

Allarton Housing Support Service

19 Broomhill Gate
Glasgow
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Telephone: 01413 391 383

Type of inspection:
Unannounced

Completed on:
3 September 2021

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2019373947

About the service

Allarton is registered with the Care Inspectorate to provide a service to adults with mental health issues living in their own homes. The provider is Church of Scotland Trading as Crossreach.

Allarton is situated in a residential area in Broomhill (Glasgow) and is close to shops, transport links and other public amenities. Whilst there is limited parking at the front of the building, off street parking can be easily accessed.

An enclosed private garden is located to the rear of the building. Accommodation is provided over three floors with lift access. Staff office space and a visitors' room is located on the ground floor and the basement provides a larger lounge/activity area with access to a kitchen and utility room.

All 14 bedrooms are single with an en-suite toilet and shower. Four of the bedrooms have a facility that can be used to prepare food. Two communal bathrooms are available, with one having an assisted bath.

A lounge area and kitchen/dining room is available on each of the floors where bedrooms are situated. People who use the service have access to a small, designated smoking area on the top floor of the building.

At the time of this inspection support was being provided to 13 people. The aims of the service include "to deliver a person centred individualised therapeutic approach to enable those it supports in a recovery-based model".

What people told us

Overall, we saw that people being supported appeared happy with the level of care and support they received. We spoke with five people who used the service and one family member. People spoke very highly of the staff team, and the support they received.

Comments included:

"I think it's good here, the staff are helping me to find my own flat which is what I want to do".

"My relative really has moved forward with managing his own life, it has been a long battle. We can see a lot more of him coming back. He tells me that Allarton is really very nice, and that there is a nice social atmosphere there".

"I like it here, I have much more freedom, I get to choose who my key worker is which is nice as we work well together".

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?	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 well do we support people's wellbeing?

4 - Good

We evaluated the service to be performing at a good level in meeting people's health and wellbeing needs. We found several strengths in this area which outweighed some areas for improvement.

We observed staff interactions with people and found them to be warm and respectful, which meant people felt secure and confident with staff who cared for them.

Having meaningful things to do is important for maintaining interests and having a sense of wellbeing. We acknowledged there were reduced activities during the pandemic, however there was more emphasis placed on developing independent living skills to support people to move on from the service.

People were involved in decisions about their service in ways which were meaningful to them. Examples of these were to participate in further education or art classes. People felt empowered because their voice was heard, this included the opportunity to use independent advocacy services.

Regular meetings with people ensured they had choice around their daily activities. These activities had enhanced people's mental and physical wellbeing.

People who use this service should be confident that their health and wellbeing needs are well supported. People's physical and mental health needs were reviewed on a regular basis by a range of healthcare professionals which included, Community Psychiatric Nurses, Occupational Therapists, and Dieticians. The service used the "Recovery Star" tool which enabled people using the service to measure their own recovery progress, with the help of their key worker.

One person told us "It was nice to see that I had made good progress when my star was updated, it gives me more confidence to move on".

We discussed with the service the need to make care reviews more outcome focussed, and less task orientated. This would allow the service and people using the service to identify which goals had been achieved. (See Area for improvement 1).

We reviewed how people were supported with their medication. We found that they would benefit from having a protocol in place which detailed the level of support needed with the administration of as required medication. (See Area for improvement 2)

Areas for improvement

1. The service should ensure that care reviews are outcome focussed and detail what people have achieved and what their goals are for moving forward.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'My care and support meets my needs and is right for me.' (HSCS 1:19)

2. The service should ensure that people who require support with their medication on an "as required" basis have a protocol in place. This means that support staff will consider non-pharmacological approaches prior to administering medication.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2:23)

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

4 - Good

7:2 Infection control practices support a safe environment for both people experiencing care and staff.

We reviewed how good infection control practices supported a safe environment for both staff and people experiencing care. We concluded that the service was practising at a good level.

At the time of the inspection, there were no known cases of Covid-19 within the service.

Communal areas within the building were clean, tidy, and free from clutter. This ensured that effective cleaning tasks could be carried out. Sofas, and chairs within the lounge areas were clean, and in a good state of repair.

There was a good supply of personal protective equipment (PPE) available to staff, people experiencing care, and visitors to the service. This helped to reduce the risk of cross infection within the building and kept people safe.

People using the service managed their own laundry with support from staff. Staff were aware of cleaning guidance in respect of appropriate temperatures for infected or soiled linen.

There were appropriate posters and guidance around the common areas advising staff how to wash their hands effectively to reduce possible infection.

There was good supply of general and clinical waste bins around the building. The service had a contract in place to ensure the safe disposal of any clinical waste, this ensured that people were kept safe.

People experiencing care could feel confident that the service was reducing the risks of infection throughout the building.

7:3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We reviewed how staffing levels were responsive to the changing needs of people experiencing care and found the service to be practicing at a good level.

Staffing levels were sufficient to meet the needs of people experiencing care throughout the day. People had access to a sleepover staff member through the night by using a call system, this ensured people were kept safe.

Many of the staff were experienced and had a good insight into people's needs, which were often complex and unique.

Staff had training in Covid-19, infection prevention and control and other relevant courses. They demonstrated good knowledge of issues in our discussions. Workers had access to regular Covid testing to ensure people's safety.

Staff promoted social distancing with the people they were supporting, and this was managed sensitively. However, infection prevention and control practice should be regularly evaluated to ensure that staff are up to date and remain competent to deliver safe care. This should include the observation of staff practice. The manager told us that this was done informally, we have recommended that this is recorded in a formal manner. (See Area for improvement 1)

Staff told us that the management team were very supportive and provided a visible leadership, this meant they could share their ideas or concerns.

Areas for improvement

1. Infection Prevention and Control training and practice should be regularly evaluated by the service to ensure staff are up to date and remain competent to deliver safe care. This includes observation of staff practice and action is taken to address identified areas for improvement.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that are well led and managed.' (HSCS 4:23)

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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