

# **C-Change Scotland Housing Support Service**

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Type of inspection: Announced (short notice)

## Completed on: 19 January 2023

Service provided by: C-Change Scotland

Service no: CS2004070912 Service provider number: SP2004006578



## About the service

C-Change Scotland provides a housing support and care at home service to adults and young people (aged 5-16) with learning disabilities and/or physical disabilities or mental health issues. The service is managed by C-Change Scotland which is a registered Scottish charity. The organisation's head office is based in Glasgow.

C-Change provides individualised support to people who may live in their own home or live within the family home in Glasgow, Falkirk, North Lanarkshire, and West Lothian. Support provided to people ranged from a few hours a week to 24 hours a day. At the time of the inspection the service was provided to 60 people across the registered branch.

The registered manager and Director of Practice and Quality Assurance co-ordinate the overall running of the service with support from Area Leads. Support advisors work alongside the people who use the service while locally managing the staff team of personal development workers who provide direct support to people.

The aim of the service is: "to offer creative and flexible support, enabling people who use the service to have a good quality of life, while maximising their life opportunities".

## About the inspection

This was an announced short notice inspection which took place between 11 January and 19 January 2023. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service:

We spoke with eight people using the service or their family representatives. We issued electronic questionnaires to stakeholders, and received responses from ten families/friends, seven staff and three external professionals. We spoke with staff and the management team. We observed practice and daily life. We reviewed documents.

## Key messages

- People experience high quality care where individuals were respected and valued.
- People's health benefitted from effective assessment and monitoring of their needs.
- People were actively involved in evaluating and improving their service.
- People had access to a range of activities and local community links based on their preferences.
- Quality assurance and improvement was well led.
- The service was working hard to minimise the impact of recruitment challenges for people supported.

## 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

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

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed a team of dedicated and compassionate staff who cared for the people they supported. Staff were clearly committed to supporting agreed outcomes for people. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity, and respect.

Relationships were based on trust. Staff were skilled at understanding and responding to people's individual communication needs. People benefited from positive relationships with the staff team. This meant that people felt included, listened to and valued, and ensured that the service was centred on the needs and wishes of the person.

People were recognised as experts in their own experiences, needs and wishes. We saw examples of people who may otherwise have felt isolated or excluded being sensitively encouraged to increase their access to the community. The personal planning and health risk assessment documentation we reviewed contained detailed descriptions of the level of support each person required. This included defined outcomes important to each person. We asked the service to review recording documentation in one location as this differed from others sampled.

People and those close to them were routinely involved in developing and reviewing their personal plans. This ensured people were supported according to their expressed wishes. People were enabled to get the most out of life with opportunities to maintain or develop interests and activities that mattered to them. This included attending leisure and day activities, various clubs, and social interests, such as "Dates and Mates", dancing, shopping and meeting up with friends or relatives. People's achievements were recognised. This promotes wellbeing.

Comments from families included:

"Staff at C-Change have always been an asset to our family because of the first class support they give to my son".

"The services provided by C-Change have been life changing for us as a family".

"My son is thriving with the support given by his carers at C-change".

Care was delivered in a dynamic and flexible way to meet agreed care plans, changing circumstances and any emergency situations. The service had positive working relationships with other agencies and professionals involved in people's care. It was evident that staff worked jointly with others for the benefit of people who use the service. This ensured staff were prepared for the eventuality if a person became unwell or if their health deteriorated for any reason. This helped to keep people well. One visiting professional told us; "C-Change have managed to ensure that there has always been support in place for my service users even with staff absences".

Medication was managed well. This helped ensure individuals were supported to take the right medication at the right time.

Staff had access to sufficient personal protective equipment (PPE) and this was used appropriately. This helped protect individuals from the risk of infection. Information was available to remind staff of expected standards. The service had completed observations of staff practice however, due to ongoing staff recruitment challenges these had fallen behind. The management team had identified this through self-evaluation processes and a plan was in place to rectify this.

#### How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Overall, people spoke positively about the management team who were seen as being responsive, approachable, and supportive.

A range of quality audits had been completed, including personal planning, medication management, finances, and individuals' experiences. The service used regular reviews and meetings to gather the views of people receiving care, and those closest to them. This allowed for individuals to share their experiences. These views informed a detailed service development plan and the provider's strategic plan.

People benefitted from a culture of continuous improvement. The service used a lessons learned approach to ensure learning was taken from adverse or unplanned incidents and occurrences, to reduce the likelihood of these events from occurring again. Action plans were produced to progress improvements where needed. A visiting professional told us: "In the past any issues were dealt with promptly and effectively to ensure there was no repeat".

There was a culture of joint responsibility and decision making from staff and people who experience care. Individuals supported had access to service user led groups and were represented on the provider's board of governance. This ensured people supported were empowered to shape their care arrangements.

Overall, staff commented positively about training provided and support from the management team. Staff training and development processes helped to ensure that people could be confident the staff team could meet their needs, and the staff team felt valued.

The service endeavoured to ensure people supported participated in the recruitment and selection process. The service acknowledged sector wide recruitment challenges had impacted on some people's care arrangements. However, the management team were working hard to ensure people were supported by people known to them. New staff worked through an induction programme to ensure they were appropriately prepared for the role.

## Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

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

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