

Inspection report

Glenfairn Housing Support Agency Housing Support Service

28 Racecourse Road
Ayr KA7 2UX

Inspected by: Lynn Milligan
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 18 December 2008

Service Number

CS2004060138

Service name

Glenfairn Housing Support Agency

Service address28 Racecourse Road
Ayr KA7 2UX**Provider Number**

SP2003000269

Provider Name

Glenfairn Limited

Inspected ByLynn Milligan
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

18 December 2008

Period since last inspection

13 months

Local Office AddressSouth West Region
Suite 3
Sovereign House
Academy Road
Irvine
KA12 8RL

Introduction

Glenfairn Housing Support/Care at Home service was registered with the Care Commission on 23 September 2004 to provide an integrated Housing Support and Care at Home Service for its service users in Ayrshire. The company offices are based in the Glenfairn Care Home near the centre of Ayr.

The service's aims and objectives statement includes, to "Offer a broad spectrum of housing support to individuals living in the community"

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Care and Support - 5 - Very Good

Quality of Staffing - 5 - Very Good

Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

The report was written following an announced inspection, which took place over one day, on the 18 December 2008 between 9.50 and 14.15hrs.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission. The self-assessment form submitted by the service gave relevant information for each of the Quality Themes, in which the service identified their strengths and any areas for future development.

Views of service users

Service users and their relatives/families were consulted during the inspection process with ten questionnaires distributed with a request to return to the Care Commission prior to the day of inspection.

The Care Commission received eight questionnaire responses. See below for comments.

Regulation Support Assessment

The inspection plan for this service was decided 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 (such as absence of a manager) and action taken upon

requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

Staff at inspection

L Milligan, Care Commission Officer, completed the inspection.

During the inspection, the Care Commission Officer spoke with the manager, a team leader and the general manager for the company.

Evidence

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

Comments in the returned Care Commission questionnaires

Discussions with staff members

Service brochure

Newsletters

Staff timetables

Quality Assurance audits

Service users care files

Reviews of care

Customer satisfaction Survey

Resource folder

Policy and Procedure manual

Adult and Child Protection Policy and procedures

Staff training records

Staff Handbook

Meeting minutes

Accident, Incident records

Complaints procedure

Registration certificate

During the inspection process, all of the above information was taken into account and detailed in this report.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

The Care Commission Officer took all of the above into account and reported on how this service was performing in the Quality Themes:

- Quality of Experience
- Quality of Staffing
- Quality of Management and Leadership

Within the above Quality Themes, relevant National Care Standards for Housing Support, Care At Home and the Inspection Focus Area of Notification were included.

In addition, account was taken of the Scottish Statutory Instrument 2002 No.114 The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at: <http://www.carecommission.com/>

Fire Safety Issues

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 responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

The provider had two requirements made during the previous inspection. The following notes the requirement, the provider's actions to address this and whether the requirement has been met, partially met or not met.

1. The care service should maintain appropriate records regarding the use of technology, which limits the movements of service users and can therefore be associated as being a form of restraint. This is in order to comply with SSI 2002/114 Regulation 19 (3) (a) – a requirement that a provider shall keep a record of any occasion on which restraint or control has been applied to a service user, with details of the form of restraint or control, the reason why it was necessary and the name of the person authorising it. Timescale to address: within 3 months of the publication of this report.

Action: The service risk assess their service users and those with an identified need would have access to SMART technology within Gemmell Court, which alerts staff of activity at the front door. The service have a recording system in place to note these incidents. Feedback from relatives was positive about this additional safety procedure.

Outcome: This requirement has been met.

2. The care service should maintain appropriate information for each service user as outlined in regulation. This is in order to comply with SSI 2002/114 Regulation 19 (1). Timescale to address: within 3 months of the publication of this report.

Action: The service assessment documentation was reviewed and amended to include all the relevant details required under the Regulations.

Outcome: This requirement has been met.

Comments on Self Assessment

A fully completed self-assessment document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development and gave good evidence of service user involvement and how they planned to implement changes.

View of Service Users

Four service user questionnaires were returned prior to the day of inspection. The responses noted that all were very satisfied with the care and support provided by the service.

On this occasion, the following additional comments was made within the questionnaires:

“With the support of the service, it has made a big difference to my life”

“I have not had this support service (or any other) and they have been extremely helpful, since coming out of hospital”

View of Carers

Four relative questionnaires were returned prior to the day of inspection. The responses noted that all were very satisfied with the care and support provided by the service.

On this occasion, the following additional comment was made within the questionnaires:

“I am very happy with the service, especially since Mr Kuhn became manager. There is very good liaison with Glenfairn”.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

The service produces an informative Newsletter every two months, which is widely distributed. Requests were regularly made for contributions from service users and relatives, who were involved in choosing the name for the newsletter and a prize was awarded.

The service had developed and distributed their own questionnaires to establish the views and wishes of service users and relatives. Issues raised through questionnaire responses were progressed to achieve the desired outcomes for service users. The use of the questionnaires was ongoing with 10% of service users/relatives receiving one every month, where all responses were collated and audited.

