Hansel Alliance, Hansel Village
Broad Meadows
Symington
Kilmarnock
KA1 5PU

Telephone: 01563 830340

Type of inspection: Unannounced

Completed on: 25 July 2019

Service provided by: Hansel Alliance

Service provider number: SP2003000261

Service no: CS2003047220
About the service

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

Connect is a day service based within Broadmeadows, part of Hansel Alliance.

Currently, there are around 130 customers accessing the various levels of support under the umbrella of Connect. Some of these customers presently live within the residential provision at Broadmeadows. However, the majority live either at home with carers or in various community based supported living.

Connect describe their service as follows:

“We work alongside our customers in a number of different ways.

One to One Support: We work alongside our customers to plan outcome focused, person centred opportunities to develop and grow in their own lives.

Shared Support: We facilitate opportunities for friends to meet up and to build and maintain relationships.

Small Groups: Opportunities where a small group of people who share a similar interest or outlook on life come together and we work alongside them to ensure this continues.

Large Groups: Sometimes our customers come together to share opportunities in a larger group. This can be horticultural therapy, photography, cooking, dance, drama and much more.’

What people told us

During the inspection, we spoke with four family members via telephone conversations, as well as having face to face discussions with five people using the service on a daily basis.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

<table>
<thead>
<tr>
<th>Quality Area</th>
<th>Rating</th>
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<tbody>
<tr>
<td>How well do we support people’s wellbeing?</td>
<td>4 - Good</td>
</tr>
<tr>
<td>How good is our leadership?</td>
<td>not assessed</td>
</tr>
<tr>
<td>How good is our staffing?</td>
<td>not assessed</td>
</tr>
<tr>
<td>How good is our setting?</td>
<td>not assessed</td>
</tr>
<tr>
<td>How well is our care and support planned?</td>
<td>3 - Adequate</td>
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Further details on the particular areas inspected are provided at the end of this report.

**How well do we support people's wellbeing?**

**4 - Good**

Our general observations of the support delivered by the team within the service has been very good.

We were pleased to see friendly and professional interaction between the staff and service users, which has resulted in good relationships being formed.

Communication techniques used by the staff during these interactions are mindful of the abilities of specific service users, ensuring that individuals are treated with respect and dignity at all times.

This means that all using the service feel welcome and valued, increasing self-worth and confidence.

Activities undertaken by service users are at their own choosing, both within the building and in the community, meaning people get the chance to contribute to the wider society and pursue their interests as they see fit.

Respecting the rights of the service users is at the forefront of the support delivered on a daily basis. This was noted within our SOFI observations when staff demonstrated the kinds of positive, enabling attitudes that we would expect to see in any successful service.

Hansel promote person centred support, which is delivered effectively by their staff in a range of support scenarios from one to one support to larger group work where everyone is empowered to contribute to their own aspirations.

We noted that information relating to the individual needs of the service user is readily available to ensure person centred support.

The Health and Social Care Standards are at the centre of the support delivered within Connect.

All staff who we spoke to were familiar with and work towards the standards, ensuring that the rights of all service users are continuously respected and protected.

Choice and control of one’s own life is key to being independent. This is seen as a key element in the work done by Connect staff with everyone in receipt of support.

We noted that the quality of the outcomes can be diluted by the complexity of recording and/or the lack of detail in what is being recorded by staff. In this regard, we have not seen a consistent approach here, which has affected the quality of delivery.

Staff have told us that it is not inconceivable for the lack of resource to occasionally dictate the availability of supports, whether that may mean a lack of one to one options or maybe a lack of staff numbers, can mean outings be occasionally postponed. Through discussions with the service management, we can see steps are being taken to try and improve on the numbers of staff available to work in Connect.
The health and wellbeing of all in receipt of support is always considered and good work done to ensure they are always kept safe. Risk assessments are robust and empower all to maintain their independence.

Adult support and protection referrals completed by the service demonstrate that the staff team understand their responsibilities in this area and are continuously working to protect the service users by using the policies and procedures that they are bound by. The training provided for this by Hansel has been effective.

The health and well-being of service users is the top priority of the staff working within Connect.

The staff have been noted to work diligently as a team and with other relevant bodies to ensure all individual needs are met, including (where necessary) medication administration.

The service plays an important role in ensuring that all using it have regular access to a range of healthcare systems whenever support is delivered. This has been demonstrated by the accident and incident records examined within the service. We noted staff are adept at utilising specialist support as and when necessary.

Some of the service users we spoke with advised that they have the ability to affect and change their own care plans along with family members.

People attending this service have control over their own health and medication needs. Where necessary, the staff within Connect supports them in this regard.

