

Glasgow Services Housing Support Service

Kirkhaven Business Centre
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Type of inspection: Unannounced
Inspection completed on: 17 November 2016

Service provided by:
Cornerstone Community Care

Service provider number:
SP2003000013

Care service number:
CS2004073020

About the service

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

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

Glasgow Services is managed by Cornerstone Community Care Group. It is registered to provide a housing support and care at home service to people with learning disabilities. The provider has recently submitted an application to change the registration to include adults with physical disabilities and mental health problems as well as people with learning disabilities. The service was established in 2000 to provide support to individuals in their own homes and has subsequently developed to offer care and support in a range of community settings.

Levels of support are based on the individual's assessed care needs and can range from a few hours a day to 24 hour care. At the time of inspection, the service was supporting 47 people.

The stated vision of the service is:

"To meet and exceed the expectations of our customers, particularly people we support."

The aims of the service include:

"To enable the people we support to enjoy a valued life."

What people told us

We met 13 people who used the service, either in their home or at a local community centre. We spent time in people's company, observed staff interactions and also interviewed 10 supported individuals. We spoke with two family carers by phone. Everyone we spoke with told us that staff treated them with respect and were pleased with the service provided. Some people could give us examples of how the service had made a positive difference to their family member's quality of life. Comments included:

"Wouldn't know what to do without staff."

"I like the staff and get on well with them."

"They listen to my views."

"I am on a special diet to cut down on weight. I am not eating fatty foods now."

"I like the staff, all the same."

"Staff treat me well."

"Don't like last minute staff changes, does not happen a lot."

"Good service, staff turn up on time, all my needs are met."

"I feel safe and independent."

"I get out, gives me a purpose for living."

"Providing all I should be getting."

"They understand all her needs."

"I am kept up to speed and informed."

"One big happy family."

"My views are always asked."

"I trust the staff implicitly."

"Gold staff for staff."

"Proactive if she is not quite right."

"In five years never had an issue...thank you Cornerstone."

"She is progressing there to walk and get out more."

"Staff know her well."

"She goes to the gym and volunteering which she never did before."

"Will speak with staff if daughter has an issue. They will explain everything and issues are addressed."

Self assessment

The Care inspectorate received a fully completed self-assessment from the provider. It appropriately described areas of good practice and areas for further development. However, the self-assessment was strongly weighted toward organisational developments and information. More service specific information would have been better. There was also scope for more evidence of service user outcomes resulting from the information and inputs described and to provide more consideration to areas for improvement.

We understand that the views of staff and supported individuals were taken into account when completing the self-assessment, but this could have been made more evident in the document itself.

From this inspection we graded this service as:

| | |
|---|---------------|
| Quality of care and support | 4 - Good |
| Quality of staffing | 5 - Very Good |
| Quality of management and leadership | not assessed |

What the service does well

Staff we met impressed as caring, committed and hard working, often going above and beyond to meet the needs of supported individuals and their families. The views of family carers backed up staff's person centred approach and showed a high regard for staff and managers.

Care planning material was generally, person centred, detailed and up to date. We noted a clear focus on risk assessment to ensure service users were protected from harm and enabled to retain their independence as much as possible.

Medical appointments were prioritised and medication was regularly reviewed. Preventative health screening also took place. Where required, suitable aids and adaptations protected the individual from harm and promoted independence. Professional advice from external agencies was included in support plans. Consequently, we could see that appropriate priority was given to health and wellbeing outcomes and the promotion of healthy lifestyles.

Social inclusion included holidays, voluntary work, exercise and leisure events. Good use was made of a local community centre for a range of group activities and meetings.

A range of meaningful ways for people and their families to give their views about service delivery benefitted participation.

Team meetings included appropriate good practice discussions. Staff also undertook a range of relevant training appropriate to the needs of supported individuals. Consequently, we found enthusiastic, well trained, skilled and committed staff teams.

What the service could do better

Managers should continue to capture the views of supported individuals with limited or no verbal communication, for example, by using 'Talking Mats' or observational processes. Increased family involvement also remained an area for further improvement.

We discussed with the manager the benefits of introducing a system of direct observation of staff practice, which included supported individuals' views, as this would promote the delivery of effective care and support outcomes by promoting accountability and competency, quality assurance, learning and development.

'Have Your Say' surveys would benefit from qualitative analysis of people's comments, not just statistical analysis of question responses. A clearer defined survey period and feedback process would also facilitate measurable outcomes.

Some sampled medication administration records were not completed in an accountable fashion preventing a complete and auditable evidence trail. We brought this matter to the manager's attention (See Recommendation 1).

In a few behaviour plans we sampled there was no cross reference to the PRN medication protocol or a clearly identified rationale for medication use. Reassessment and risk benefit analysis should continuously form part of the behaviour management plans, particularly when medication is in use (See Recommendation 1).

With regard to restraint and human rights in general, we would suggest that staff receive further training or refresher training in line with the Mental Welfare Commission guidance, 'Rights, Risks and Limits to Freedom'.

In general, we found an inconsistent approach to having the supported individual or their representative sign support plan paperwork including risk assessments to show agreement (See Recommendation 2). This needed attention. Regular monthly meetings with the keyworker and supported individual provided an element of support plan review. However, in some sampled support plan files a minimum of six monthly reviews with all interested parties was not evident (See Recommendation 3).

The frequency of team meetings and staff supervision was not as regular for all staff teams compared with what we found previously (See Recommendation 4).

The organisation's last annual staff survey showed a slight drop in positive feedback from staff. We also received a questionnaire from one staff member who commented negatively about management support and we discussed this with the manager. Reassuringly, this view was not shared by any staff we spoke with, but we were not clear how representative it was of the whole staff team. Managers should discuss staff views further in a supportive way to ensure all members of staff feel equally motivated and supported.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. Medication administration records should be completed accurately by staff so that there is a clear audit trail, and reassessment and risk benefit analysis should continuously form part of behaviour management plans, particularly when medication is in use.

National Care Standards 4 Care at Home - Management and Staffing and NCS 8 Care at Home - Keeping Well - Medication.

2. People who use the service or their representatives should always be given the opportunity to sign support plan paperwork. This should include risk assessments, monthly reports and review minutes to show agreement with what was written, unless there is a stated preference or reason not to sign.

National Care Standards 11 Care at Home - Expressing Your Views.

3. The manager should ensure support plans follow regular review with all interested parties, at least within a minimum six month period.

National Care Standards 3 Care at Home - Your Personal Plan.

4. All staff should receive regular supervision and have the opportunity to be involved in regular team meetings.

National Care Standards 4 Care at Home - Staffing.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Inspection and grading history

| Date | Type | Gradings | |
|-------------|--------------------------|---------------------------|---------------|
| 20 Nov 2015 | Unannounced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 6 Jan 2015 | Unannounced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 10 Dec 2013 | Announced (short notice) | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 21 Feb 2013 | Unannounced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 5 - Very good |
| 16 Nov 2010 | Announced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 8 Apr 2009 | Announced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |
| 8 Jul 2008 | Announced | Care and support | 3 - Adequate |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 3 - Adequate |

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