

Sense Scotland Supported Living Glasgow 1 & Surrounding Area Housing Support Service

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Sense Scotland

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CS2004061986

About the service

Sense Scotland Supported Living Glasgow 1 & Surrounding Area is registered to provide a service to people with learning and/or physical disabilities living in their own homes. The provider is Sense Scotland.

The service currently covers the Craigton, West End, Southside and Bearsden areas of Glasgow. Support offered to people varies according to assessed need. Most receive 24 hour support.

The registered manager co-ordinates the overall running of the service. Locality managers and supervisors locally manage the staff teams who provide direct support to people. At the time of the inspection, the service was made up of three staff teams supporting 11 people.

The service aims included,

- Support and develop positive health for service users and staff.
- Actively promote a culture of high standards and quality.

We carried out an inspection of Sense Scotland Supported Living Glasgow 1 & Surrounding Area using virtual technology.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic. We also evaluated how well the service had addressed a requirement and areas for improvement which we had reported on previously (see the inspection report dated 14 November 2019).

What people told us

During the inspection we observed five people with their support workers.

Overall, we could see that supported individuals appeared happy with the level of care and support they received. People were encouraged to make choices and were comfortable and relaxed in the company of staff.

One of our inspection volunteers spoke with five relatives by phone and we received questionnaire responses from another two. Inspection volunteers are people who have first-hand experience of care services. They spend time speaking with people to gain their views.

Relatives spoke positively about the service and told us that they maintained regular contact with their loved ones during the pandemic crisis. They felt they were kept up to date and valued the service provided. Comments included,

"This service suits her, tailored to her needs."

"Choosing the right staff to work with her...always get someone who works well with her."

"Good communication."

"Quick to get a doctor if she needs."

"No complaints.. initially we would always try to resolve it with the manager...always resolved to our satisfaction."

"Since X (the manager) has taken over, service has improved enormously."

"Good pool of staff, effective at communication, very good team, really very happy."

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 good is our leadership?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

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

How good is our leadership?

4 - Good

At the last inspection, we made a requirement in relation to improving the quality of management and leadership in the following area:

"In order to meet the assessed needs of people who use the service, the provider must ensure that staff receive the support required to do their job safely. In order to achieve this the provider must ensure:

- staff supervision is performed in accordance with the provider's policy and procedures in order to ensure staff are supported to discuss and develop their roles.*
- the service sustains systems for assessing staff competency across all the teams, such as formal assessment of observed practice.*
- staff receive the appropriate training to meet the needs of the individuals they support."*

People should be confident that staff have the necessary skills and competence to support them.

Staff were receiving regular supervision and had opportunities to be supported by practice observations, mentoring and practice discussions. In addition, managers undertook weekly spot checks to ensure that staff maintained appropriate work standards. The majority of staff told us that managers were responsive and visible, which enabled staff to voice their concerns and promoted their resilience. This in turn encouraged them to be motivated, remain adaptable and to focus on how best to provide care and support to people.

Managers had developed impressive quality assurance methods to support an overview of key aspects of service delivery and drive improvement forward. They were able to describe their leadership role in guiding staff in achieving good outcomes for people. This meant that managers could demonstrate a clear understanding about staff performance through a focus of what was working well and what improvements were needed. As a result the experiences and wishes of people using the service were prioritised.

Staff training was fully up to date including mandatory training and training related to Covid-19.

The above findings show that leadership had improved, and that the service was performing well. In addition, sufficient work had been completed to meet the requirement from the previous inspection report. Therefore, we reviewed the previous evaluation awarded and have now awarded an evaluation of 'Good'.

How good is our care and support during the COVID-19 pandemic?

4 - Good

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection area was to establish if people's health and wellbeing were being supported during the COVID-19 pandemic. We found major strengths in supporting positive outcomes for people with few areas for improvement.

People were being well cared for. We observed that people experienced care and support with compassion and dignity. Relatives and care managers described the staff as being kind, caring and respectful in their interactions with supported individuals. Small staff teams ensured that people were supported by people familiar to them. Effective staff deployment helped them to remain settled and reduced stress. Consequently, people could be confident of receiving support from staff who knew their needs and wishes.

Staff were working hard to keep people physically and mentally engaged and reduce the negative impact resulting from increased social isolation. Consequently, supported individuals continued to engage in a lifestyle they enjoyed and doing things that mattered to them. This included participation in online group activities, supervised walks or more solitary activity. Although disruption to regular patterns of support were inevitable during the pandemic, staff and managers worked hard to provide stability and a sense of routine for people.