The manager is regularly out meeting with service users and staff to discuss the service and any potential improvements.

The service completes six monthly reviews with the service users and relatives to discuss levels of care and support.

The service offer the brochure in different formats to aid communication.

The service sends weekly letters to their service users with the timetable of staff visits.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 3: We ensure that service user's health and wellbeing needs are met.

Service Strengths

In Gemmell Court, the service users and staff have a close relationship and the staff would report any wishes or concerns to their seniors. The staff have a positive working relationship

with the local GP practice's and assist service users to attend appointments, if required.

Similar levels of support were available to other service users living in the community, where working links were maintained with the Social Work Department and other agencies.

The service maintains suitable documentation for each service user, which would allow any interventions to be reviewed and updated as needs change.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 5: We respond to service users' care and support needs using person centered values.

Service Strengths

The service complete comprehensive assessments with each service user, this highlights their needs and appropriate care plans were put in place.

All service users' care plans were evaluated on a regular basis with service users/relatives involvement.

The manager completed audits of the care plans to ensure the high standard was maintained.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading:

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

See strengths in 1.1

The service use the Newsletter to inform service users/relatives of new staff members commencing employment with the service.

Before commencing their duties new staff would be introduced to the service users by a senior member of staff and all new staff spend time being supported by a senior, more experienced staff member.

The staff at Gemmell Court wear a uniform and carry photographic identification as requested by the service users. Other staff carry photographic identification while on duty.

Areas for Development

The service should consider ways to include service users and relatives, should they wish to be involved, in the recruitment process.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service Strengths

The company, which own the service have a training officer and a comprehensive induction and ongoing training program, which includes 'Back to basics' and 'Retention of knowledge' as well as mandatory training.

The service utilise training DVD's and provide up to date and best practice guidance to staff. Staff also attend suitable training sessions run within Glenfairn Care Home and from other agencies.

The service maintain comprehensive staff training files and all staff either have, were working

towards or were about to commence SVQ level II or III.

The service maintain comprehensive resource and information folder for staff to utilise.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

The service's training programme directly addressed values and attitudes of staff members towards service users and the staff hold their own responsibilities, skills and knowledge to deal with any situations with support from the team leaders and manager.

Service users' personal records were recorded in a respectful manner and the service provide information leaflets on specific conditions to relatives, should they wish.

All staff receive a copy of the equal opportunities policy, the National Care Standards and complete a customer care training session during their induction.

The service complete staff supervision sessions to promote good practice within the staff group.

The manager was aware of his responsibilities to report issues of staff misconduct to the Scottish Social Services Council (SSSC) including his responsibility to co operate with the SSSC in supplying them with any information, which they may require in relation to any staff member.

In addition, the manager was aware of his responsibility to report any issues relating to staff members' misconduct, or theft to the Care Commission.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

See Strengths in 1.1

The service had questionnaires in place, which sought feedback from the service users on the quality of management.

Service users had sought change through the previously mentioned feedback processes and change was noted to have taken place.

The service have written agreements with service users and the visits from the manager highlight any areas of concern.

An information pack was given to all service users, which included details on the participation strategy. This was also noted in the Newsletter.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

The service hold weekly senior staff meetings at Gemmell Court where there was evidence of staff participation.

The service utilise the distribution of the newsletters to include additional information or resources for service users.

The senior staff and manager provide 24 hour staff support to assist in dealing with any

concerns.

The staff supervision sessions also offered opportunities for staff to discuss ideas or make suggestions on service improvements.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service Strengths

See Section 1.1

The service had a variety of mechanisms through which they established quality assurance, which included audits, questionnaires, Newsletter, Thank you cards from service users/relatives, monitoring forms to the Social Work Department, feedback from service users and relatives.

The service had an agreement in place with the local authority and were required to comply with the standards agreed under these contracts. In addition, they had positive working relationships with the Care Manager at the local authority.

Areas for Development

No areas for development were identified during this inspection. The service should continue to build on their current good practice.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

The provider had three recommendations made during the previous inspection. The following notes the recommendation, the provider's actions to address this and whether the recommendation has been met, partially met or not met.

1. The service should review and refine the contents of the policy and procedure manual. National Care Standards Care at Home, Standard 4.1 - Management and staffing.

Action: The service had reviewed the policy and procedure manual to ensure they were specific to the service operation and these were available to staff and service users.

Outcome: This recommendation had been met.

2. Complaints information within service user brochure should be amended to reflect the company's most up to date policy statement. National Care Standards Care at Home, Standard 4.1 - Management and staffing.

Action: The service had amended this policy in the new brochures, which were being printed and would be distributed.

Outcome: This recommendation has been met.

3. The service should enhance their quality assurance system to include how feedback from service users is acted upon and used to drive forward the improvement agenda within the service. National Care Standards Care at Home, Standard 4.5 - Management and staffing.

Action: The service provided robust evidence of actions they had taken to address points raised and how they were monitoring the efficacy of these improvements.

Outcome: This recommendation had been met.

Requirements

There were no requirements made at this inspection.

Recommendations

There were no recommendations made at this inspection.

Lynn Milligan

Care Commission Officer