People are also encouraged to have access to a range of healthy food items whilst in Connect. Promoting a healthy lifestyle is seen as a priority. When examining the range of activities on offer, such as the work in the growing garden and other outdoor activities, we can see that the importance of a range of living and working environments can be beneficial to the support being offered.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.
How well is our care and support planned?  3 - Adequate

The care and support plans examined were noted to be often confused, inconsistent and not entirely focused on the outcomes for individuals in receipt of support.

Having observed the support being delivered by staff, we do not think that the existing care plans reflect the level of support delivered within Connect.

We have not seen much evidence of family or other service users’ representatives being involved in the consistent development of the care and support plans.

During feedback with the management team, we have discussed issues such as who is responsible for the continued quality assurance of these plans and the rationale behind the need to sign in and out of them.

We have not seen consistent approach to quality assurance surrounding care plans.

The risk assessments are, on the whole, complete and reflective of the work done by staff to ensure the safety of the people in receipt of support.

Care plans are not being consistently reviewed at present and those which have been reviewed do not demonstrate a multi disciplinary approach to this essential area of support.

Progress made on areas for improvement involving care planning and reviews has not been as far forward as we would have liked to have seen. Therefore, we will be repeating these areas for the service to continue working on.

Areas for improvement

1. The service should ensure that reviews are carried out at least every six months with each customer and/or their families.

2. The service should ensure that each customer has a care plan that contains current and up to date information that guides staff on how best to support them.

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

Requirements

Requirement 1

The service should ensure that reviews are carried out at least every six months with each customer and/or their families.

This requirement was made on 25 February 2016.
**Action taken on previous requirement**
Work continues to be done by the service on attempting to ensure that all those being supported are in receipt of a review.

Not all reviews have been completed and those which have been have often been outwith the six monthly timeframe. We are satisfied, however, that improvements have been made in this area and by reducing this requirement to an area for improvement we can continue to progress the work done in this regard.

**Met - outwith timescales**

### What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1
The service should ensure that each customer has a care plan that contains current and up to date information that guides staff on how best to support them.

**This area for improvement was made on 25 February 2016.**

**Action taken since then**
We have noted the work still to be done in this area for improvement within the body of the report.

This area for improvement is repeated.

#### Previous area for improvement 2
The service should ensure that all staff are aware of what to do in case of a fire. This should be done by carrying out regular fire drills and providing fire safety awareness training to all staff.

**This area for improvement was made on 25 February 2016.**

**Action taken since then**
From our examinations of the fire book held in the service and from the training records provided by the management, we can not see enough progress being made in this area.

According to the information presented, since July 2017 there have only been three full evacuations of the service recorded.

The paperwork around these drills was confusing and could be much better presented.

Training data provided by the service shows that staff are now trained to an appropriate degree in this area.

We will examine the progress still to be made at the next inspection.
This area for improvement is not yet met.

**Previous area for improvement 3**

The service should ensure that all staff receive 'Practice and Performance Reviews' throughout the year as per Hansel's policy.

**This area for improvement was made on 25 February 2016.**

**Action taken since then**

A number of supervision sessions have taken place. However, these are not being conducted on a frequent enough basis to meet the policy of the provider.

Staff have advised us that they feel they could use more protected time with their supervisors to discuss their own progress and development. This is applicable to all levels of staff within the service.

This area for improvement is not yet met and is repeated.

**Previous area for improvement 4**

The provider should ensure that staff training is provided on a regular basis. This should include using a training needs analysis to assist in devising an annual training planner.

**This area for improvement was made on 25 February 2016.**

**Action taken since then**

An annual training calendar from the provider has been provided and covers a range of courses available to the staff.

We noted that according to the training schedule for the service courses such as Autism Awareness and CPD (induction courses for new starts including ASP, Supporting behaviours and values) have been undertaken in 2019 along with a small number of emergency first aid courses in 2018.

Large numbers of courses are noted as being expired according to the training lists such as Epilepsy and Midazolam training, MAPA, Food safety and moving and assisting.

This area for improvement is noted as not yet being met as work still remains to be done to ensure all staff are offered meaningful training on a regular basis, directed by a training needs analysis of the entire staff team.

**Complaints**

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

<table>
<thead>
<tr>
<th>How well do we support people’s wellbeing?</th>
<th>4 - Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>4 - Good</td>
</tr>
<tr>
<td>1.2 People get the most out of life</td>
<td>4 - Good</td>
</tr>
<tr>
<td>1.3 People’s health benefits from their care and support</td>
<td>4 - Good</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>How well is our care and support planned?</th>
<th>3 - Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Assessment and care planning reflects people’s planning needs and wishes</td>
<td>3 - Adequate</td>
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</tbody>
</table>
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