

Homelife Glasgow Housing Support Service

252 Keppochill Road
Glasgow
G21 1HG

Telephone: 0141 954 1010

Type of inspection: Unannounced
Inspection completed on: 26 June 2017

Service provided by:
Quarriers

Service provider number:
SP2003000264

Care service number:
CS2004070367

About the service

The Homelife Project is registered with the Care Inspectorate to provide a large 'combined' housing support and care at home service to adults who have learning disabilities.

The service is managed by Quarriers, a national organisation, which is a registered Scottish charity. The organisation's head office is based in Bridge of Weir, Renfrewshire. Over the past year Quarriers have overseen a redesign of this service along with their Glasgow Supported Living Initiative service. The current Homelife service has come from the combination of the two projects.

At the time of the inspection, the service was providing support to 30 service users living at home within Greater Glasgow and West Dunbartonshire.

Support for service users was mostly provided in their own homes with a small number of shared tenancies.

Support provision varied from a few hours per week, up to 24 hours a day for an individual service user. Staff members provided both personal care and housing support to individuals.

The service aims to provide "individual packages of support to individuals to maintain their own tenancies."

What people told us

We met with 5 service users in their homes across Glasgow. Communication difficulties meant that not all were able to verbally feedback on their experience of being supported by Homelife.

Those who were able to advise us of their high levels of satisfaction with the care received from the staff team.

One individual spoke of his increased confidence and self esteem developed through working closely with a small team who have taken the time to get to know him and to understand what he needs in his life.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

Quality of care and support

Findings from the inspection

We were pleased to see a local service user participation policy in place within Homelife Glasgow, outlining how people are encouraged to contribute to the ever changing direction of travel for the service at a local level and then in turn for the whole organisation.

We have asked that more attention is paid to the detail of such policies as we noted that reference was made to the Care Commission within the document. As discussed during the feedback session, The Care Inspectorate was incorporated in 2012.

We examined the services own internal satisfaction questionnaires, given out to all stakeholders on an annual basis. We noted that 95% of those responding to the questions indicated they were "very satisfied" with the care and support provided to them and their families.

During the course of the inspection we observed the support provided by the staff team to service users. We noted it to be warm, respectful and professional at all times. We could see that trusting relationships have been built over time to ensure that all those in receipt of support feel valued, safe and in charge of their own care packages.

Care plans have improved and continue to improve across the service. This was the main priority for the service last year after the inspection and we are pleased to see that a huge amount of work has gone into ensuring that they are now fit for purpose.

Split into 3 main sections, Personal Info, Health/Medication & Support Plans, we would have every confidence that a newer member of the team could come into the service and gather all the necessary support information from reading through these documents.

The plans are very well presented, containing person centred information and good record of visits to appropriate medical professionals in line with their personal needs.

Reviews of the individual packages of care occur within the 6 month time frame, often sooner when individual need arises.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

We could see through staffs recordings that working towards and the archiving of outcomes is much more of priority than it had been in the past, demonstrating the work which has taken place over the past year.

Outcomes being used are noted as being from Q-Star and Keys to Life headings of Healthy Life, Choice/Control, Independence and Active Citizenship.

We noted an outcomes focus within the plans and the support being provided by the staff as a whole. We spent time with a service user who is working closely with a small team of staff at present in an effort to transition from his current temporary accommodation into a more long term, person centred setting of his choosing.

We noted the work being done by members of the team to actively encourage choice and control over his own future and to help facilitate regular physical therapy in an attempt to increase the persons independence.

The staff we spoke with advised of feeling well supported by their line managers and that supervision is a regular and meaningful process.

We noted good evidence of regular documented sessions where staff can discuss their own agendas including improvement issues and future development plans.

The induction files for newer members of the team have been well presented and are completed meticulously to ensure the correct prep work is done prior to the person working on their own with individual service users.

An effective mixture of supervisions and observational monitoring sessions within staff folders represents an increase since last year. This is very effective for ensuring the competencies of staff are continuously assessed.

Training provided to the staff continues to be relevant to the needs of those being supported. Courses offered include but are not limited to Epilepsy, Medication administration, Positive approaches to behaviour and Adult Support and Protection. We have made further comment on how the service can develop the training and learning of its staff team in the next section of the report.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

A range of quality assurance methods have been employed to ensure the consistent development and improvement of the service and those working in it.

These include team leader weekly and monthly checks on service user finances and medications, the six monthly peer-to-peer audit where external Quarriers managers will assess other services.

Health and Safety checks are also conducted as are care plan and other paperwork audits to ensure that standards are maintained.

Action plans regularly come from these checks to ensure that lessons can always be learned. The action points to be improved throughout the year feed into the service's development plan. This plan demonstrates the aims and objectives of the service over the coming year and is developed through internal and external audits over the course of the year.

The managers within the service ensure that they provide many opportunities for team meetings for staff to attend and discuss all pertinent issues with their colleagues and supervisors.

The management team have ensured that new care packages being referred to the service are managed in a way that allows staff to access any relevant training prior to being asked to support.

During feedback we discussed improvement which can be made to the audits and quality checks conducted within the service.

When making plans from audits, development plans etc, specific targets with timescales should be set out. We noted the use of the term 'Ongoing' within a number of targeted areas. This is a vague term which is not measurable.

Similarly we noted the use of 'No Issues' when assessing staff in observational monitoring sessions. Again this tells the reader very little about the content of the assessment.

We have suggested that those completing such tasks be specific and give feedback on all aspects of the performance being assessed.

It is important that we always have something upon which we can improve within our own practice.

We also spoke to the staff about the importance of reflective practice during feedback and throughout the inspection.

We did not find any evidence of this being undertaken at present within the service. We would suggest that staff are encouraged to show how they have developed their learning through training and what it means for their practice moving forward.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show the involvement of service users. In order to achieve this:

- all personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.
- This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan.

This requirement was made on 23 June 2016.

Action taken on previous requirement

We were pleased to see that all reviews had been completed within the correct timescales. Evidence of this was available for our examination, we could also see that work has been done to ensure that proper preparations is conducted for these meetings going forward.

Met - within timescales

Requirement 2

The Provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- routine and regular management monitoring of the quality of care and support, staffing and management and leadership must be provided
- quality audits relating to the above areas must be accurate, kept up to date and ensure they lead to any necessary action to achieve improvements or change without unnecessary delay
- a service development plan must be made available to show how and when improvements will be made.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

This requirement was made on 23 June 2016.

Action taken on previous requirement

We have noted throughout the body of this report how the service has developed its quality assurance methods throughout the year to ensure that this requirement has been met.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

Staff should have access to regular one to one meetings with their line manager for the purposes of supervision and development opportunities. This should be in line with the frequency detailed in the service provider's policy on supervision.

National Care Standards 3, Housing Support Service, Management and Staffing Arrangements, 7. You know that the service has a staff development strategy and an effective yearly training plan for all its staff.

This recommendation was made on 23 June 2016.

Action taken on previous recommendation

We noted a good range of supervisions have been completed by the staff and their line managers over the course of the past 12 months.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
23 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate

Date	Type	Gradings	
7 Jul 2015	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
10 Jul 2014	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
2 Jul 2013	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
29 Jun 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
14 Jun 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
14 Sep 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
15 Sep 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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