recorded all staff's induction and refresher training at a glance. This allowed the service to ensure that training was up to date and arrange for any gaps in training to be met. The induction and refresher training included moving & handling, first aid, medication awareness, whistleblowing and protection from abuse.

The service had recently introduced The Management of Actual or Potential Aggression (MAPA) training as a direct response to the needs of a service user and their support staff. Staff we spoke with confirmed that they had received this and told us that they had found this very useful.

The service had a 24 hour on call service that staff can access. We saw evidence that staff had accessed this and that whilst the majority of the support was by telephone; there had been occasion where the on call person had attended to support the member of staff. Staff we spoke to told us that they liked the on call and felt well supported by this.

During the inspection process we saw customers being supported by staff and customers told us that staff were very good and where customers were unable to tell us this due to their communication difficulties then we saw that they looked at ease and comfortable with the staff member who was supporting them.

We saw minutes of senior management meetings and that topics discussed were relevant and promoted a focus on improving the service.

Staff had regular meetings and were asked to contribute to the agenda. The meetings were planned for two per month but recently these had not managed to take place as planned and the attendance was noted to be low. We discussed this with the manager and was told that this was due to recent staff turnover and the fact that the priority was to not interrupt the support packages from being delivered. However, staff we spoke to told us that they were able to drop in or call management at any time to discuss any issues or ideas that they had.

The service had revised their intranet and this now had minutes of Hansel meetings, helpline details and access to policies and procedures. Each staff member had their own password. The benefit from this was it allowed them access the intranet from home.

During the inspection process we found that staff were enthusiastic and motivated about being part of the service and clearly enjoyed their work.

Areas for improvement

We reviewed staff accidents and incidents and found that there had been a significant number where staff had supported customers during periods when they were extremely anxious and that this had led to staff being injured or feeling overwhelmed by the situation they had found themselves in. In recognition of this the service had started implementing MAPA training, which was very positive. However, this had only been offered to those staff supporting a specific customer. We found that the incidents did not only relate to one specific customer and should therefore be given to all support staff. We discussed this with the manager who told us that training dates were planned for later this year for the staff who supported other customers that could become extremely anxious. Whilst this was positive, all staff were expected to cover for annual leave and sickness which meant that they could at some point be asked to work with any customer. We therefore would like to see this given to all support staff. We made a recommendation about this (See recommendation 1).

Staff induction training was carried out by Hansel Alliance and the service would nominate new staff for this. We saw from the records that on occasion staff had to wait up to 3 months for this. We discussed this with the manager who explained that this was out with his control as not delivered by the service. He explained that the reason for the delay was an increase in staff turnover. The service in conjunction with the provider should review this and where required increase the number of induction courses provided to manage an increase in new staff. We made a recommendation about this (See recommendation 2).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The provider should make provision in their training planner to provide MAPA training to all support staff.

Scottish Social Services Council Codes of Practice for Social Service Workers and Employers. Section 3.1 You must provide induction, training and development opportunities to help social service workers do their job effectively and prepare for new and changing roles and responsibilities.

2. The provider should review the current provision for the staff induction training courses to ensure that it can meet the demands of the service.

Scottish Social Services Council Codes of Practice for Social Service Workers and Employers. Section 3.1 You must provide induction, training and development opportunities to help social service workers do their job effectively and prepare for new and changing roles and responsibilities.

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

The management had responded to one of the areas that needed improved from their questionnaire last year by working on making people aware of how to complain. We spoke to customers and they were clearly able to tell us what they would do if they had any issues and told us that they felt at ease to do this. We also asked relatives and they too told us they knew how to complain and that management were very approachable.

One of the customers was a member of the Hansel Focus group and represented the customers at these meetings. When we spoke with this customer they were able to give us an example of an issue that they had identified and were planning to take forward to the next meeting. They clearly knew who to contact and felt at ease and able to do this. The outcome from this was that they were able to participate in improving the service.

See service strength under 1.1 & 3.1 for more information.

Areas for improvement

The service should look at other ways of including customers, families and staff in assessing and improving the service.

The service should look at ways of obtaining the views of other stakeholders that use the service, including social work, dietician, speech & language service.

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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a very good level.

We saw minutes from the senior management meetings and found that the meetings highlighted good practise that could be shared with other Hansel services and areas that were currently being developed. This allowed the service manager to bring this information back to the service and share with the staff.

The service kept a complaints log. There had been three complaints logged since the last inspection. Two of these had been investigated by the service and resolved to the complainants' satisfaction. One complaint had just been investigated by the local authority and we reviewed the actions required from this with the manager during the inspection process. We saw action taken/planned as a direct result from this complaint.

We saw evidence of monitoring of support visits by the management team and staff we spoke to confirmed that these took place and told us that they found them useful. The benefit of these was that these provided another way of checking that support was being provided to the level expected by both the service and the customers.

There had been a recent incident involving medication administration. We discussed this with the management and were satisfied that this had been responded to appropriately by the service.

During the inspection process customers, relatives and staff told us that the management was approachable and that they felt at ease to approach management with any ideas or issues they wanted to discuss. The benefit from this was that this supplemented the more formal quality assurance methods.

We looked at accidents and incidents and when we discussed these with management they were able to tell us how these had been investigated and any follow action or lessons learned that had resulted from this.

Throughout the inspection process we found management to be receptive and open to ideas and suggestions that were discussed and showed enthusiasm for improving the service.

Areas for improvement

The service did not have a quality assurance system that was clear and easy to see what was expected to be audited and when by the service. We discussed this with the

manager who told us that this was currently being developed by Hansel. We will review this at the next inspection.

We looked at the Social Carer's Policy Folder and found that the 'Challenging Behaviour and Physical Intervention' policy had been devised in 2006 and referred to previous training (CALM). In general the folder was out of date in relation to other information within it. This meant that staff had access to both incorrect or out of date information and advice. We discussed this with the manager who told us that this was currently being reviewed and updated by Hansel. We made a recommendation about this (See recommendation 1).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should update their Challenging Behaviour and Physical Intervention Policy to ensure that it reflects current training methods.

NCS 2 Support Services - Management and Staffing Arrangements

10 You know that the support service has a written policy and procedures on the conditions under which restraint is used, and that staff are fully trained and supported in the use of restraint. If it is necessary to restrain you on certain occasions this will be written into your personal plan and records kept of any incidents involving your restraint. You can expect to be supported after any episode of restraint.

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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	6 - Excellent
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
30 Oct 2013	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 6 - Excellent
18 Jan 2013	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
26 Oct 2010	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
23 Feb 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
26 Feb 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good

Inspection report continued

		Management and Leadership 4 - Good
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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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।

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本出版品有其他格式和其他語言備索。

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