

# Care service inspection report

Full inspection

## River Clyde Homes Sheltered Housing Service Housing Support Service

Roxburgh House  
102-112 Roxburgh Street  
Greenock

Service provided by: River Clyde Homes

Service provider number: SP2007009253

Care service number: CS2007159146

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care 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

Quality of care and support	6	Excellent
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

Residents are encouraged and supported to lead independent, fulfilling lives and the staff team work hard to provide a safe service that enhances each individual's health, wellbeing and quality of life.

The management team provide strong leadership and support staff who are well trained and motivated to provide a professional service that meets residents' support needs in an individualised and person centred manner.

Residents and their families have high levels of satisfaction with the quality of the overall service provided to them and their involvement continues to be promoted and supported to an excellent standard in meaningful ways.

The quality assurance systems in place are helping to maintain and continuously improve standards across the overall service.

## What the service could do better

We made recommendations for improvement in relation to staff recruitment and residents' personal plans under quality statement 3.2 and 4.4 in this report. The additional 'areas for improvement' should be addressed to further develop and improve the very good standards in place.

## What the service has done since the last inspection

There have been significant improvements and initiatives that have resulted in positive experiences and outcomes for residents and their families as detailed throughout this report.

A recommendation about housing support plan documentation made at the last inspection has been continued under quality statement 4.4.

## Conclusion

This service provides a high standard of care and support that is personalised to meet the needs, choices and preferences of each individual resident.

The overall service operates to a very good standard due to the effective leadership demonstrated by the management team and the motivation, skills and commitment of the staff they support.

There is also an established culture of continuous improvement that takes account of the views of residents and their families.

# 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](http://www.careinspectorate.com)

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

River Clyde Homes provides a Housing Support service in eight residential complexes across the Inverclyde area to enable tenants to remain in their own homes and in the local community. The complexes are:

- John Gault House - Greenock
- John Gault House Extension - Greenock
- Seafield House - Greenock
- Stewart House - Greenock
- Riverside Gardens - Gourock
- Broadstone Gardens - Port Glasgow
- Monkton Place - Port Glasgow
- Glebe Court - Kilmalcolm.

River Clyde Homes owns and manages the eight complexes providing a repair and maintenance service and warden cover. The on-site warden cover is provided in each complex in the morning and afternoon from Monday to Friday. Out-with these times, residents have access to a community alarm system from either Inverclyde Council or Bield Response24. In order to help residents maintain their tenancy, support can be offered in relation to:

- communication
- maintaining independence, physical activity and social contacts
- accessing benefits, form filling and referrals to other agencies that can provide information, assistance and advice
- household safety and security
- managing repairs and other household issues
- working with other care providers and healthcare services.

The service is mainly used by older people and the stated aim of the service is to offer a high quality, comprehensive service by working in partnership with a range of support and care providers.

### Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

### Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 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](http://www.careinspectorate.com) or by calling us on 0345 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 and two Inspection Volunteers. The inspection took place on 1, 3, 4 and 19 June 2015. We gave feedback to the manager and the coordinator on 19 June 2015.

We visited five of the eight complexes during the inspection. These were Glebe Court, Monkton Place, Broadstone Gardens, Riverside Gardens and John Gault House. We also attended the residents' forum meeting on 12 June 2015.

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 100 care standards questionnaires to the manager to distribute to residents. Fifty eight residents sent us completed questionnaires before the inspection, sometimes assisted by their relatives.

We also asked the manager to give out questionnaires to staff and we received completed questionnaires from all of the staff team.

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

We spoke with:

- nine tenants
- three wardens
- one cleaner/warden



- the coordinator
- the manager
- the head of customer excellence.

The Inspection Volunteers also spoke with 14 residents and one visiting relative.

We looked at:

- 58 questionnaires filled in by tenants or their relatives
- the service's annual return (a document completed each year detailing key information about the service)
- evidence from the service's most recent self-assessment where the manager set out the strengths and areas for improvement
- participation records including satisfaction surveys, newsletters and minutes of meetings with residents (including the sheltered housing forum minutes)
- the provider's newsletter
- the service welcome pack
- residents' personal support plans including risk assessments, healthcare records and care reviews
- records of activities and events
- 18 questionnaires filled in by staff
- the recruitment policy
- staff recruitment files and induction records
- minutes of staff meetings
- email communications between staff and the management team
- staff training and development records including SVQ training, appraisals, supervision meetings and the training plan
- the River Clyde Homes 'Academy' brochure
- health and safety records
- accident and incident records
- complaint records
- quality assurance checks
- the report on the review of supported housing for older households in Inverclyde (Newhaven Research Scotland, 2015)
- the registration certificate
- the insurance certificate.

