Croftspar Place Service
Housing Support Service

8 Croftspar Place
Springboig
Glasgow
G32 0JD

Telephone: 0141 774 3690

Type of inspection:
Unannounced

Completed on:
4 September 2019

Service provided by:
Alzheimer Scotland - Action on Dementia

Service no:
CS2005087731

Service provider number:
SP2003002734
About the service

Croftspar Place Support Service is a supported accommodation service in the east end of Glasgow. It is managed by Alzheimer Scotland. It comprises eight flats, with separate staff and manager bases and is registered to provide a housing support and care at home service for people living with dementia.

At the time of this inspection there were eight people living here.

Croftspar Place is a specially designed housing development for people with dementia. Each flat has a living room/kitchen and bathroom with small private garden/patio area. There is a courtyard garden to the front of the properties. The staff base is on site and includes a small meeting room for people who use the service.

The aim of Croftspar Place is, "to meet the expressed desire of people with dementia to live in their own homes, in the community and have personalised support when needed".

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

What people told us

We gained the impression from people’s demeanour and interactions with staff that they were comfortable in their surroundings and were happy with the support they received. They told us that they enjoyed their daily routines and the security of their flats.

Relatives spoke highly of the service and the high standard of care and support it provided to their family member. Comments included,

“Feel the family are well involved.”
“Treat people as individuals.”
“He has a quality of life here.”

Self assessment

A self-assessment was not required for this inspection.

From this inspection we graded this service as:

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

What the service does well

We were very impressed with the way that staff interacted with the people who lived at Croftspar Place and their relatives. We observed staff accepting and valuing people for who they were, regardless of their care and support needs. Staff were attentive, displaying warmth and respect in their support.
We could see that they were mindful of the person’s emotional state, preferences, views and circumstances, which led to person centred care. This was summed up by one relative we spoke with who commented, “Staff are flexible with her support to meet her daily mood, for example, times of meals will change to suit her.”

Wherever possible, supported individuals were encouraged to retain their independence and make choices for themselves about how they lived their life. Positive risk taking, such as going out alone, was appropriately assessed and planned for on an individual basis so that people could get the most out of life.

How people spend their day is important in maintaining their wellbeing. People could choose their daily routines and participated in a range of activities, both indoors and outdoors. They were well connected to their community. For instance, some supported individuals went to local day centres and clubs for social and recreational purposes. Contact with families and befrienders was actively encouraged. Relatives we spoke with described and appreciated the partnership working approach the service fostered to caring for and supporting their family member.

A person’s personal plan (sometimes referred to as a care plan or support plan) should be right for those who use a service when it sets out how their needs will be met as well as their strengths, wishes and choices. We could see that personal plans contained very good person-centred detail and were outcome focused. We noted improvements to the way these plans were written compared with the last inspection. In particular, they were accurate and up to date and we could see evaluation of progress with identified outcomes. We noted effective working with health professionals when health care needs changed. In discussion, we suggested that the manager look at how well the service’s support plans helped plan care in the future, by comparing with available anticipatory care planning documentation.

Care records and feedback from relatives confirmed that supported individuals had full and appropriate access to community health professionals, many of whom routinely visited to provide support as required. Consequently, any healthcare needs were attended to promptly. Regular reviews ensured that people’s changing needs were discussed and planned for.

People should have confidence in how services are managed and led. The manager was described as approachable and a positive role model for the staff team. We noted that people receiving the service and relatives felt listened to. They described a culture of joint responsibility and decision making where their views mattered. Concerns were dealt with right away and nobody raised any issues of complaint with us.

Quality assurance systems encouraged the staff team to have a sense of responsibility and accountability in the tasks they carried out, such as handling people’s finances or administering medication. The manager observed staff practice to assess levels of competency and ensure care and support was maintained to an appropriate standard. Staff continued to describe good teamwork and effective lines of communication and support. We noted that the manager had a clear sense of how well the service was performing and what needed to improve. Consequently, we could see that people and families had confidence in the management of the service as it contributed to positive outcomes for those who lived at Croftspar Place.

**What the service could do better**

Relatives and supported people were fully involved in devising and agreeing support plans, but this remained difficult to confirm as paperwork was not signed off. Review minutes did not clearly show the involvement and feedback of interested parties either. The manager agreed to rectify these points.
We encouraged the manager to introduce ‘Champion’ leadership roles for staff to drive forward service performance, for example, in relation to the health and social care standards, activity coordination and community involvement. We have said this because strong leadership skills promote positive care and support and people’s confidence in a supportive working environment.

