

Turnaround Residential Offender Accommodation Service

219 Glennifer Road
Paisley
PA2 8UL

Telephone: 01505 810800

Type of inspection:
Unannounced

Completed on:
22 January 2020

Service provided by:
Turning Point Scotland

Service provider number:
SP2003002813

Service no:
CS2009193289

About the service

Turnaround Residential is an offender accommodation service which was registered as a care service in July 2009. It is managed by Turning Point Scotland and provides an offending based programme which is delivered over six weeks to males who have a previous history of offending. Individuals can elect to leave the programme earlier if they feel ready to do so. The service is based in the Glennifer Braes area of Paisley and provides accommodation over four floors. Each service user has their own room. There are communal living facilities, a clinic, a computer room, a recreational social space, a games room and gardens.

The service accommodates up to 10 individuals. At the time of the inspection visit there were 10 service users resident within the service. Turnaround Residential aims to offer a meaningful and engaging service which tackles the root causes of offending, reduces drug and alcohol dependency and increases resilience and capacity for change. The service receives referrals from across Scotland.

Turnaround Residential states its objectives are to:

Reduce offending behaviour amongst the men we work with and to facilitate them to make the shift towards lifestyles which are safe and crime free.

To create empowering and safe relationships to enable service users to take responsibility for their actions and to reach their potential.

To improve life chances for service users, their children and their families.

What people told us

We visited the service on 22 January 2020. During our visit we met and spoke with a group of eight men residing within the service. We received eight completed Care Standards Questionnaires which had been sent to people within the service.

People residing within the service were very positive about their experience of being supported by the service. They did however comment that they would prefer to have more full time/permanent staff and less part time/temporary staff as they preferred to build relationships with all staff. The individuals we spoke with also told us they would like to have the option to either remain within the service for longer than the usual six weeks or to be able to move to a kind of halfway house as a transitional step to having their own tenancy. We spoke with the service manager regarding these points raised. The manager was aware of both issues identified by people being supported within the service. The issue of staff retention has been discussed later in this report.

'Some of the staff have previously had addictions so you can relate to them. They don't have prejudice.'

'The groupwork is helpful, we can explore the problems underlying our addictions.'

'They help us to gain insight into ourselves. It's an opportunity to reflect, its dead pleasant and calm.'

'If you need your own space its there.'

'Staff go out of their way to help us. They try their best to help everyone.'

'The food is healthy.'

'They've put a lot in place for me leaving here.'

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

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	not assessed

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

People we spoke with told us that the experience of being admitted to the service was effortless and calm. The service had designed the admission process to ensure the maximum possible privacy and regard for people's dignity. We heard from people within the service that staff had been respectful during the admission process. Similarly, we found that individuals each had their own rooms, allowing them to have privacy.

Staff were described as being respectful in their interactions; one person commented of the staff: 'They don't talk down to you.' Feedback we received from people using the service and from staff reflected that there was compassion shown towards people receiving support. This compassion was further reflected in the detailed support plan records and risk assessments which we read.

We found that the service showed respect for people's views. The service had sought the views of people being supported and had asked for questions to be contributed for the staff recruitment interviews. The service had incorporated this service user input to the recruitment of staff for the service.

We were told that the staff were observing individuals within the service, on an ongoing basis, and responding if there were any concerns. People being supported told us that staff were proactive if they noticed anyone withdrawing into themselves. We heard that staff had supported individuals to participate in group activities. Staff within the service, in consultation with people being supported, organised different outings such as trips to local galleries. Staff had encouraged and supported individuals within the service to access community resources such as addiction supports. People were supported to identify and develop activities and interests which they could keep up once they left the service. Staff spoke with individuals to help them identify which personal relationships they should maintain and develop. The service was therefore supporting individuals to get the most

out of life. We did receive some feedback from a professional based in a community agency that levels of peer support on return to the community could be increased.

We found the service encouraged individuals to engage in self-care. Weekly outings were organised to support individuals to attend regular sports activities through TPS connects (Turning Point Scotland network) which provides a network for people recovering from addiction. The service had made links with local dentists and GPs and had successfully negotiated the opportunity for residents to register temporarily for any necessary treatment. The service was now linked in with a newly registered throughcare service which was able to provide support to individuals moving on from Turnaround Residential and returning to live in the community. We observed the dining room within the service and noted that food was prepared daily on the premises. People told us that they appreciated the high standard of food provided within the service.

People we spoke with told us that they had benefitted from the groupwork programme which had helped them to gain insight into their own behaviour and had helped them to develop their coping strategies. We heard that people viewed their time at Turnaround Residential as an opportunity to clear their head and to gain stability in their life. We therefore found that people's health and wellbeing had benefitted from the care and support they had received whilst living at Turnaround Residential. The service had plans to provide more planned and structured one to one sessions. We feel that this would increase the positive contribution that the care and support provided could make to individuals' well being.

Whilst people living at, and being supported by, Turnaround Residential were very positive about their support they did comment that sometimes they found they were speaking with a relief staff member who did not know them so well. The people we spoke with commented that they would prefer if all the staff team were regular staff members whom they could get to know. The issue of staff retention was identified at the previous inspection. During this inspection we spoke with both the service manager and a member of Turning Point Scotland's Human Resources team about this issue. There has been some progress made towards addressing this issue within the service and the organisation was actively addressing the situation. Maintaining stability within the staff team will help to ensure that the service can continue to effectively meet the support needs of the individuals within the service.

How good is our leadership?

5 - Very Good

People being supported within the service were familiar with the staff, including the manager. We heard positive comments being made about how the service was managed. People who used the service were involved in reviewing their support and were advised on the standards they should expect from their support.

We saw that complaints and incidents were responded to appropriately by the manager. People we spoke who told us they felt the service listened to, and responded to, their views and any concerns they had. The service had a suggestion box in place which both staff and people being supported were able to make use of to share their opinions on how to improve the service. The service had consulted with both staff and people being supported to gain their opinions on how to improve the environment. These suggestions had then been used to inform environmental improvements that have since been made. People being supported told us they were enjoying these improvements made within the service; they were enjoying having a relaxation space.

We saw that the service had adult protection and child protection policies and procedures in place. We saw that there were robust risk assessments/risk management plans in place for each individual being supported within the service. We were therefore satisfied that there were policies and procedures in place to minimise the risks of harm.

Staff within the service told us they received good access to training and professional development opportunities. We found that the regular team meetings allowed time for professional development discussions. Individual staff members received regular supervision as well as annual appraisals. These measures helped to ensure that staff were supported to develop professionally and to continually improve the service they provided to people being supported within the service.

We received feedback from community based professionals. Whilst we heard that individuals had had positive experiences within the service we did hear one comment that notice of a midway review had been late which meant the professional had been unable to attend. We were advised that more recently there had been reasonable notice given for a midway review. The service should continue to ensure that community based professionals are given advance notice of reviews to allow them to attend.

We observed that the manager had quality assurance systems in place which included Health and Safety audits and regular auditing of individuals' support plan records. We noted that these audits were then used by the service management to ensure identified improvements were carried out. These quality assurance systems helped to ensure the quality of care and support experienced by people within the service.

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?

This key question was not assessed.

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

How well do we support people's wellbeing?	5 - Very Good
--	---------------

1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.