### 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.firescotland.gov.uk](http://www.firescotland.gov.uk)

## 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 manager. We were satisfied with the way the manager had completed this and with the relevant information included for each heading that we grade services under. The manager identified what they thought the service did well, some areas for development and any changes they had planned. The information was detailed and had been updated since the last inspection. We found that, overall the self-assessment reflected the findings of our inspection.

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

For this inspection, we received views from 23 residents who were spoken with individually. Fifty eight residents had also completed the care standards questionnaires, some with assistance from family members. Very positive comments were made about the staff team and the support they provided; levels of consultation and involvement and the quality of the overall service. When asked whether, overall they were happy with the quality of care and support they received:

- 30 people strongly agreed
- 19 agreed
- 2 disagreed
- 3 left this blank
- 4 chose the 'not applicable' option.

Comments from residents and the questionnaires we received are included under the relevant quality statements throughout this report.

## Taking carers' views into account

Carers in this context include parents, guardians, relatives, friends and advocates. They do not include staff or other professionals.

Some of the care standards questionnaires had been completed by family members and the Inspection Volunteers also spoke with a visiting relative during the inspection. Feedback was positive.

Comments from relatives and the questionnaires we received are included under the relevant quality statements throughout this 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: 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

We found this service had performed to an excellent standard in the areas covered by this statement. We concluded this after we spoke to residents and staff, looked at the relevant records and reviewed the questionnaires we received. The evidence showed that there had been a strong commitment to the promotion of meaningful involvement. We concluded that staff had consistently worked hard to seek residents' views in order to best meet their needs and promote positive outcomes for each individual.

We found that the participation of residents and their relatives was valued by a caring staff team that welcomed their views. An excellent range of options had been established to support and promote the ways people could become involved in assessing and improving the quality of the service, including the care and support. The participation methods available included:

- 1-1 meetings with residents and/or their relatives
- consultation about care and support needs when writing support plans
- care reviews to discuss how well support needs continued to be met

- a residents' forum group every two months where the service was discussed, information was shared and ideas for development and improvement could be made
- regular meetings in the complexes where staff and residents discussed the service
- informal weekly coffee mornings and 'pop in' days where discussions about the service could take place
- questionnaires where residents could give feedback about the overall quality of the service
- smaller surveys/consultations about more specific aspects of the service
- a newsletter to keep people up to date with events, plans, developments and other useful information
- suggestion forms
- notice boards where useful information had been posted
- a complaint procedure that people could use to address issues on a more formal basis
- information about advocacy services and support to access this

All of the above methods had been very well developed and had become an established part of the service. We saw lots of evidence to show how the opportunities listed had been used to promote involvement in meaningful ways. There was also strong evidence to show that the views of residents and their relatives had been listened to and acted on properly. The people we spoke to during the inspection were very happy with the way they had been involved in discussing and agreeing the overall service and the support to be provided. They told us that staff respected their right to be consulted and always spoke to them about changes and decisions that affected them individually. Some of the comments we received included:

"(Manager) and coordinator meet with representatives at the sheltered housing forum where members from each complex meet and can exchange views. Other officers from River Clyde Homes attend to give updates on ground maintenance or housing repairs."

"Anything that's happening, we're told about it. They ask what we think and take what we say seriously. If they can't meet a request it's always well explained why."

"Its first class - you get treated with respect and are encouraged to remain in control of your own life and decisions."

"They're always asking how things are and whether anything needs to improve."

"They want your ideas - it makes living here feel like a partnership."

"Excellent involvement - from day one."

"I've been asked for my ideas."

The manager met with all new residents and staff had a very good level of contact with residents on a day to day basis whilst respecting their privacy. The people we met with during the inspection spoke highly of the staff and the service they provided. Most of the staff team had worked in the service for a long time and we found that this had helped to develop positive relationships which helps to support meaningful involvement.

An excellent range of information had been given to residents in the form of a welcome pack. This could be provided in different formats in response to individual needs, for example, large print, audio or different languages. The welcome pack covered what people needed to know about the service, including their service agreement and how they could express their views.