We understood that staff members have access to bank cards and PIN when supporting some individuals with finances. This arrangement is not considered to be best practice. The manager should explore a better way of managing the person’s money with the agreement of the supported individual and the bank (See Recommendation 1).

A service improvement plan was not publicised or not known to staff and others. Consequently, we found that the service could demonstrate better what it was doing to continually develop. The manager acknowledged that she needed to formulate such a plan so that it took into consideration the views of people using the service, family carers, staff and any other interested parties and included reference to the impact on people from the actions taken. Formulating such an improvement plan would show clear accountability and enable the manager to track progress (See Recommendation 2).

We continued to suggest to the manager that she introduces a wider range of dementia friendly initiatives that would improve the lives of people, such as the ‘Playlist for Life’ scheme, Care about Activity Programme and intergenerational activities. We also signposted the manager to another service provider which was making good progress in the area of ‘smart house’ technology. This was in keeping with the Scottish Government’s drive to promote the best use of emerging technology to support the wider health agenda and improve people’s overall quality of life. To this end, the manager advised that she would be working with IT colleagues within her organisation with a view to ensuring that people fully benefited from technological advances in care and support. We will review progress at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. In order that people can be confident that that their financial interests are safeguarded, the service should look at suitable alternatives with the supported individual and the bank concerned to avoid giving staff direct access to a person’s bank card and PIN number.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded. (HSCS 2.5)

2. In order that people benefit from a service focused on continuous improvement, the manager should devise a service’s improvement plan which includes areas for improvement identified by the manager, quality assurance and inspection processes, as well as taking into consideration the views of everyone: people using the service, family carers, staff and other interested parties.
This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

Complaints

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

In order that people can be confident that the service is provided by staff who are well trained, competent and skilled and who are able to reflect on their practice, the manager should ensure that,

- gaps in staff’s training are addressed without delay
- all staff attend team meetings on a regular basis and have regular opportunity to discuss good practice guidance, including the new Health and Social Care Standards
- staff have the opportunity to reflect on their practice, individually and as a group through supervision and at team meetings or other group forums.

This will ensure care and support is consistent with the Health and Social Care Standards, which state, “I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes” (3.14).
This recommendation was made on 27 November 2018.

Action taken on previous recommendation
This recommendation was met. Since the last inspection, staff had received refresher training on Promoting Excellence dementia training to skilled and enhanced levels and undertaken training around managing stressed/distressed behaviour and first aid. We noted that team meetings were better attended by staff and the manager had introduced a separate meeting for night staff to attend. New supervision procedures had been introduced which gave staff the opportunity to reflect on their practice. This was also done at team meetings.

Recommendation 2
In order that people can have confidence in the newer staff who support them, the manager should provide evidence of observed practice and confirmation of competency during the induction process.

This will ensure care and support is consistent with the Health and Social Care Standards, which state, "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (3.14).

This recommendation was made on 27 November 2018.

Action taken on previous recommendation
This recommendation was met. The manager carried out spot checks and competency based observations of practice and kept records to confirm this.

Inspection and grading history

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| 11 Nov 2014 | Unannounced                 | Staffing: 5 - Very good  
                                | Management and leadership: 5 - Very good |
| 5 Nov 2013  | Announced (short notice)    | Care and support: 4 - Good  
                                | Environment: Not assessed  
                                | Staffing: 4 - Good  
                                | Management and leadership: 4 - Good |
| 18 Oct 2012 | Unannounced                 | Care and support: 5 - Very good  
                                | Environment: Not assessed  
                                | Staffing: 5 - Very good  
                                | Management and leadership: 4 - Good |
| 11 Oct 2010 | Announced                   | Care and support: 5 - Very good  
                                | Environment: Not assessed  
                                | Staffing: Not assessed  
                                | Management and leadership: Not assessed |
| 7 Dec 2009  | Announced                   | Care and support: 5 - Very good  
                                | Environment: Not assessed  
                                | Staffing: 4 - Good  
                                | Management and leadership: Not assessed |
| 13 Nov 2008 | Announced                   | Care and support: 5 - Very good  
                                | Environment: Not assessed  
                                | Staffing: 5 - Very good  
                                | Management and leadership: 4 - Good |
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أُنبِرَةَذُبْنِلُ تَرْكَاهُمْ وَأُنْتَ فِي عِظَامِ اَسْتَبُصْنِهِمْ وَأُنْتَ فِي عِظَامِ اَسْتَبُتْ مُفْطَرَّةُ قَيْمَتِهِمْ بِهِ.

चेत्र पी जी र उ व कुशं आ चेतला जल्लाच्या विक उत्सुक हे।

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