Threshold Support Services - Community and Short Breaks
Support Service

New Cross Centre
Lamb Street
Hamilton
ML3 6AH

Telephone: 01698 423335

Type of inspection: Unannounced

Completed on: 7 June 2018

Service provided by: Church of Scotland Trading as Crossreach

Service no: CS2014326869
About the service

Threshold Support Services - Community and Short Breaks provides support to people with learning disabilities in the community, in the activities room and on short breaks. This service was registered with the Care Inspectorate on 25 November 2014.

The community support service offers one to one support to help people get involved in activities in their local community. Some people used support for a few hours per week for a particular activity, for example to take part in a college course. Others used support on a number of days in the week to develop life skills, meet up with other people and get involved in a range of social, learning and leisure activities. Each person’s support is agreed with the person and their family.

The short breaks element of the service takes people with learning disabilities to popular tourist destinations in the UK and abroad. The service offers parents/carers respite while the person enjoys their holiday experience. People can choose holidays from the short breaks brochure and the support they will need on holiday is planned with them and their family.

The service is provided by Crossreach, the social care arm of the Church of Scotland. Their mission statement is, “In Christ’s name we seek to retain and regain the highest quality of life which each individual is capable of experiencing at any given time.”

Around 88 people were using the community service at the time of inspection.

What people told us

We received a total of five questionnaires as part of our inspection of the service. These were completed by people who use the service and/or their relatives. On reviewing these questionnaires we found that 100% of responders completing the questionnaire were overall happy with the quality of the service provided.

During the inspection we spoke to and/or observed six people being supported and spoke to three relatives on the phone.

Some people who responded to our questionnaires commented:-

“I loved going to Wales. I like meeting staff and going for lunch”

“I like my staff, staff know what to say to me when I get annoyed to make me feel safe and happy. I like the manager and the staff in the office.”

These very positive comments and the high level quality of service described above were mirrored by the high quality of service we witnessed at our observation and in discussions with people being supported and relatives. These observations and discussions assured us that people’s lives were being positively influenced by the service.
Self assessment

The Care Inspectorate had not requested services to complete a self assessment for this inspection year.

From this inspection we graded this service as:

<table>
<thead>
<tr>
<th>aspect</th>
<th>grade</th>
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<tbody>
<tr>
<td>Quality of care and support</td>
<td>5 - Very Good</td>
</tr>
<tr>
<td>Quality of environment</td>
<td>not assessed</td>
</tr>
<tr>
<td>Quality of staffing</td>
<td>not assessed</td>
</tr>
<tr>
<td>Quality of management and leadership</td>
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What the service does well

The support plans we sampled as part of the inspection were detailed, outcome-focused and completed to a very good standard. We spoke to and/or observed six people being supported and spoke to three relatives as part of the inspection. What we saw and what we were told was very positive and demonstrated that people were receiving an outcome-focused, very good quality of care and support.

We saw that reviews of service provision took place on a six-monthly basis. Well over half of the people being supported had had their service reviewed in 2018 at the time of inspection. Review notes we sampled were detailed and generated actions that were completed through updating care plans. These were sent to people’s families/representatives for agreement as part of the service’s “partners in plans” approach to confirm agreement with changes where applicable.

We found that staff could access people’s support plans in the office base for detailed information and used handheld devices called “phablets” to record people’s progress in line with their outcomes and engagement with planned activity. Staff were provided with an outcomes plan for the people they supported within their handheld devices to assist with recording progress notes. Further improvement to how information is provided to staff is considered below.

We noted that most people being supported self-medicated and staff would only remind people and record this in the progress notes. Although we were confident people were being supported properly with their medication we have discussed further improvements in medication support below.

We found people being supported and their families were consulted with regard to service improvement. We saw a collation of service quality questionnaires issued to people being supported in 2017. Feedback was mostly positive with very little negative feedback. This was discussed with management. This assured us, in line with responses to our questionnaires prior to inspection, that people were overall satisfied with the quality of care provided by the service.

We saw records of well attended family meetings where the general service and short breaks planning were discussed. The results of these discussions were transferred into a service improvement plan, where actions were identified and timescales for completion specified. This assured us the service consults appropriately in its development and improvement.

We noted that the service has various oversight and audit documents it uses to ensure quality and that people’s needs were being met. These included an overview of staff training needs and completions; staff supervisions...
matrix, and care plan and risk enablement audits. Some elements of the audit process were relatively new and these will be reviewed at the next inspection.

We saw that all staff were invited to regular team meetings although some staff we spoke to had not attended in a while. We suggested management continue to encourage staff to attend or consider alternative ways of engaging with staff to assist in service development and improvement.

We found that staff supervision meetings with seniors took place regularly and staff we spoke to felt it was meaningful. We discussed this with management and suggested this could be further improved by including more reflection on day-to-day practice and training. This would ensure as part of their own development staff reflect, review, update and where identified, adjust their practice to improve their performance and better meet people’s needs.

### What the service could do better

The service records we reviewed showed that the service did not always maintain copies, or had sight of power of attorney or guardianship documentation for the people they support. It is important the service fully understand on what basis people are granted these powers and the extent of them. The service management explained they intend addressing this through on-going contact with relevant individuals to obtain this information.

Although staff could access relevant information about people’s care and support needs in the office base, it is important that they have access to key information at all times whilst providing care. We suggested this could be done by producing summary profiles for each person being supported that could be provided to staff, possibly via their electronic devices, to ensure this information is always at hand.

We saw that the provider medication policy had been reviewed and was in draft form at the time of inspection. We asked that the provider give more clarity on how people are assessed for medication support. This should consider the ability of someone to independently self-medicate and the necessary supports with regard to how a person should be prompted, assisted or have their medication administered. This policy and procedure should also include the need to regularly check staff competency with regard to providing this support in line with best practice guidance.

We noted that a new staff annual appraisal template had been introduced to the service as part of its development. These had been some time in devising. Progress with these will be reviewed at the next inspection.

We found there were inconsistencies in how some staff completed their progress notes template. In some cases these notes could have been more detailed, and in others areas of the template were not completed properly. The service should promote completing this template in a uniform manner to ensure an outcome-focus is maintained and progress is recorded consistently. This will be reviewed at the next inspection.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 0
Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Inspection and grading history

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<th>Date</th>
<th>Type</th>
<th>Care and support</th>
<th>Environment</th>
<th>Staffing</th>
<th>Management and leadership</th>
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