Notice boards had also been well used in the complexes to keep people up to date with a range of relevant information on an on-going basis. This included meeting minutes and survey outcomes.

The personal plans we looked at reflected support needs, choices and preferences although we did identify areas where these records could improve as detailed under quality statement 4.4 in this report. We saw that personal plans had been reviewed with residents to make sure they were kept up to date.

Regular meetings had been held in each of the complexes. The tenants we spoke to said that they felt fully involved in decisions about the way the service operated including new initiatives and developments where this affected them. All said that they felt their contribution had been welcomed and valued by staff.

As part of the involvement strategy, River Clyde Homes had set up a sheltered housing forum. This included a group of representatives from the different complexes who got together with staff from River Clyde Homes to discuss any issues and share ideas for continued improvement and development. Guest speakers also attended some meetings. We attended the forum meeting on 12 June 2015 and reviewed the minutes from previous meetings. The meetings had been well attended. We saw that residents had a very pro-active role and staff responded properly to the items discussed. We concluded that this was an excellent example of meaningful and active involvement.

A six monthly newsletter had been developed to keep people informed about what was happening across the service. The one we looked at included activities and events, the forum meetings, staff training and other useful information like the 'care and repair' scheme, local services such as 'action on hearing loss' and opportunities to develop computer skills. The people we spoke to liked the newsletter and said they found it informative.

Weekly coffee mornings and 'pop in' days had been held where residents could come together with staff in an informal way to chat but also to discuss any aspect of the service if they wanted to. Residents told us that they enjoyed the coffee mornings described as "relaxed", "enjoyable" and "a good opportunity to get together."

A user friendly satisfaction survey had been carried out to seek feedback on the overall service provided including important topics like feeling safe and secure, needs being met, being valued, respected and encouraged; being treated equally and fairly; making choices, the range of activities and quality of staff. We saw that residents had been asked for their views on what could be done to make things better and to make suggestions for improvement. The responses from residents had been very positive overall with very high levels of satisfaction, for example, 66 out of 92 respondents rated the service as



'excellent' and satisfaction rates for the main questions rated mainly between 80-90%. The overall outcome of the survey had been analysed and many positive comments from residents were noted.

We saw that there had been many other consultations seeking residents' views about aspects of the service like the moving in process, quality of information, preferred activities and joining existing groups in the complexes. Residents had also been asked if they had any support needs that should be considered like hearing impairment or mobility difficulties to enable them to take part more easily.

Although we do not inspect the environment, it was good to see that residents had been consulted about the décor and furnishings in the complexes when work had taken place. It was also very good to see that an Occupational Therapist had been consulted to make sure the choices were dementia friendly and suitable for residents with a visual impairment.

We looked at over 100 survey responses about a range of topics including events, outings, the residents' forum, activities, parking facilities, meetings and 'pop in' days. Feedback was very positive overall with some suggestions for improvement. The purpose of the surveys was to assess what had worked well and identify where further improvements could be made to improve residents' experiences.

The residents we spoke to either knew how to raise a complaint or said they would speak to the warden about any concerns. They told us that they felt comfortable about doing this as this as staff were approachable and responsive. The positive relationships between residents and staff clearly supported residents to feel able to express their views.

Staff knew how to access advocacy services for residents and when this should be considered. Information about advocacy was also on display so that people could get independent information and advice if they wanted it.

The manager and two of the staff team had attended an annual 'How are we doing?' evening in another housing support service. Best practice had been discussed and we were advised that this may be introduced into the eight complexes in the future which would be another excellent opportunity for meaningful involvement.

## Areas for improvement

Survey outcomes had been analysed and presented in a pie chart format that made it easy for people to see what the response had been. However, we said that using a 'You said - We did' (or similar) approach would also make it clear to residents what was actually done in response to the suggested improvements as this was not always obvious.

Good newsletters can be a very effective way of keeping everyone well informed, including people that choose not to, or are not able to get involved in other ways. The newsletter should continue to be developed to include more information about topics like environmental improvements, participation outcomes, quality assurance, service developments and so on.

A number of residents were under the impression they did not have a personal plan or were not aware of it.

The surveys should all be dated to show when they were carried out.

## Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

"We respond to service users' care and support needs using person centered values."

