

Transform Community Development Housing Support Service

Transform Community Development
Transform House
95-99 Douglas Street
Dundee
DD1 5AJ

Telephone: 01382 322923

Type of inspection:
Unannounced

Completed on:
19 February 2020

Service provided by:
Transform Community Development

Service provider number:
SP2003000085

Service no:
CS2004078915

About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

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

Transform Community Development was previously known as Dundee Cyrenians. It was established to provide shelter and support to homeless people in Dundee.

The name of the organisation and service was changed in 2009 to reflect the dynamic approach to providing the service. The ethos of the organisation in relation to its belief in the value of the individual remains very much intact. Today, the organisation offers a range of housing support services to homeless people across Dundee.

The residential branch of the service provides support and accommodation to up to 70 single homeless people in three premises across Dundee. In one of the premises, the organisation provides accommodation with housing support for 15 people who have longer term health and support needs. This part of the service now has registration to provide care at home as well as a housing support service. In 2019, the addition of a Housing First team was established. This is managed as a consortium with other care providers and support staff are seconded to Transform Community Development. This operates on the premise of supporting people in their own home with wraparound support.

How we inspected the service

We carried out a very short notice inspection on 19 February 2020. The focus of this inspection was to follow up on the four requirements and two recommendations we made at our inspection in June 2019.

During this visit we spoke with the operations manager and one senior support worker. We looked at;

- Medication administration records
- Medication audits
- Financial risk assessment
- Financial audits
- Records of complaints
- Recruitment records
- Service development plans

Taking the views of people using the service into account

We spoke with people informally throughout our inspection. People were happy with the support they received and did not raise any concerns with us.

Taking carers' views into account

We did not speak with any carers during this visit.

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

Previous requirements

Requirement 1

To safeguard the health and wellbeing of service users, the provider must ensure that medication is administered safely and in line with good practice. To achieve this the provider must;

- a. Ensure that medication is administered to service users according to prescriber instructions
- b. That if a regular medication is not given or taken that staff record the reason why along with any further action that was taken and the outcome of this action
- c. That staff understand their responsibility to keep accurate and current records of administered medication
- d. That staff have access to and adhere to good practice guidance relating to the safe administration and record keeping of medication
- e. That a robust audit of medication is undertaken immediately and at regular intervals by a senior member of staff

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011, SSI 2011/210 regulation 4 (1)(a)

Timescale: To commence immediately and be fully completed by 10th July 2019.

This requirement was made on 4 June 2019.

Action taken on previous requirement

During our follow up inspection we sampled medication records and were satisfied that this requirement had been fully met. We found records were clear, accurate and in line with best practice. Where medication had not been administered, clear rationales had been recorded. Regular audits were carried out by both the senior support worker and operations manager. This meant that there were regular opportunities to identify areas to be addressed or improved. We remind staff working in the service about good practice guidance and where to locate this. We suggested this should be printed and retained within the service. Whilst some training had been obtained from the local pharmacy, we encouraged the provider to continue pursuing college based modular training.

During this visit, we identified a need for protocols to be developed for as required medication. This is medication not given regularly. It is important that staff have clear guidance as to when this medication should be administered.

Met - within timescales

Requirement 2

To ensure the health and wellbeing of service users the provider must ensure that appropriate financial safeguards are in place. In order to achieve this the provider must;

- a. Carry out a full review of all financial policies, procedures and processes

- b. Ensure that, where appropriate, accurate financial risk assessments are in place for service users and reviewed regularly
- c. Ensure that steps are taken to obtain appropriate financial safeguards for each service user
- d. Ensure regular audits are carried out on the funds held for service users. This must include a system to reconcile bank withdrawals and deposits

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011, SSI 2011/210 regulation 4 (1)(a) and takes account of the Health and Social Care Standards - My support, my life:

2.5 - 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.

4.19 - I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Timescale for Completion: To commence immediately and be completed by 10th July 2019.

This requirement was made on 4 June 2019.

