

## Glasgow Connect Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 August 2023

**Service provided by:**  
Quarriers

**Service provider number:**  
SP2003000264

**Service no:**  
CS2004070367

## About the service

Glasgow Connect provides a combined care at home and housing support service to adults with learning disabilities. The service operates in Glasgow, West Dunbartonshire, and East Dunbartonshire. The provider is Quarriers, a national organisation and registered Scottish charity.

People are supported in their own homes or in shared tenancies. Support provision varies from a few hours per week to 24 hours per day. The nature of support is tailored to meet people's individual assessed needs and outcomes. This includes personal care, medication, daily living tasks, and community activities. The registered manager is responsible for the local management of the service and is supported by five team leaders and senior staff.

The service aims to ensure "people are supported socially, personally, and with all aspects of their lives. We plan with the people we support to help them to meet their outcomes and ensure they are involved in all aspects of their service".

## About the inspection

This was an unannounced inspection which took place between 14 and 18 August 2023. One inspector carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 12 people using the service.
- spoke with staff and management.
- observed practice and daily life.
- reviewed documents.

## Key messages

- People supported by Glasgow Connect generally experienced positive outcomes.
- People were supported to develop a routine of activities that were meaningful to them.
- There was strong rapport and good working relationships between people and staff.
- A core group of staff knew and met people's needs well.
- Leaders had good communication with people, relatives, and staff.
- The service would benefit from filling vacancies in the management team to further enhance staff development and quality assurance.

## 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 leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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 this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

Glasgow Connect demonstrated that it was a person-centred service in which people's needs and wants directly shaped their support. This resulted in people generally having positive outcomes and experiences.

We met with several people in different locations across Glasgow and West Dunbartonshire. Each person, with unique needs and wishes, had developed a strong routine of activities that were meaningful to them. For example, people attended social clubs, used community facilities, and were involved in education and volunteering. Many people had new life experiences, such as going on holidays at home and abroad, which they found exciting and fulfilling.

These activities helped develop people's independence, confidence, and relationships with family, friends, and partners. A person told us: "I love it. I am out every day and I have a great time".

People's health needs were also met well. For example, a person living with diabetes had been supported to create an exercise and healthy eating plan. They attended the gym and enhanced their cooking skills with support to make more balanced meals, resulting in improved health and wellbeing. The service regularly supported people with movement, physiotherapy exercises, and following advice from health professionals. These examples demonstrated the service's skills and values, and improved the lives of people.

We observed positive interactions between people and their workers. This was evident in all our visits including people with complex needs. For example, we saw staff had good insight into some people's non-verbal communication skills, understanding their expressions and gestures, enabling them to have fun interactions and make decisions. People were included and treated with compassion and respect.

There was strong evidence of inclusion for people in the service. For example, people were meaningfully involved in the recruitment of staff, and were part of interview panels that made decisions. There were feedback sessions where people could say what was going well and what could be better about their service. This gave people a voice and a sense of ownership.

The service experienced challenges at times, for example, when people had periods of stress and distress. Accidents and incidents were recorded, investigated, and advice was sought and followed from health professionals. People had personal communication and positive behavioural support plans to promote their wellbeing.

Every person supported by the service had a personal plan that detailed their care needs well. Plans were comprehensive and written in a person-centred way, ensuring support reflected people's choices. Most plans that we reviewed were up to date. However, several could not evidence that people had six monthly reviews, and some risk assessments were out of date. If unaddressed, there was a risk to people's wellbeing and outcomes. We asked the service to audit care plans to ensure they are reviewed and accurate to maintain people's good outcomes.

**How good is our leadership?****4 - Good**

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

The management team were seen as visible, organised, and supportive. We received positive feedback about leaders from both supported people and staff.

We reviewed the quality assurance systems and generally found them to be robust. For example, issues such as accidents, incidents, and complaints, were investigated and appropriate actions taken to promote people's wellbeing.

The management team audited important parts of the service to keep people safe and ensure people were having positive experiences. For example, there were regular audits of medication, care plans, and people's activities. This struck a balance between ensuring people's safety and promoting opportunities.

There was a further layer of quality assurance to ensure good standards of support in the service. Leaders regularly met with the provider organisation's senior management team. They presented reports, statistics, pictures, and feedback to evidence outcomes for people. This provided good examples of transparency, self-evaluation, and an improvement culture.

We were pleased to see that people and relatives were involved in quality assurance. People attended feedback sessions to express their satisfaction about their service and suggested ideas for improvement. External facilitators were present and skilled in non-verbal communication which promoted the inclusion of people with more complex needs. This was person-centred and inclusive practice.