### Service Strengths

We found this service had performed to an excellent standard in the areas covered by this statement. We concluded this after we spoke to residents and staff; looked at the relevant records, observed staff at work and reviewed the questionnaires we received. The management and staff team demonstrated an excellent commitment to the promotion of person centred care and support for residents. We saw many positive examples of person centred support that had enhanced the day to day lives of individual residents in meaningful ways.

We saw that staff used an individualised and person centred approach to meet residents' needs. This was helped by the fact that staff knew residents very well and were aware of their individual needs and preferences. This knowledge helped staff to provide support in the way residents wanted taking account of their choices and daily routines. During the inspection we saw staff being respectful and kind towards residents. We concluded that staff had established positive relationships with residents who spoke highly of the service provided to them. Some of the comments we received included:

"The warden provides a fantastic, efficient and person centred service to my (relative)."

"The care I receive is excellent - every need is met."

"I like my flat - I'm content and happy."

"I join in with everything - I like the company."

"The activities are just enough. I like to join in to support (warden) - she tries her best."

"I feel safe here. I prefer it when (warden) is here but she needs time off."

"I am largely independent and arrange my own services as required."

"I do feel safe here - I'm very happy."

"Our warden takes great care of all our needs - organises plenty activities to include all the tenants."

"The needs of my (relative) are very well taken care of."

"The accommodation and cleanliness is again excellent and very good communication with residents on a daily basis."

"I feel so happy to have people who will look after my needs when necessary - thanks very much."

"I see a change in (relative's) well-being since the move."

"River Clyde Homes through (manager) allow the Gourock pensioners to meet in the lounge once a fortnight. This means that residents who can't get out as much can attend."

"We have settled into sheltered housing - the girls do a good job."

"I am happy with the care at this residence and feel safe that the warden is near me."

Staff had established excellent links with other agencies and had worked very effectively with these to maximise independence and opportunities for individual residents. This had included health services, voluntary organisations and local community services. The staff team had also worked very well within the organisation to deliver a person centred service to residents. We saw lots of examples where residents had benefitted from the support they received from staff including help with finances, repairs and home utilities, equipment and adaptations, communication, health, befriending, maintaining dignity and social opportunities.

We also saw examples where staff had 'gone the extra mile' in their own time for residents and some of the residents we spoke to told us how they appreciated these acts of kindness.

Personal support plans had been devised for each resident. The ones we looked at assessed residents' abilities as well as their support needs which helps to recognise and promote independence. There was also a section where staff could record interests, likes, dislikes, special dates and preferences relating to specific aspects of the service.

Staff had a strong focus on the promotion of independence and the residents we spoke with told us they led fulfilling lives with support from staff only when needed. We saw that equipment and adaptations had been sourced to reduce risks, promote safety and to help residents to maintain their independence as much as possible.

Staff carried out daily checks on residents to make sure they were safe and well. This had been done in the way that each resident preferred taking account of their privacy. People told us they found this reassuring and they knew how to get help when the warden was off duty if they needed it.

We saw that residents had been consulted about the kind of activities they would like to take part in. An excellent range of social and recreational activities had been made available including entertainment, events, trips and opportunities to take part in activities that promoted physical health and wellbeing. Wardens had also been trained to deliver chair based exercise classes which were very popular.

Opportunities to regain or learn new skills had been promoted, for example, the Future Skills project which had helped residents to develop their computer skills.

Work was on-going to develop a dementia friendly approach and dementia training for staff with a view to promoting positive outcomes for individuals living with this condition.

We saw that consideration had been given to the extra support that might be needed by some residents while work was being carried out in the complexes, for example, individual visits were planned with residents to assess any tailored support needed during a proposed lift installation. This helped to make sure that residents would not become isolated and it was good to see that this was going to be managed on an individual level.

### **Inspection Volunteer report**

Residents' comments included:

"Very comfortable."

"Go to coffee mornings."

"Know about activities."

"Quiz on at 2pm - warden will take me down."

"I'm fine - everyone is so nice."

"Lovely garden to sit out in the summer."

"We're happy here."

"I feel safe."

"Art class on a Friday."

"Getting on very well. People are very nice. We all enjoy the quizzes. I sit in the lounge for the bingo. Everything is lovely."

"Great - like it in here."

"Quite content."

"Nothing wrong with the place - I'm just getting adjusted."

"We have arts and crafts, zumba, bingo, dominoes, fish supper nights, birthday celebrations."

"We do fundraising and pack hampers for food."

