

# Inspection report

## Aspire Greater Glasgow Support Service - Care at Home Support Service

Unit 33  
Ladywell Business Centre  
94 Duke Street  
Glasgow G4 0UW

**Inspected by:** Roddy MacInnes  
**(Care Commission Officer)**

**Type of inspection:**

**Inspection completed on:** 26 January 2009

**Service Number**

CS2004082126

**Service name**

Aspire Greater Glasgow Support Service - Care at Home

**Service address**Unit 33  
Ladywell Business Centre  
94 Duke Street  
Glasgow G4 0UW**Provider Number**

SP2004004485

**Provider Name**

Aspire Housing &amp; Personal Development Services Ltd

**Inspected By**Roddy MacInnes  
Care Commission Officer**Inspection Type****Inspection Completed**

26 January 2009

**Period since last inspection**

12 months

## **Local Office Address**

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## **Introduction**

The service is made up of a range of elements. They are;

### **Floating Support**

Working in the east of Glasgow, a Housing Support service is available to individuals and families living in temporary furnished accommodation. The service is aimed at supporting people who are homeless or are at risk of losing their tenancy. The service is currently based at Ladywell Business Centre with three teams of staff working within set geographical areas.

It provides support based on an agreed, person centred plan.

The key areas of support are:

- assisting people to (re)develop appropriate skills to develop and sustain a tenancy
- helping with move onto permanent home
- completing forms and accessing professional support services, e.g. health, social work, benefits agency, leisure and education
- shopping, personal budgeting and debt counselling
- advice and advocacy

The service is provided on planned basis and ranges from 3 to 12 hours per week through visits to a person's home or support to access community facilities. After the initial support to sustain their temporary accommodation it may continue when the person moves on to ensure they are established in their permanent home and are linked to local services.

Referrals come from Community Casework Teams, Social Work, Health Teams and Housing Associations.

### **Bed and Breakfast Service**

The B and B team work with people currently resident in Bed and Breakfast accommodation in Central Glasgow. The staff team work with people within the B and B, as well as meeting them outwith in more appropriate meeting places, if possible to provide information and assistance to identify initial support requirements around health care, benefits or meaningful activities to assist them move on from homelessness.

### **Resettlement**

There are four resettlement services at various locations north and south of the city. The resettlement services provide individual tenancies to people with on-site 24 hour support. The aim is that individuals live within this supported accommodation service for a period of six months to two years prior to achieving their own permanent tenancy. The service initially accommodated individuals moving on as part of the Hostel Closure Programme but has developed to accept referrals for anyone who is homeless. It aims to support individuals to develop a range of skills that will assist them to succeed when they move on to a permanent tenancy.

At two of the locations each individual has his/her own flat which is managed by an occupancy agreement which includes a rent and service charge for the furnished accommodation. The individuals are liable for Rent and Council Tax payments, which are eligible for Housing Benefit, as well as for other regular household costs of heating, food etc

They are located at:

Garscube Road, a service established in November 2004 and comprises of 10 self contained flats within one tenement property.

Ashfield Street a service established in January 2005 and comprises of 10 self-contained flats scattered over 3 closes in close proximity to each other.

A further two elements are provided in large properties where 8 individual rooms with en-suite, along with cooking facilities and communal space are provided. Each person will have an Occupancy Agreement and be liable for rent and Council Tax payments as well as for other regular household costs – fuel, food etc.

They are located at:

Maxwell Drive a service which became operational in March 2006 and is for older individuals requiring longer term resettlement opportunities.

Cathkin Road, a service which is in the south side of Glasgow in a high amenity area, which has been refurbished to a high standard.

There is a staff office and sleepover accommodation provided at each of the locations either in the building or in the near vicinity.

Emergency accommodation

This element of the service has developed over the past six months to provide a crisis response to people who find themselves homeless. It works closely with Glasgow Homelessness Partnership's presentation centres and the Hamish Alan Centre to make available both accommodation and low-level housing support if required to anyone, including single people, couples or families.

The service is provided in three locations spread throughout the city, two in the west end of the city and one in the Govan area.

The accommodation on offer consists of individual rooms within large tenement flats or town houses with shared kitchen, bathroom and lounge area. No more than three unrelated individuals share any communal facilities within each flat.

The key areas of support are:

- completing forms and accessing professional support services, e.g. health, social work, benefits agency, leisure and education
- provision of emotional support at the time of crisis
- advice and advocacy
- assistance with basic housing support needs

There is a 24 hour staff team on hand, and referrals are taken 24 hours per day.

ARBD

The service supports adults who have alcohol related brain damage to remain in the community whilst promoting independence. Though the aim would be for individuals to abstain from drinking alcohol, it is appreciated that some people supported may continue to consume alcohol and present challenges to support services. The project supports people with household chores, sustains social networks and assists with medication/vitamin therapies.

