

## Inverclyde Support Services Housing Support Service

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Telephone: 01475 784 555

Type of inspection: Unannounced  
Inspection completed on: 20 March 2018

**Service provided by:**  
Scottish Association For Mental Health

**Service provider number:**  
SP2003000180

**Care service number:**  
CS2004077436

## About the service

Inverclyde Support Services assist people with mental health problems, alcohol and drug issues and alcohol related brain damage (ARBD). It is registered to provide a combined housing support and care at home service across Inverclyde.

There are two elements within the service. One supports people with a range of mental health and addiction issues to maintain their individual tenancies in the community. And another supports people with ARBD to maintain their own tenancy within a block of apartments. The service has an office base in one of the apartments.

The service aims to 'Promote the quality of life for each individual by assisting each person, in a recovery focused manner, to reach their optimum level of inclusion and participation. Staff will develop therapeutic relationships with each individual, demonstrating a commitment to building or re-gaining confidence and self-esteem. Staff will provide emotional and practical support to enable individuals to sustain their tenancies and access activities within their communities, promoting natural networks.'

Inverclyde Support Services is part of the Scottish Association for Mental Health (SAMH), which is a voluntary organisation with services across Scotland. This care service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on to 1 April 2011.

## What people told us

As part of our inspection we sought the opinion of people that use the service, including their families. We spoke with 11 people through face-to-face discussions and questionnaires. The feedback we received was generally positive and included:

'I am delighted with the service I receive.'

'The staff are most kind, caring and compassionate.'

'The staff go above and beyond here.'

'Staff treat me with respect and guide me with my recovery.'

'SAMH make a positive difference to my life. I enjoy life more now.'

'The staff help me with housework, shopping, walking and getting out. They've been great.'

'The staff all have different personalities but are all friendly and supportive. My keyworker is great.'

'They've supported me to get better. I'm now part of different groups in the community, I exercise, I eat well. I'm a busy and happy person thanks to them.'

'I am very fortunate to have SAMH.'

'SAMH have treated me so well, I now live my life to the utmost.'

'I am always delighted to see my team. I couldn't manage without them.'

## Self assessment

The service was not required to submit a self-assessment for this inspection year. We reviewed the service development plan and other documents for insight into strengths and areas for improvement.

## 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	not assessed

## What the service does well

Inverclyde Support Services had supported many people to improve their physical and mental wellbeing. We spoke with several people who had made positive changes in collaboration with staff. Reducing alcohol and drug use, accessing health services, cooking and eating healthily, and reconnecting with family were common outcomes that some people experienced.

A person explained that 'Simple things like going shopping can make a huge difference. It helps with confidence, budgeting money, speaking to people and exercise.' Another person stated that 'They've supported me to get better. I'm now part of different groups in the community, I exercise, I eat well. I'm a busy and happy person thanks to them.' A number of people said that they 'don't know where they'd be without the support', which suggested that for many people the service was effective in improving lives.

There were times when people experienced deterioration in their mental wellbeing and increased alcohol or drugs use. Staff demonstrated skill in supporting people and intervening appropriately. Specific meetings were held to discuss issues and action plans were agreed. The service had a natural multi-agency approach and worked with health, social work, housing and welfare professionals to improve interventions.

The service had been a strong advocate for people's rights. We saw examples of staff contacting other organisations when they felt people were entitled to other services, opportunities or resources. This demonstrated a commitment to human rights.

Supported people appeared to have a say in how the service operated. For example, there were proposals to change how people's outcomes were recorded and measured. The service had consulted people using questionnaires, events and video interviews. We saw evidence that people's opinions were valued and used to inform change. People were also involved in the recruitment of staff, which gave them a sense of pride and involvement.

Staff were a real asset to the service and wider organisation, and people made repeated reference to workers going 'above and beyond.' We observed some interactions and saw genuine, warm rapport between people and their workers. Staff practice was supported through a robust training programme, natural peer support and supportive relationships with line managers.

We saw that in general staff practiced in a consistent manner, and this was in part due to clear support plans and communication. Staff held regular handover meetings to discuss issues. And there were detailed, meaningful and person-centred risk assessments that helped reduce risk and enable participation in opportunities.

## What the service could do better

We noted that some management tasks, such as supervision and appraisal meetings with staff, were not completed as often as they should. Staff explained that they felt supported and had access to informal meetings at any time. However, we asked the service to prioritise formal meetings to maintain performance and morale.

Each staff member had a personal file that contained details on their employment, performance, supervision meetings and appraisals. Many of these files were disorganised. We asked the service to review their content and to better evidence staff development.

The service had notified us of many - but not all - accidents and incidents that meet our notifications criteria. Therefore, we shared our guidance and agreed on future actions.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
17 Mar 2017	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
19 Feb 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

Date	Type	Gradings	
24 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
14 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
9 Oct 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
14 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed Not assessed 5 - Very good
13 Oct 2009	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent Not assessed 5 - Very good Not assessed
12 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

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