"You keep your independence; if you need help staff will give you a hand."

"Very happy - no complaints here."

"We do flower arranging, cards, games, exercises and DVD's"

"Everybody loves it here."

"They look after us well."

"We have fish tea nights, coffee mornings, shows, tai chi, bingo, indoor bowls, and poetry. The Boy's Brigade come in. We have Zumba. We pay occasionally for entertainers and people here can join the Gourock pensioners club. We also have darts, chess, cards and poker."

Relative's comments were:

"(Relative) is quite happy. (Regarding personal plan) "There is a main book in the kitchen. Pretty sure her needs are being met."

### **Areas for improvement**

Although support plans were satisfactory overall, the standard of record keeping was inconsistent and did not always fully reflect staff knowledge and actions as detailed under quality statement 4.4 in this report. There were plans in place to review the current support plan format.

A new form for risk assessing outings was being developed with the required prompts for staff. This was a positive improvement.

**Grade**

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

We found this service had performed to an excellent standard in the areas covered by this statement. We concluded this after we spoke to residents and staff; looked at the relevant records and reviewed the questionnaires we received.

The involvement of residents in the recruitment process had been managed to an excellent standard. Training and support had been provided and people who had been involved were very positive about the way this had been managed. They said they had appreciated the way that their knowledge, skills and input had been valued and felt that the process had been very meaningful and worthwhile.

Participation was considered in general terms under quality statement 1.1, including the way that residents were able to feedback their views about the quality of staffing in the service. For shared strengths around participation see statement 1.1.

#### Areas for improvement

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement around participation see statement 1.1.

#### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

### Service Strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we had discussions with the management team and sampled a number of recruitment files and induction records for more recently recruited staff.

There were procedures in place to assess the suitability of applicants. The checks we would expect to see had been carried out to protect the people using the service. These included:

- application forms
- interviews
- interview assessments
- identity checks
- references
- police checks
- health questionnaires
- an induction process.

New staff were subject to a six month probationary period during which their performance and suitability had been monitored, training was on-going and any additional support could be provided.

### Areas for improvement

Although we saw that staff recruitment had been well managed overall and the essential safety checks had been carried out, further improvements should be made in relation to general record keeping, references and the induction process. We made a recommendation so that the areas for improvement identified will be addressed to further improve and support the safe recruitment of new staff - see recommendation 1.

The recruitment and selection policy was not specific about the measures in place to inform and support safe recruitment. The policy should be reviewed to include in detail the processes that are carried out and the standard to which they have to be implemented.

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. Recruitment procedures should be reviewed and improved to provide a clear, consistent and complete overview of the recruitment and selection process.

National Care Standards - Housing Support Services, Standard 3: Management and staffing arrangements.

## Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

### Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents and staff; looked at the relevant records, observed staff interacting with residents and reviewed the questionnaires we received. The evidence showed that the staff team were skilled, experienced and highly motivated to deliver a good quality service to residents and their families.

There had been a low turnover of staff which had supported very good continuity for residents and their families who said this was very important to them. Most of the staff had worked in the service for a long time and they had built up very good relationships with people. We found that there were very high levels of satisfaction with the quality of staffing and some of the comments we received included:

"The full time warden for our housing, and the ones that come in when she is on leave treat us with great respect and courtesy and are known to us by their first names and we certainly have no complaints with them."

"The warden is first class and the rest of the complex staff who I'm on first name terms with."

"We have an excellent warden - she is regularly backed up by (manager) and her assistant."

"Warden - the best."

"(Warden) is supportive."

"(Warden's) really good - will do anything for you. I could go to her with any worries or concerns."

"Good team work from all the staff."

"The staff are very kind, friendly and helpful."

"I have a good rapport with wardens and coordinator - always cheery and I'm well attended to."

"The wardens of this sheltered accommodation have been excellent - a pride in their profession."

"My (relative) has nothing but praise for the staff from the warden to the cleaners."

"Wardens are all very good - sorry no wardens on at weekend."

"(Warden's) the best - I can go to her."

"(Manager) and her team are very supportive towards myself and for the care of my (relative)."

"I can't fault (warden) - I can only praise her. She goes over and above her job description."

The provider had developed policies, procedures and a code of conduct to guide and inform staff practice. These could be accessed on line. Clear standards had been set in relation to what was expected from staff and we saw that the management team monitored staff performance. A staff handbook had also been developed to provide staff with the information they needed to know.