The management team used feedback from audits, meetings, and interactive sessions to develop an improvement plan. These plans were detailed and relevant and should lead to better outcomes for people.

We noted that one area of the service did not have a team leader. This had resulted in inconsistent quality assurance with some issues, such as care plans and risk assessments, not being fully reviewed and updated. We asked the service to prioritise this area to ensure people's good outcomes were maintained (see area for improvement 1).

**Areas for improvement**

1. To promote people's wellbeing, the provider will ensure that all areas of the service have robust quality assurance with a particular focus on care and support planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**How good is our staff team?****4 - Good**

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

People were supported by an experienced core group of staff who knew their needs well. We noted positive, caring, and humorous interactions throughout the service.

This included people with varied needs and abilities. For example, we noted skilled interactions between staff and people with limited verbal communication. Staff had strong insight into people's unique expressions, gestures, and used appropriate eye contact and touch to include people. This understanding made a difference to people's lives, ensuring they had meaningful interactions and relationships and were involved in decision making.

Staff were recruited safely as the service followed Safer Recruitment guidance. New workers had a thorough induction ensuring they had an understanding of their roles, responsibilities, and person-centred values. Staff were then supported through a comprehensive system of online and face-to-face training sessions which was largely up to date. People could be assured that workers were prepared for their role and knew their needs well.

Staff understanding was further enhanced with ongoing collaborative work with health professionals. We saw staff following advice from professionals in physiotherapy, nursing, psychiatry, and speech and language therapy.

This multi-agency approach developed staff practice and resulted in good outcomes for people. For example, through staff implementing support strategies, we saw improved health for people living with diabetes. In other visits, we saw that people with physical disabilities were supported to be as active as possible to promote their mobility and independence. Similarly, when people experienced significant stress and distress, staff followed guidance and demonstrated resilience, motivation, and compassion to promote people's wellbeing.

We noted some staff vacancies and absences which resulted in the use of agency workers at times. This was planned in a considered way. For example, the service used consistent agency workers to promote familiarity, sought permission from people and relatives, and completed compatibility assessments. This was an example of effective planning in challenging times to reduce any disruption to people, and ensured people's experiences were not significantly impacted.

There was generally a good system of staff development and support. For example, most staff had access to regular supervision and team meetings. Workers were encouraged to discuss issues, highlight training needs, and reflect on their practice. This enhanced their understanding of people's needs and promoted morale.

There was a vacancy within the management team, and an area of the service did not have a team leader at the time of inspection. This resulted in staff completing additional duties and having less frequent formal support such as team meetings and supervisions. Whilst this had not yet impacted outcomes for people, or significantly reduced staff morale, there was a risk that standards could fall if this was unaddressed. We were pleased to note a team leader had been allocated to this area, and additional support would be prioritised. This action should maintain and enhance people's positive outcomes and experiences.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement.

Every person supported by Glasgow Connect had support plans that detailed their health and social needs, interests, and outcomes. The support plans were of good quality, and contained a great deal of meaningful

personal information, which offered insight into people's backgrounds, interests and strengths. This helped develop positive relationships and a person-centred culture.

People had clear outcomes in their plans that explained what they wanted to achieve in life. This was empowering and offered greater purpose and direction to the service. Reviews were particularly inclusive and focused on outcomes. They were linked to Keys to Life, Scotland's national strategy to improve the lives of learning-disabled people, and also highlighted people's specific goals. Reviews included detailed input and feedback from people and their families, which gave a sense of ownership and transparency.

There was a high level of detail for people's health needs. For example, people who had epilepsy, diabetes or experienced stress and distress had additional plans with specific information. This provided clear guidance to staff and promoted consistent practice.

We were impressed by people's communication plans. They highlighted people's verbal and non-verbal style including sounds, signs, gestures, and expressions. This promoted staff understanding as well as people's inclusion in the service.

Plans contained relevant legal documentation and risk assessments, which promoted people's safety and opportunities. We saw some good examples of risk enablement in which assessments were completed in order to include people in new activities. For example, people going swimming, to the gym, and holidays at home and abroad. Risk was not seen as limiting, but a safe way to plan opportunities, which is good practice.

A vacancy in the management team resulted in inconsistent quality assurance at times. This was most apparent in care and support planning in which some plans did not evidence regular reviews of people's support and risk assessments. Whilst this had not impacted people's outcomes, there was a risk that standards could be reduced if unaddressed. We were reassured that a team leader had been allocated to this area, and additional support would be prioritised.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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