The service had assessed people's visiting and contact needs on an individual basis to ensure that the support they received was right for them. Regular video and/or phone calls, along with planned home visits in agreement with Public Health, were key to maintaining family contact during the pandemic crisis. As a result important relationships were maintained.

Families confirmed that there was effective communication between them, the service and people experiencing care about up-to-date information on COVID-19 and on any changes to how care and support was being provided.

The service had well established links with health professionals and sought advice when needed. As a result people received health support that met their individual needs and choices. People's personal plans were up to date, regularly reviewed and reflected their rights, choices and wishes as well as their changing needs. We were impressed by the service's use of 'Covid-19 impact reviews'. These provided comprehensive information on how well the person has coped during the pandemic and actions taken to maintain positive outcomes.

We were pleased to note a significant reduction in the number of medication errors from previous inspections. Managers recognised the importance of continued concerted efforts in this area to ensure people receive their medication as prescribed at all times.

We discussed with the manager their approach to anticipatory care planning and provided materials to help with further development in this area.

7.2 Infection prevention and control practices are safe for people experiencing care and staff.

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff. We found there were a number of important strengths which outweighed areas for improvement.

At the time of inspection there were no COVID-19 cases within the service and no one was self-isolating.

We found the service had good supplies of personal protective equipment (PPE) and staff knew how to access them. Hand sanitizer was also readily available.

Staff confirmed that there was guidance for staff on how to support people differently and safely in response to COVID-19. None of the service users had contracted COVID-19, testimony to the appropriate standard of infection prevention and control measures that the service had adopted in line with guidance. Staff were aware of the range of Covid-19 symptoms and the escalation procedures in place should someone present with them. Consequently, any symptoms could be dealt with quickly and the risk of cross infection reduced.

People experiencing care benefited from staff who were knowledgeable and promoted good infection control and prevention practices. Our observations of staff at work confirmed this. They had been appropriately trained in COVID-19 related matters and safe care was further enhanced through various quality assurance systems. However, during some interviews we noted that some staff had forgotten the correct PPE 'doffing' procedure (See Area for Improvement 1).

The service had learnt from upheld complaints in the last year around ensuring people live in a safe and hygienic environment. For instance, more robust checking of fridges and the kitchen area was now commonplace. We noted a few instances when mattress checks had not happened because the person was still in bed. Managers agreed to review the timing of these checks, so that they did not clash with the individual's preferred routines.

Staff received training around safe handwashing to reduce the risk of infection and when it was important to wash their hands while supporting a person. For completeness, we suggested to the manager to add reference to the World Health Organisation (WHO) advice on hand hygiene at the point of care.

7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection area was to establish the responsiveness of leadership and staffing arrangements to the changing needs of people. We found there were a number of important strengths which outweighed areas for improvement.

The management team and senior managers understood the potential challenges presented by COVID-19 and planned for the likely disruption to all aspects of the service. For instance, the service had a staffing contingency plan in the event that staff were absent due to COVID-19. The service made every effort to work in partnership with families, care managers and health professionals to ensure they could continue to respond to people's changing needs.

Staff we spoke with reported supportive and visible leadership which enabled them to voice their concerns or share ideas. Staff told us they felt valued and respected by the management team. This contributed to staff morale and teamwork. The majority of staff were confident that their team worked well together and were working very hard to ensure that people's needs were being met.

The weekly Covid-19 testing of staff was being rolled out during the inspection and staff were aware of what to do in the event that they were unwell. This would help to reduce the risks to others of contracting COVID-19.

Throughout the service there were reminders about safe infection control practice. Staff told us that any changes to guidance was promptly updated. This meant that staff were informed by current good practice for combatting the virus and protecting people.

In general, we noted improvements to the various quality assurance systems since our last inspection, building on what had been achieved pre Covid-19. This progress has enabled managers to have a greater overview of the service, including staff practice, reviewing people's care and support needs and ensuring staff received necessary training, both mandatory and Covid-19 related.

The service had a continuous improvement plan which encompassed further investment in quality assurance systems to ensure enhanced outcomes for people were achieved. In addition, a self evaluation of how well the service had fared during the pandemic had also been completed. We discussed with managers ways to better evidence the voice and involvement of key stakeholders such as staff and relatives in these documents.

The staff team benefited from regular formal opportunities to improve their practice, learning and development needs. However, team meetings should take place on a more regular basis so that staff can reflect as a group on their shared understanding of their role and responsibilities and share good practice (See Area for Improvement 2).

