

Inspection report

The Mental Health Connections - East Dunbarton Service Support Service

7A Dalrymple Court
Kirkintilloch G66 3AA

Inspected by: Tanko R. Akpo
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 18 June 2007

Service Number

CS2003017956

Service name

The Mental Health Connections - East Dunbarton Service

Service address

7A Dalrymple Court
Kirkintilloch G66 3AA

Provider Number

SP2004006282

Provider Name

The Richmond Fellowship Scotland

Inspected By

Tanko R. Akpo
Care Commission Officer

Inspection Type

Announced

Inspection Completed

18 June 2007

Period since last inspection

Ten months

Local Office Address

Central West Region
4th Floor
1 Smithhills Street
Paisley PA1 1EB

Introduction

The Mental Health Connections - East Dunbarton Service, is run by the Richmond Fellowship Scotland. It has a shop front office and is based in the Kirkintilloch area.

The service works in partnership with the Primary Care Mental Health Team to provide a social care element which aims to enhance service users' lives. The Primary Care Mental Health Team is now the main route of referrals although there is still an open referral system in place.

The service is registered to offer support to 60 people aged 16 to 65 years who live in the East Dunbartonshire area. It is for adults who are experiencing mild to moderate mental health difficulties or have experienced a life crisis which affects their ability to function. The service operates flexibly to meet the needs of service users and can be available from 9am to 9pm seven days a week. At the time of this inspection there were 48 people on the roll.

The support from the service is flexible and is delivered in a variety of ways that include weekly visits to the service or visits to individual's home by support staff for one-to-one support. The service also offers weekly groupwork support such as relaxation and physical activity groups in partnership with other agencies.

One of the stated aims of the organisation is to provide "a range of flexible support services including residential and home support, enabling individuals to lead as full and independent lives as possible in the community."

Basis of Report

This report was written following an announced inspection of the service over the period of one day in June 2007.

Annual Returns are used to ensure that the Care Commission has up to date and accurate information about care services. This service returned an annual return.

Each year, care services are requested to complete and return a self-evaluation form in respect of how well they are meeting the National Care Standards (NCS) that will inform the inspection for that year. The service submitted a self-evaluation form. It contained information on what the manager felt the service did well and identified areas for improvement.

The service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

The assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant Inspection Focus Areas (IFAs) and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection, evidence was gathered from a number of sources including:

A review of a range of policies, procedures, records and other documentation, including the following:

- Service Users' Leaflet
- Service Users' support plans and Reviews
- Safer recruitment policy and a sample of staff files
- Child and Vulnerable Adult Protection policies
- East Dunbartonshire Multi-Agency Adult Protection Procedures
- 'Positive Behaviour Support Policy' (Restraint)
- Policy and procedure for incident reporting
- Training records
- Learning and Development Policy and Individual Learning and Development Plans
- Supervision policy and records
- Last inspection report

Discussion took place with care staff including:

- The Service Manager (Responsible Person)
- 2 Support Workers

The CCO also spoke with three service users and solicited their views and experiences.

Staff practice was not observed as this is an outreach support service.

All of the above information was taken into account and reported on.

This year's inspection focus areas (IFAs) have been developed from statutory and policy considerations and have been widely consulted upon. During this inspection the CCO inspected the following IFAs associated with NCS Support Services: Standard 2: Management and Staffing Arrangements:

1. Protection of People with sub-sections on:

- Child Protection in services for adults
- Restraint
- Adult Protection
- SSSC Codes and Staff Training

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

There were two requirements from the last inspection in August 2006. These requirements and the action taken on them are reported below.

1. The service must develop and implement a system to ensure that professional register checks are carried out as per registration requirements. This is to comply with SSI/114 Regulation 9 2(c) Fitness of employees and National Care Standards – Care at Home – Standard 4 Management and Staffing arrangements. SSSC Code of Practice 1.2 Checking criminal records and relevant registers.

Timescales: - Within 6 months of the date of this report.

2. The service must develop and implement a checking and recording system for applicants/staff that identified that they have relevant qualifications. This is to comply with SSI/114 Regulation 19 (2) (a) Records and National Care Standards – Care at Home – Standard 4 Management and Staffing arrangements.

Timescales: - Within 6 months of the date of this report.

A follow up inspection outcome on the above requirements was carried out centrally at The Richmond Fellowship office by the Care Commission on 5 June 2007. The organisation has now developed a new recruitment policy and planned to fully implement it this year following training of its managers. In the meantime all recommended procedures have now been met.

Comments on Self-Evaluation

A fully completed self-evaluation document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the standards associated with the inspection focus area. The service identified its strengths and some areas for future development and gave good evidence of service user involvement.

View of Service Users

All the three service users spoken with were very complimentary about the Service Manager and her staff with regard to the support provided. Some of their comments included the following:

" My support worker listened to my problems and was very supportive.[She] gave me a lot of confidence."

"These guys are very knowledgeable and did everything for me."

"I do feel they were really helpful...built my confidence up and I'm really myself now."

"The service definitely helped me."

"I must admit this whole service was very good."

"I didn't know this service existed until I saw my doctor. I will now definitely recommend it."

View of Carers

This was not applicable on this inspection.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Support Services - Management and Staffing Arrangements

Strengths

This report does not include comments on elements 5, 6, 11, 12 and 13 of this standard as they did not apply at this visit.

The service did not receive child visitors as staff supported service users in their own homes. However the organisation has a Child Protection Policy in place which detailed action to be taken in the event of child protection incident or allegations. The policy review arrangements were very clear and detailed.