Staff had clear roles and responsibilities and worked well together as a team. This meant that the day to day delivery of the service had been well organised to meet residents' needs and they told us that they got a quick response from staff.

A programme of mandatory health and safety related training that staff had to undertake to protect the health and welfare of residents had been developed. This included adult protection. The range of training in the plan we saw was what we would expect in order to help staff gain the knowledge and skills they need to meet residents' needs properly. A range of additional training informed by the needs of residents and staff had also been delivered and this had included dementia (at the Informed level of the Promoting Excellence programme), stroke awareness, record keeping, computer training, diabetes, epilepsy and meaningful activities.

A new tracking spread sheet was developed during the inspection to provide a clear overview of the training undertaken by staff and when this was due to be refreshed. This helps to prevent mandatory (must do) training from becoming overdue.

Staff had an annual appraisal and had supervision meetings to explore and support their individual training and development needs. These meetings are an important part of the staff development system, helping staff to provide a high standard of evidence based care and support to residents. We saw how this process had helped to develop staff.

The manager had completed SVQ Level 4 and was registered with the Scottish Social Services Council (SSSC). At the time of the inspection the manager had almost completed the leadership and management award. The coordinator was currently undertaking SVQ Level 4 (in health and social care) with a view to registering with the SSSC and there were plans for the rest of the staff team to do so within the required timescale having all completed SVQ Level 2. The purpose of the SSSC register is to support a qualified and regulated social care workforce in Scotland.

Staff had started to reflect on their day to day practice and learning as part of the need to maintain evidence of on-going development for re-registration with the SSSC. We saw that this had covered what staff learned and how they would apply this to their practice. This helps staff to identify what they did well and where they could make improvements.

There had been management and staff meetings to discuss the service and support good communication. These meetings helped to keep staff up to date with plans, changes and new developments. Guest speakers had been invited along and we saw that a range of relevant topics had been discussed. It was good to see staff taking an active role in the meetings.

We received 18 questionnaires from cleaning staff, wardens (including mobile wardens) and management, 13 of whom had worked in the service for a long time. The responses in the questionnaires returned by staff were positive overall in relation to training and personal development, resources, safety at work, quality of care, communication and involvement. We also spoke to seven staff during the inspection. Comments from staff included:

"(Manager) is always very supportive with work and personal matters."

"(Manager) is always willing to listen to us and if she can help us she will do whatever needs to be done."

"My manager has noticed my suitable qualities (to develop role). All required help and support has been provided to me."

"We carry out risk assessments before any service users attend outings/trips."

"Have been well trained, over the last 2 years in particular. I am getting 1-1 support to enhance my computer skills arranged by the manager."

"The appraisal and the 1-1's are meaningful and we get good management support. Communication's okay as well."

"I love my job. The training's improved and we have team meetings. Communication's very good."

"(Manager) listens to what my problems are and always finds solutions. She is always approachable, listens and understands any concerns I raise and, using her ability she gets it sorted and makes the working environment a pleasant one."

"(Manager) is fair and reasonable and challenges all inappropriate behaviour."

"Lack of wardens to provide cover for absences, holidays, sick leave, training, etc. although service provision is always covered as we believe service users come first."

"When (manager) is not available the coordinator is available and very helpful."

"Have been on dementia awareness course."

"Team meetings with other wardens regularly."

"Annual appraisals and 1-1's."

"All service users have a personal plan."

"I am in regular contact with my manager or her deputy regarding any queries I have regarding service users. I provide them with regular reports by email or phone calls regarding service users' complaints or compliments."

"I feel the service provided is very good and, as it is independent living service users' privacy is respected at all times but they are aware that the warden service is available if and when they need it."

"(Name) is an excellent manager and is very supportive in her role."

"I do agree the service does provide good care and support to people who use it."



## Inspection Volunteer report

Residents' comments were:

"Warden is very good - she has a wee look in to see you're alright. If you need help, they'll help you."

"The cleaner does all the cleaning - she's always nice."

"Awful good with us."

"I like the warden - she knows what's she's doing."

"They're all nice."

"Couldn't ask for more - well looked after. Couldn't fault anyone."

"Warden is excellent - can go to her with any grumbles."

"Warden is very easy to get on with. She'll help you out if you're stuck with forms and give help for repairs."

"Warden helps us with activities in setting up tables and helping make the tea."