We noted during the inspection the progress managers had made with regards to supporting an open culture within teams and ensuring appropriate management presence for staff. However, we noted that a few staff were remiss in following the provider's confidentiality policy, for instance in relation to information sharing with families. Both service and senior managers acknowledged the challenges faced when working so closely in partnership with family members. We noted their continued determination to ensure staff were mindful of professional boundaries to avoid compromising people's outcomes.

Areas for improvement

1. In order that people are supported to stay well, by preventing any potential transmission of infection risk, the service provider should ensure:

- All care staff undertake refresher training in the use of personal protective equipment (PPE), in line with best practice guidance
- Staff's knowledge of correct PPE usage continues to be evaluated through supervision, observations of practice and quality assurance processes.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. In order that people can be confident in the workers who support them, managers should ensure that staff have the opportunity to reflect at regular team meetings on their work practice and take account of best practice guidance, including the new health and social care standards.

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).

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

Requirements

Requirement 1

In order to meet the assessed needs of people who use the service, the provider must ensure that staff receive the support required to do their job safely. In order to achieve this the provider must ensure:

- staff supervision is performed in accordance with the provider's policy and procedures in order to ensure staff are supported to discuss and develop their roles.
- the service sustains systems for assessing staff competency across all the teams, such as formal assessment of observed practice.
- staff receive the appropriate training to meet the needs of the individuals they support.

This ensures that people experience high quality care and support that 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). It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 15(a)(b) (i)(ii) - Staffing

Timescale: To be fully implemented by 31 October 2019.

This requirement was made on 5 July 2019.

Action taken on previous requirement

People who experience care should be confident that the staff who support them are competent and have opportunities to learn and develop. Since the last inspection, a programme of regular supervision had been introduced. In general, we could see that better systems to support the monitoring of staff's individual learning and development had been introduced and sustained.

Direct observations of staff practice was happening in a consistent manner. Managers were also carrying out a programme of spot checking.

Opportunities for staff to receive appropriate training had moved on significantly since the last inspection. Staff had completed mandatory training and training linked to Covid -19 and keeping people safe.

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

In order that people can be confident that they are receiving their medication as prescribed, managers should ensure that staff fully adhere to the provider's system for managing medication through staff training, robust medication checks and 'root cause' analysis of medication errors that will help support improvement.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.24)

This area for improvement was made on 5 July 2019.

Action taken since then

Overall, the service has successfully reduced the level of medication errors from the last inspection, with a concerted effort on the part of managers to improve practice in this area. Regular medication audits were taking place, and the management of medicines was raised with staff in supervision and other forums. We were pleased to note the reduction in errors and the ongoing work by managers aimed at eliminating all medication errors from practice. The manager agreed to look at a better way of evidencing medication audits.

Previous area for improvement 2

In order to ensure that people can maintain their confidence in the people who support them, the service provider should focus on addressing those issues affecting staff morale and teamwork to foster a more unified and collaborative approach aimed at achieving better outcomes for people.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support is consistent and stable because people work together well" (HSCS 3.19).

This area for improvement was made on 5 July 2019.

Action taken since then

Feedback from staff was generally positive as staff felt well supported and felt that they worked well together in their teams. They appreciated support from managers and access to managers during their shift. Managers focused on improving staff practice where deficiencies were highlighted, helping to foster a unified and collaborative approach.

Previous area for improvement 3

To ensure everyone can feel confident in receiving continuity of support, the manager should continue to increase staffing resources available to the service and continue to look at ways to improve staff retention.

This will ensure care and support is consistent with the Health and Social Care Standards, which state, "My needs are met by the right number of people" (HSCS 3.16).

This area for improvement was made on 5 July 2019.

Action taken since then

The use of agency staff had significantly reduced over the last year as staff retention had improved. Management positions had also been filled which provided stability. Where agency were used, every effort was made to ensure continuity by using the same people, some who had worked in the service for a long period of time. Overall, agency usage was monitored weekly and limited as much as possible in order to limit the number of people working in the service. Redeployed staff from a sister service has also assisted continuity and team stability. We recognised that staff recruitment across all of social care was proving difficult at this time.

Previous area for improvement 4

In order that people can be confident in the workers who support them, managers should ensure that staff have the opportunity to reflect individually and at regular team meetings on their work practice and take account of best practice guidance, including the new health and social care standards.

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 area for improvement was made on 5 July 2019.

Action taken since then

Regular supervisions were taking place giving staff opportunity to reflect on their practice and good practice guidance. However, regular team meetings have not been happening. We refer to this under Key Question 7 , 7.3 where we have made an amended recommendation.

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	5 - Very Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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