The service provides a person centred support to individuals with a diagnosis of or who are exhibiting symptoms of ARBD along with information, support and advice to carers and other organisations with an interest in ARBD.

It works to enable people to make plans for the future including abstinence or decreasing their alcohol use, managing day to day living, contributing to their community through involvement in local social activities, volunteering, learning and employment.

Service delivery times are flexible and dependent on an individual's identified needs.

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 - 4 - 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](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

### **Before the Inspection**

The report was written following an announced inspection. The inspection process was carried out by one Care Commission officer, Roddy MacInnes over five periods, 24/6/08, 3/7/08, 9/7/08, 10/7/08 and 26/1/08.

### **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. This provided evidence of the service's strengths and where it thought improvements could be made.

### **Views of service users**

Prior to the inspection visit the Care Commission sent out 8 service user questionnaires of which 5 were returned.

Generally service users felt that staff was helpful and that they were good at asking and listening to their views and feelings. Comments included-

"staff should all be commended on how great they are with helping and supporting"

"they saved my life here and brought me back my self believe"

"great care and understanding"

"when the day comes for me to move on I will never be able to thank them enough"

"the staff are so caring and nice"

"excellent service"

negative comments included-

"a lot of noise from other residents"

Internal feedback records held by the service confirmed the positive feedback for the staff and management team.

#### 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.

#### LOW

This assessment resulted in this service receiving a low RSA score and so a low 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

Nine staff questionnaires were returned to the care commission with positive comments generally made. Comments included

training" has been very useful in my job"

"actively encouraged to look at training opportunities both within and outwith service"

"the service is going in the right direction"

Six members of the management teams, 12 members of care staff working for this provider were also involved during this inspection process.

#### Evidence

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

The officer took the opportunity to speak with 9 service users during the inspection process.

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

- supporting evidence from the up to date self assessment
- 5 service users' personal plans
- health and safety policy
- child protection policy
- suggestions and complaints policy
- quality assurance details
- accidents and incident records

- repairs log
  - the registration certificate
  - risk assessments and risk assessment policy
  - staff supervision records
  - Staff learning profiles.
  - Staff induction packs
- service user information, induction and resource packs
- Staffing rotas
  - staff training records
  - Aims and objectives
  - Service users Satisfaction Surveys
  - minutes of recent staff meetings
- discharge reports
- Feedback summary from internal questionnaires
- contingency and emergency plans

Observation of staff practices.

All of the above information was taken into account during the inspection process and is reported on.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09  
 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 your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

#### **Action taken on requirements since last Inspection**

There were no requirements from the last inspection. The Care Commission received an action plan from the service detailing how it would meet the recommendations arising from the last inspection.

#### **Comments on Self Assessment**

This was completed to a satisfactory standard and contained relevant information on the service's strengths and areas for improvement for each of the Quality Themes and Quality Statements. This contained information on what the service manager thought they did well, and how he thought some things could be improved.

#### **View of Service Users**

Nine interviews indicated that people were happy or very happy with the service they



received; two people said that they would rate the services as 5/6. Comments included-

“Staff are brilliant”

“all is good”

“can talk to staff about anything”

“staff are all great”

“well looked after”

“I know who to complain to”

“staff are fantastic”

### **View of Carers**

No carers were spoken with at this inspection.

## **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**

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service was found to have a very good performance in relation to this statement. The service users spoken with by the Officer over the course of the inspection expressed that they felt involved and their views sought in respect of assessing and improving the quality of care and support. Records held indicated that service users were being supported to attend G.P. and hospital appointments as needed.

Each of the services visited during the inspection process all operated open door policies. Staff and service users spoken with confirmed that they felt they could approach staff, of any level at any time. Service users confirmed that they were consulted about individual support and care needs on a daily basis.

The Officer examined four personal plans during the inspection; each plan examined contained a review that had been undertaken in the preceding six month period. The personal plan had been reviewed with the service user, their relative where appropriate and other stakeholders as preferred. There was a clear, appropriate complaints procedure in place.

Based on the findings of this inspection, the service has been awarded the following grade:  
Quality Statement 1.1 5 Very Good

### **Areas for Development**

Consideration should be given to how the information and feedback gathered can influence changes to how the support and care is offered to service users. Means of encouraging attendance to service user's meeting should be identified and implemented.

Management and staff should seek further ways in which service users can be involved in the assessment of the quality of care and support provided using the grading system. The service should develop an action plan in response to feedback from service users and relatives. Any action plan should be shared with service users and relatives. (See Recommendation 1)

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

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

**Service Strengths**

Following consideration of sampled written evidence, and feedback from management, staff, service and carers, this service was found to have a very good performance in relation to this statement. An examination of relevant documents and feedback from service users and staff indicated a good performance by the service in relation to this statement.