"Warden comes round every day."

(Warden) "To me, she is like a daughter - great with everybody."

"Warden is great and brilliant - she cares."

"Warden comes round and checks us and we can go and see her when we're not alright."

"The relief wardens are nice lassies."

"She is everything a warden should be - very good."

"The warden is a wonderful person. I would recommend her. Top quality. She takes time and listens - lovely, lovely person. 100 out of 100. I'm happy to speak to her about anything."

Relative's comments were:

"They reassure (relative) if she is anxious. They understand."

### Areas for improvement

Residents commented:

"No warden support at weekends."

"Sorry no wardens on at weekend."

Although the questionnaire responses were very positive overall, staff did make the following comments:

"Although we meet as a staff team, I think we should meet more often as this is good for staff to discuss issues, problems, complaints, suggestions."

"I feel that we are a very isolated team in regards to senior management - rarely seen in the complexes or contactable for issues that arise if (manager) is not available."

"No wardens on site Saturday/Sunday - not covering service users' needs."

Several staff chose the 'don't know' option when asked if they knew about some of the policies and procedures in place. This included important policies like whistleblowing, restraint and participation. Two staff also chose the 'not applicable' option when asked if their views as to how the service could improve had been sought. These responses should be explored with the staff team to make sure that policies and procedures are well understood as well as making sure that staff know that they have an important role to play in the on-going development and improvement of the service they work in.

Staff should improve the quality of record keeping in residents' personal plans as detailed under quality statement 4.4 in this report.

### Grade

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 3

"To encourage good quality care, we promote leadership values throughout the workforce."

#### Service Strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to staff, looked at the relevant records and reviewed the questionnaires we received.

In addition to the strengths detailed under quality statement 3.3:

Staff said that they were able to use their initiative to make day to day decisions relating to the complex they worked in and that the management team encouraged this.

Staff told us that they felt supported to continue to develop their knowledge and skills. We saw examples where staff had done so and they appreciated their potential being recognised. Staff said:

"We deal with most problems ourselves but we know (management) are there if we need them."

"I feel as if the training we got last year really helped me to develop."

"The training improved my skills - I'm keen to do more."

The River Clyde Homes Academy (a learning initiative set up by the provider in response to requests for training from staff) aimed to help staff to reach their potential through a range of training opportunities. This demonstrated a commitment to the continued development of the staff team.

We concluded that there was a commitment to the on-going development of the staff team which included supporting staff who wanted to take on additional roles and responsibilities. This is desirable as having a well trained, confident staff team contributes to the quality of the support provided to residents.

### Areas for improvement

The knowledge and skills of the management and staff team should continue to be developed.

### Grade

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 this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents and staff; looked at the relevant records, reviewed the questionnaires we received and considered the overall findings of this inspection. The evidence we looked at showed that the quality assurance system provided the management team with an overview that maintained very good standards of performance. There was also a strong commitment to the on-going review and development of the overall service in order to continue to promote positive outcomes for people.

We found that there were high levels of satisfaction amongst residents and their families. In addition to the strengths around the involvement of residents and the quality assurance methods detailed under quality statement 1.1:

We found that management team had provided strong leadership for staff. They also had regular contact with residents and their families who appreciated this. The people we spoke to during the inspection had confidence in the management team and expressed high levels of satisfaction with the quality of the overall service. Comments included:

"(Manager) makes a point of coming out to speak to myself and my mum face to face - couldn't ask for more."

"(.....Manager), whom I perceive to be an able and caring person."

"I remain very satisfied with the support and care provided for my (relative) within (complex)."

"We are very happy with the service provided."

"Generally, I am content."

"I didn't know that I could make a complaint to the Care Inspector - I have no reason to complain."

"I am very happy with this service and the warden, cleaner - everybody is very nice."

As detailed under quality statement 3.3, the management team had undertaken appropriate training and qualifications that had informed and supported them in their role. We found them to be highly motivated and focussed on delivering a service that valued each individual and promoted a good quality of life. The effective relationships built up with other agencies and a commitment to working in partnership with them had also resulted in positive benefits for residents.

We found that there had been a strong focus on the continued improvement and development of the overall service in line with good practice. The introduction of the coordinator role had allowed the manager to free up time to further develop the service and significant improvements had taken place since the last inspection.