Staff have had Child Protection awareness training and those interviewed were aware of the policy and understood how to implement it. The Service Manager (Responsible Person) stated that the service worked very closely with health and social work staff on any child protection issues.

There was a "Positive Behaviour Policy" in place with regard to restraint. The policy and procedure detailed keeping a record of all incidents of restraint.

A "Positive Behaviour Support Team" was in place within the organisation with responsibility to offer specialist support and advice when a service user displayed significant behavioural challenges. This advice and support included assessment, development of behavioural strategies and supporting staff.

An initial individual risk assessment of service users was undertaken and reflected in their support plans which were reviewed every three months.

There was a copy of 'Rights, Risks and Limits to Freedom' (2006) - Mental Welfare Commission Best Practice document, in place.

The service had an Adult Protection Policy in place and there was evidence to indicate that staff were aware of this policy and procedure. They have had access to training in adult protection and were able to articulate about adult abuse issues.

There was evidence of staff being trained to an appropriate level such as Scottish Vocational

Qualification (SVQs).

According to the Service Manager (Responsible Person) there have been no adult abuse concerns since the registration of the service in 2006.

A staff training needs assessment was in place and was evidenced through staff interviews, supervision notes and staff development plans examined.

The organisation has a training and development policy and procedure in place which contained information on new staff induction, accessing of training and evaluation of the effectiveness of all training. There was evidence that new staff received induction.

There was an individual staff learning and development which identified the training programme for each staff.

Staff have had the relevant mandatory and non-mandatory training in for example, food hygiene, first aid, safe handling, child and adult abuse, mental health and learning disability.

The service had plans in place for all staff to access SVQ 3 and thus register with the Scottish Social Services Council (SSSC).

The service evaluated the effectiveness of staff training through 1:1 supervision, appraisal, monitoring of staff practice and service users and carers' feedback.

All the service users spoken with spoke positively about the support provided by staff.

Areas for Development

The current Child Protection policy detailed action to be taken in the event of a child protection incident of allegations however they did not contain local contact details in the event of a child protection allegations. The Service Manager stated that staff were aware of these details which were kept in the office.(see Recommendation 1)

The organisation had a policy in place on restraint however the policy did not define the various methods of restraint and how frequent risk assessments on restraint should be reviewed. Similarly, there was no evidence that frontline staff who worked very closely with service users have been provided with training on restraint. (see Recommendation 2)

There was no 'Safe to Wander' (2003) - Mental Welfare Commission Best Practice document, in place. However the Service Manager subsequently accessed this document before the end of the inspection.

The service had an Adult Protection Policy in place which contained information such as:

- a statement that the local area adult protection guidelines will be followed
- staff/manager responsibilities
- what the manager will do in an event of suspicions of abuse
- recording of information
- arrangements to ensure staff awareness of adult protection issues
- arrangements for policy review

However, the policy did not contain the following:

- appropriate local telephone numbers

- arrangements to ensure that service users had access to independent support/advice, as appropriate. The Service Manager stated that staff were aware of these details which were kept in the office.(see Recommendation 3)

A copy of the Area Multi-Agency Adult Protection Procedures was in the service . However, the document did not have contact details including out of hours arrangements. The Service Manager stated that staff were aware of these details which were kept in the office.(see Recommendation 3)(see Recommendation 4)

Enforcement

There had been no enforcement action undertaken on this service.

Other Information

There were three recommendations following an announced inspection in August 2006. These recommendations and the action taken on them are noted below.

1. The recruitment and selection policy and procedure should provide clear direction for internal staff applying for a post as to completing application forms and reference checks. In addition in some cases the interview chairperson had also written the reference for the applicant as a matter of best practice there should be clear guidance to managers as to who should be requested to complete the reference for an internal applicant.

National Care Standards - Care at Home - Standard 4: Management and Staffing Arrangements.

2. The service should carry out a Scottish Social Services Council (SSSC) check on all applicants entering the service. National Care Standards – Care at Home – Standard 4: Management and Staffing Arrangements.

3. The service should ensure that references include position of the referee within the organisation and references should be received prior to appointment. National Care Standards – Care at Home – Standard 4: Management and Staffing Arrangements.

A follow up inspection outcome on the above recommendations was carried out centrally at the Richmond Fellowship Scotland office by the Care Commission on 5 June 2007. The organisation has now developed a new recruitment policy and planned to fully implement it this year following training of its managers. In the meantime all recommended procedures have now been met.

Requirements

None

Recommendations

1. The child protection policy of the organisation should be further developed to contain appropriate local contact details of relevant agencies. NCS Support Services: Standard 3: Management and Staffing Arrangements.

2. The organisation should further develop its Positive Behaviour Support Policy (Restraint). It should define the various methods of restraint and how frequent risk assessments on restraint should be reviewed. Frontline staff should also be trained in restraint. NCS Support Services: Standard 3: Management and Staffing Arrangements.

3. The organisation should further develop its Adult Protection Policy to contain the following:

- appropriate contact telephone numbers
- arrangements to ensure that service users had access to independent support/advice, as appropriate. NCS Support Services: Standard 3: Management and Staffing Arrangements.

4. The Area Multi-Agency Adult Protection Procedures should be further developed to contain contact details including out of hours arrangements. NCS Support Services: Standard 3: Management and Staffing Arrangements.

Tanko R. Akpo
Care Commission Officer