There was a good use made of notice boards containing relevant and updated information for service users. There was good use of signage made throughout the buildings inspected, for example fire instructions which had been adapted to aid understanding. A service user handbook contained good information for new service users with very good use made of photographs, fonts and layout.

Through interviewing staff, it was apparent that they had a good knowledge base with regards the care needs and preferences of each service user. There was a clear key worker system. Each service user had a care plan which identified their needs and outlined what the service would do to meet those needs. Care plans contained review minutes which reflected discussions on service user's ability to manage their own finances, their feelings on the service provided any religious preferences and any activity or outing requests. Risk assessments and reviews were being carried out appropriately. There were good examples of the services linking well with carers and social workers to support individuals through particularly difficult times.

Examination of staff training records evidenced that the staff team had received a broad range of Health and Safety training.

Information obtained from interviews with service users, diary entries and communication sheets revealed that there were regular inputs from professionals including GPs. Information was shared that the staff have arranged admissions to hospital and such actions had been appropriate.

Based on the findings of this inspection, the service has been awarded the following grade: Quality Statement 1.5 5 Very Good

**Areas for Development**

The provider is undertaking a very good consultation process with service users, carers and staff regarding the future direction of services. The provider needs to continue with this process and importantly ensure that the opinions received through this process influence the future direction of the services.

The services should look at ways that care planning can become more accessible by further developing the written materials shared with service users so that they are in a more user friendly formats. (See recommendation 2)

**CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

1

## **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**

Following consideration of sampled written evidence, observations, feedback from management, staff, service users and carers, this service was found to have a very good performance in relation to this statement.

There was a diverse training programme in place. There was a key worker system in place; most service users spoken with could name their key worker and confirmed that they had regular contact with them.

The staff induction programme included the Scottish Social Services Codes of Practice and the National Care Standards. Staff spoken to on the days of inspection confirmed that they were aware of this guidance. All staff were issued with the SSSC Codes of Conduct. The nine Care Commission staff questionnaires returned confirmed that they had a copy of the codes. Regular staff team meetings took place and provided opportunity for staff to discuss the National Care Standards in relation to this service type. Minutes also highlighted that the new grading methodology had been explored. Service users spoke positively about staff who they described as helpful and who had an understanding of the issues experienced by service users. Comments included-

"The staff are very approachable, they listen to my concerns"

The services had Supervision, Appraisal, Training and Development policies. As highlighted previously the staff team were person centred in all aspects of their work, and felt able to talk to each other about their individual practice. Staff interviewed had a clear understanding of the role of the Scottish Social Services Council and had received copies of the Codes of Practice.

Service users had the opportunity to discuss staffing issues at; service user reviews and service user meetings.

Based on the findings of this inspection, the service has been awarded the following grade:  
Quality Statement 3.1 5 Very Good

### **Areas for Development**

The service should consider the involvement of other stakeholders such, as relatives, in assessing and improving the quality of staffing in the service. Staff spoken with confirmed that they felt their training needs were being met; however, some staff had concerns that due to the pace of change experienced that training opportunities could be compromised.

The provider should further develop their participation strategy, which would provide service users with a written commitment to involving them in assessing and improving the quality of staffing in the service. The service should then train staff in how to implement the participation strategy.

The Management team should consider how service users and carers can become actively involved in the recruitment and selection of staff. (See recommendation 3)

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

1

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

### **Service Strengths**

Following consideration of sampled written evidence, and feedback from management, staff, service and carers, this service was found to have a very good performance in relation to this statement. Service users confirmed that they found staff to be respectful and spoke very highly of all the staff teams. Staff were observed to have a good understanding of service users needs through the manor that they approached service users. This was further demonstrated through discussions with staff about service users.

The induction programme for newly recruited staff ensured that staff were made aware of the policies and procedures of the organisation and their role and responsibilities regarding the protection of vulnerable people. Staff files checked had evidence of an induction checklist and there was evidence in a training file of the subjects and dates attended by staff members. The service's Aims and Objectives detailed information in relation to recruitment, induction training, Continual Professional Development and annual appraisal of staff. Staff files viewed evidenced that the service practiced good recruitment. Induction and mandatory training was recorded. Qualification and training certificates were also evident.

Staff had individual Professional Development files which recorded the training they had completed and training to be undertaken. There was evidence that staff were involved in regular meetings. There were minutes available detailing issues discussed and actions taken. Staff meeting minutes indicated that staff were reminded of policies and good practice guidance.