We saw that there had been a commitment to keep up to date with legislation and best practice and there was a willingness to become involved in new initiatives like the dementia strategy. Opportunities for training had also been welcomed to continue to support positive outcomes for residents. It was also good to see how initiatives like the 'Safe Call' system introduced in response to feedback and the new phone 'app' for reporting faults and getting advice on other housing related issues had continued to improve residents' experiences.

We found that the day to day running of the service had been very well managed. We also found that there were good communication and reporting systems across the service as a whole and this also supported the smooth running of the service. This included a range of regular meetings to keep the management and staff team up to date with plans, changes and developments.

The people we spoke to told us that they were able to speak to the management team when they wanted to and that management were often "out and about". People also said that they felt comfortable raising any issues as they found staff approachable, friendly and responsive, making it easier to discuss any concerns.

A service improvement plan had been developed following an open day. People had been consulted about the service and the responses received had been built into the improvement plan. This was a very good way of continuing to plan how the service could continue to develop in the future.

Policies and procedures had been written to inform the standard of performance that was expected from staff and there was evidence that the management team monitored this to maintain and improve the quality of the service being provided. Staff had been involved when updating or developing operating procedures that had been written to help deliver consistent practice across the complexes.

There was an effective procedure in place for notifying the Care Inspectorate of significant events. This means that we receive information that we use to assess whether the management team respond properly to events in order to keep residents safe and well.

Quality assurance checks had been established since the last inspection. A range of audits had been carried out to check performance and to identify areas for improvement. These had included areas like health and safety, staff training, the environment and record keeping. This continued to develop.

Where areas for improvement had been highlighted, the management team had dealt with this quickly in a supportive way to maintain good practice. It was also good to see that staff had been complimented where good practice had been identified as this helps to maintain good morale.



## **Inspection Volunteer report**

Residents' comments were:

"Any problems - speak to the warden or other staff."

"(Warden) - she's the boss. We can speak to her and tell her if we're worried."

"I'm interested in getting involved. I've asked about meetings" (new tenant).

"We have tenants' association meetings at John Gault House. Meetings are useful sometimes."

"We get questionnaires - not sure about feedback though."

"When you move in, the warden does a personal plan with you - you can ask to see it."

"Met the managers - they came to a meeting at the complex."

"You can write a letter of complaint. Sometimes they listen. If it's a big important issue, they're right in there."

"There is the opportunity to get involved. Two people from each complex go to the meetings. Very constructive now. Some people go just because they want something attended to and it was just a talking shop but it's settled down now. The minutes come out. They're pretty prompt with any problems based on finance."

"You have a personal plan. It is reviewed. They ask if things are still the same with you."

Relative's comments were:

"They get questionnaires and surveys. No complaints - fantastic place."

## Areas for improvement

Residents commented:

"Residents in the annex (Riverside Gardens) are not covered by the warden. I believe they would benefit from it."

The following recommendation had been made at the last inspection:

- The service should offer further training to wardens to ensure that housing support plan documentation is always signed and dated and that recordings are always person centred.

Although training had taken place, one of the main areas for improvement we identified during the inspection was the need to review and improve the quality of residents' personal plans. The management team were aware of this and they had plans to address the issues identified. We made a recommendation about this - see recommendation 1.

Information about the audits and checks carried out could be shared with residents and their families so that they know how the management team monitor the quality of the service. This could be done via the existing meetings and newsletters.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The quality of residents' personal plans should be reviewed and improved.

National Care Standards - Housing Support Services, Standard 3: Management and Staffing Arrangements; Standard 4: Housing Support Planning.

## 5 What the service has done to meet any requirements we made at our last inspection

### Previous requirements

There are no outstanding requirements.

## 6 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

1. The service should offer further training to wardens to ensure that housing support plan documentation is always signed and dated and that recordings are always person centred.

**This recommendation was made on 15 July 2013**

As detailed under quality statement 4.4, training had taken place but we still felt that further improvements were needed in relation to the quality of record keeping. We made a new recommendation about this.

## 7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 9 Additional Information

There is no additional information.

## 10 Inspection and grading history

Date	Type	Gradings
15 Jul 2013	Announced (Short Notice)	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
8 Jun 2012	Unannounced	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
20 May 2011	Unannounced	<div>Care and support</div> <div>3 - Adequate</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and Leadership</div> <div>3 - Adequate</div>
21 Oct 2009	Announced	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>5 - Very Good</div>

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