

YMCA Glenrothes Housing Support Service

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Type of inspection: Announced (short notice)

Completed on: 23 November 2023

Service provided by: YMCA Glenrothes

Service no: CS2004072001 Service provider number: SP2003003539



About the service

YMCA Glenrothes is a housing support service supporting adults who are experiencing homelessness and living within temporary accommodation. Support is available Monday to Friday between the hours of 7am and 9pm. Overnight and weekend arrangements are covered by a concierge service.

Shared accommodation is provided for both male and females at two sites within the town of Glenrothes. In addition, 11 shared 2-bedroom flats were supported in Glenrothes and the surrounding area.

At the time of the inspection the service was supporting approximately 55 people.

About the inspection

This was a short notice announced inspection which consisted of service visits on 20, 21 and 22 November. The inspection was carried out by one inspector 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.

This was a pilot inspection to test a new way of confirming that better performing, low risk services are continuing to provide good quality care and support.

This inspection is called a 'core assurance inspection'. This is because research tells us that these core assurances are the key areas that are essential to a service being safe. We report on them under the headings: legal assurances, wellbeing, leadership, staffing, the setting, and planned care/support.

We confirmed that the previous evaluations of "5-very good" had been maintained. We know this because on this inspection we:

- spoke with six people using the service
- spoke with eight staff and management
- · received the views of four visiting professionals
- reviewed documents.

Key messages

Legal assurances

We found that people were safe and protected from harm because the service was operating legally and in line with their conditions of registration, including having the appropriate insurance in place.

Wellbeing

Staff were aware of their responsibilities in recognising and reporting harm. Records confirmed that staff consistently took the right action to protect people from harm.

People were kept safe from the risk of infection as staff had the right skills, training and competence in infection prevention and control. Managers had learned from the pandemic and introduced new working practices and staff learning opportunities.

People told us they had confidence in the expertise of staff and the systems in place to protect them from harm. People felt safe during their stay in the service.

Leadership

People were protected by staff and leaders who consistently took the right action to respond to significant events such as incidents and accidents. This included considered conversations and actions to reduce the likelihood of future harm . We identified one occasion whereby, although the rights actions had been taken, written reports had not been completed as expected. Additional scrutiny provided assurance this was the result of an exceptional circumstance. The culture of learning from events meant managers were quick to respond to this and make adjustments to the reporting procedure.

People had confidence to raise concerns to staff and managers. The service placed the experiences of people at the centre and strove to offer innovative opportunities for people to provide feedback. Whilst people were fully informed of their right to make a formal complaint, we thought this information could be more accessible.

Managers were described as approachable and clearly led by positive example. Staff were fully involved in planning and introducing changes and, as a result, everyone was committed to the same improvement journey. People experienced improved outcomes as a result of a whole team approach to change.

We had confidence managers had oversight of the day-to-day running of the service. Established checks and reporting structures to the chief executive officer and board of trustees supported the overall governance of the service. We supported the organisational commitment to developing an overarching quality framework which would more clearly detail the assurance processes carried out.

We had confidence YMCA Glenrothes was a learning organisation and leaders strove for innovation and improved experiences for people. The organisation should be commended for their commitment to developing a culture which is trauma-informed and recovery focused at all levels.

Staffing

People were protected because the service followed safe recruitment practices. An emphasis on valuesbased recruitment meant priority was given to staff who demonstrated compassion and warmth to people experiencing homelessness. This way of working had developed a team who responded with care and understanding. People consistently told us they felt treated with respect by staff who genuinely cared.

A learning programme was in place for new staff and records demonstrated this was consistently completed. This meant people could be assured that staff are equipped with the right knowledge from the start.

People experienced good outcomes as a result of the quality of staffing in the service. Staff were engaged, compassionate and motivated to deliver high quality support. The organisation and those working within it embraced change and strove to continually improve people's experiences. People experiencing support and other social care professionals described the staff as "proactive", "person-centred" and that they had "a level of expertise they had not experienced before".

Planned care/support

People had achieved significant life changes as a result of good planning and conversations. This included employment, moving to a new home and re-establishing family connections.

Support planning records demonstrated a strengths-based and person-centred approach in how people experienced care. This supported people to feel valued as an individual and recognised as experts in their own lives. People were supported to identify personal outcomes and agree actions to work towards achieving these.

We recognised the current IT support planning system was not working in the right way. This meant that support and risk management plans were not always fully reflective of the commitment to co-production. A new system was in the early stages of being introduced which would support improved ways of working in line with the organisational ethos.

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

The service should consider the frequency of staff supervision. This to ensure that staff are able to meet with managers regularly, and are able to reflect on training and practice issues.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) 3.14 which states; '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.'

This area for improvement was made on 30 April 2019.

Action taken since then

We had confidence staff were receiving regular opportunities to be supported on a one-to-one basis with their supervisor. Staff told us they came together regularly to reflect on practice and highlighted the supportive culture of managers. Informal supervision was an underpinning way in which the team worked together. There was a clear procedure which set out the timescales and expectations of supervision.

This area for improvement has been met.

Complaints

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

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