Action taken on previous requirement

During this inspection we were satisfied that the provider had taken reasonable steps to safeguard service users monies and fully met this requirement. Regular audits were carried out by the operational manager which reconciled withdrawals made from the bank with deposits made through service records. We asked that audits be clear about what information had been considered such as dates and transactions. In addition, communication between operational and service staff could be improved to make sure everyone is fully aware of the checks carried out. These steps should be reflected within the financial risk assessments which had been developed since our last visit.

Met - within timescales

Requirement 3

To ensure the safeguarding and protection of service users the provider must ensure that;

- a. concerns raised by service users are fully investigated and the outcome recorded
- b. where appropriate, concerns are escalated in line with adult support and protection legislation
- c. staff receive training in complaint handling and reporting responsibilities.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011, SSI 2011/210 regulation 4 (1)(a) and takes account of the Health and Social Care Standards - My support. my life:

3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others. with appropriate assessments and referrals made.

Timescale: To commence immediately and be fully completed by 31st July 2019.

This requirement was made on 4 June 2019.

Action taken on previous requirement

During this inspection we looked at complaints the service had received since our last visit. We were satisfied that complaint handling was much improved and that the requirement had been fully met. We made some suggestions for improvement which included improving whether the person was satisfied with the complaint. If not, details should be recorded about possible next steps for the complainant.

Met - within timescales**Requirement 4**

To safeguard service users the provider must ensure that staff are recruited in a way which demonstrates their fitness to undertake regulated work.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011, SSI 2011/210 regulation 4 (1)(a) and takes account of the Health and Social Care Standards - My support. my life:

4.24 I am confident that people who support and care for me have been appropriately and safely recruited.

Timescale: To commence immediately and be completed by 14th June 2019.

This requirement was made on 4 June 2019.

Action taken on previous requirement

During this inspection we looked at recruitment files for staff employed since our last visit. We found the provider was following safer recruitment practices and were satisfied this requirement was fully met.

Met - within timescales

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

Previous recommendations**Recommendation 1**

The provider should develop an operational plan to manage the organisational pace of change and growth of the organisation.

This takes account of the Health and Social Care Standards - My support, my life:

4.23 I use a service and organisation that are well led and managed

This recommendation was made on 4 June 2019.

Action taken on previous recommendation

Plans were in place for each of the three distinct areas of the service. We recognised that a great deal of reflection and preparatory work had been carried out following our last inspection. However, progress had been slowed for justifiable and exceptional reasons. We discussed this during our inspection and were assured that further discussions and development days with staff were planned. We restated that sustained improvements will be largely dependent upon all staff feeling part of the organisational change and everyone having a key role to play. We look forward to seeing further developments during our next inspection.

Recommendation 2

The provider should ensure the registered manager has opportunities to receive regular and planned one to one supervision. These meetings should be person centred, reflective and record clear action points for personal and professional development.

This takes account of the Health and Social Care Standards – My support, my life:

4.23 I use a service and organisation that are well led and managed.

This recommendation was made on 4 June 2019.

Action taken on previous recommendation

The registered manager confirmed that planned 1:1 supervision sessions had taken place since our last inspection. Due to the absence of the Chief Executive these had lapsed for a period of time but had since been re-established. We agreed that this was a matter for the board to consider how the registered manager would continue to be professionally supported should any future absences occur.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
14 Apr 2020	Re-grade	Care and support 3 - Adequate

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed Not assessed 3 - Adequate
4 Jun 2019	Announced (short notice)	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed 2 - Weak
6 Jun 2018	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
1 Feb 2018	Announced (short notice)	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
24 May 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
4 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
16 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate
25 Nov 2015	Announced (short notice)	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
11 Dec 2015	Re-grade	Care and support	Not assessed

Date	Type	Gradings	
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
8 Jul 2015	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Jun 2014	Announced (short notice)	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
15 Oct 2013	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	4 - Good
8 Nov 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
6 Nov 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Nov 2008	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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