Based on the findings of this inspection, the service has been awarded the following grade: Quality Statement 3.4 5 Very Good

### **Areas for Development**

The service should consider further developing the methods by which service users could participate in assessing and improving the quality of staffing. In particular, the service may wish to examine ways in which service users might be involved in, or influence, recruitment, selection and/or training of staff.

There should be clear evidence of service user consultation and feedback on staffing issues.

The service should develop ways to gather staff feedback and involve them more fully in the direction and future objectives of the service. (See recommendation 4)

**CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

1



## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 4 - 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**

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service was found to have a good performance in relation to this statement. Service users spoken with by the Officer over the course of the inspection expressed very positive views on the quality of the managers.

Staff confirmed that they had copies of the Scottish Social Services Council (SSSC) Codes of Practice and the National Care Standards. Staff spoken with had an understanding of these documents and the management teams all confirmed that these were discussed at team meetings to improve staff awareness.

The services had relevant policies and procedures in place which were systematically reviewed. These included recruitment and selection, confidentiality, whistle-blowing and protection of vulnerable adults and children. Staff were aware of these policies and procedures and were confident in using them where necessary.

Based on the findings of this inspection, the service has been awarded the following grade:  
Quality Statement 4.1 4 - Good

### **Areas for Development**

The service needed to find means of consulting with service users in relation to the management and leadership of the service. Service user meetings and questionnaires should be developed further to provide consultation in this area.

The service needs to provide more evidence of action taken in relation to consultation with service users. The service should consider how it can best support staff to keep up to date with the latest information and research in the field of care.

The service should further develop the participation strategy, which would provide service users and carers with a written commitment to involving them in assessing and improving the quality of the management and leadership within the service. The service should then train staff in how to implement the participation strategy. (See recommendation 5)

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

**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**

Following consideration of sampled written evidence, and feedback from management, staff, service and carers, this service was found to have a good performance in relation to this statement. The services had quality assurance systems in place.

The Inspection Focus Area; Notifications, were considered during this inspection. The Service Manager displayed a good level of knowledge with regards to their role and responsibility to report incidents involving staff misconduct and dismissal to the Scottish Social Services Council and the Care Commission. The service regularly submitted and implemented an action plan that took account of requirements and recommendations from Care Commission's inspections.

The aims and objectives of the service are discussed at service users meetings and staff development meetings. The Care Commissions' complaints procedure is displayed on service users' notice board. Relevant certificates such as the Care Commission's Certificates, Employers' Liability and Public Liability Certificates were also displayed.

Staff members felt that they were supported in the workplace. There were examples of good practice issues being discussed at team meetings and at supervision. The staff rotas were planned when possible to ensure that the same group of staff were allocated to the same service users throughout the week.

Based on the findings of this inspection, the service has been awarded the following grade:  
Quality Statement 4.4 4 Good

### **Areas for Development**

The service should further develop its Quality Assurance measures to include how the Organisation responds to the information it gathers. The providers should consider means of carrying out such consultation when assessing the quality of services they provide.

There was a need to evidence more effectively service user involvement in the inspection grading process and to include other stakeholders in assessing and further improving the quality of management and leadership as there were no questions which specifically asked about management and leadership (See recommendation 6)

### **CCO Grading**

4 - 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 Officer would like to thank the service users, relatives and staff within the service for participating fully with this new inspection process.

## **Requirements**

There were no requirements made at this inspection.

## **Recommendations**

1. Management and staff should seek further ways in which service users can be involved in the assessment of the quality of care and support provided using the grading system. The service should develop an action plan in response to feedback from service users and relatives. Any action plan should then be shared with service users and relatives.

This is to comply with: National Care Standards, Housing Support Services : Standard 4.2

2. The services should look at ways that care planning can become more accessible by further developing the written materials shared with service users so that they are in a more user friendly formats.

This is to comply with: National Care Standards, Housing Support Services : Standard 4.2

3. The Management team should consider how service users and carers can become actively involved in the recruitment and selection of staff.

This is to comply with: National Care Standards, Housing Support Services : Standard 4.2

4. The service should develop ways to gather staff feedback and involve them more fully in the direction and future objectives of the service.

This is to comply with: National Care Standards, Housing Support Services : Standard 4.2

5. The service should further develop the participation strategy, which would provide service users and carers with a written commitment to involving them in assessing and improving the quality of the management and leadership within the service. The service should then train staff in how to implement the participation strategy.

This is to comply with: National Care Standards, Housing Support Services : Standard 4.2

6. There was a need to evidence more effectively service user involvement in the inspection grading process and to include other stakeholders in assessing and further improving the quality of management and leadership.

This is to comply with: National Care Standards, Housing Support Services : Standard 4.2

**Roddy MacInnes**

**Care Commission Officer**