

Care service inspection report

City of Edinburgh Council - Randolph Crescent Hostel

Housing Support Service

2 Randolph Crescent

Edinburgh

EH3 7TH

Telephone: 0131 220 1607

Inspected by: David Todd

Type of inspection: Unannounced

Inspection completed on: 27 February 2012



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Service provided by:

City of Edinburgh Council

Service provider number:

SP2003002576

Care service number:

CS2004069173

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership		N/A

What the service does well

The service provides flexible and responsive support to people who live in the accommodation.

The service encourages people to take control over their own lives in everyday matters and to take part in activities that help in their recovery.

What the service could do better

The service should ensure that staff complete the training they are required to.

The service should continue to develop the ways in which it involves people using the service in improving staffing and management.

What the service has done since the last inspection

Staff have become more confident in their ability to provide support and accommodation for people attending the Lothian and Edinburgh Abstinence Programme (LEAP). This is because they have had support and training from LEAP.

Conclusion

The service provides flexible support to people. People we spoke to said the help they got from staff was very good.

Who did this inspection

David Todd

1 About the service we inspected

Social Care and Social Work Improvement Scotland (Care Inspectorate) is the new regulatory body for care services in Scotland. It will award grades for services based on the findings of inspections. The history of grades that services were previously awarded by the Care Commission are also available on the www.scswis.com website.

Randolph Crescent Hostel was registered in 2004 and is based in Edinburgh. It is managed by City of Edinburgh Council. The service states its aims are to:

- * provide supported accommodation for people who are working towards an alcohol and drug free life in the Lothian and Edinburgh Abstinence Programme (LEAP)
- * work with partners NHS Lothian, Transitions and The Serenity Cafe to assist residents address their addictions and develop social and life skills and encourage future life plans
- * have people leave the programme with an enhanced ability to overcome the pressures of relapse.

At the time of this inspection 16 people were using the service.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, the Care Inspectorate, took over the work of the Care Commission, including the registration of services. This means that from 1 April 2011 this service continued its registration under the new body.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - N/A

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an announced inspection. The inspection was carried out by Inspector David Todd. This took place on 8 February 2012, between 9:30am and 6pm. We told the Manager what we had found on 27 February 2012.

As requested by us the care service sent us an annual return. The service also completed a self assessment form.

In this inspection we gathered evidence from various sources including the relevant sections of policies, procedures and other documents including:

- Three support plans
- Reviews of support plans
- Support agreements
- Communication books and diaries
- Team meeting minutes
- Senior team meetings
- Quality assurance information
- Staff training information
- Minutes of meetings for people using the services
- Discussion with the Manager
- Discussions with four support staff

We spoke with five people who were using or had used the service.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

One recommendation was made at the last inspection.

1. The service should develop a participation strategy which shows how the service engages with service users and other stakeholders in assessing and improving the quality of staffing in the service and the management and leadership of the service.

National Care Standards, Housing Support Services, Statement 1.1 and 8.3.

The service had reviewed its Participation Strategy in January 2012. While it listed the ways in which people using the service could give feedback it was not specific about how it would do this. This recommendation is not met and is repeated (see statement 3.1).

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. When we spoke with the Manager he told us how the people who used the care service had taken part in grading the service.

Taking the views of people using the care service into account

We spoke to five people using the service during the inspection. They gave positive responses to questions about how they found the service. They made the following comments:

'the homely feel and non-judgemental feel plays a big part in people following through their treatment'

'pretty unique service - feel respected - views always taken into account. I have a lot of respect for the people who run the place'

'the support I've been given has helped me move onto the next stage of my life, my recovery'.

We received sixteen SCSWIS Care Standard Questionnaires from people using the service. Seven people 'strongly agreed' and eight people 'agreed' that 'overall I am happy with the quality of care and support this service gives me'. One person said they did not know what they thought.

Comments included:

'so far I am happy with the treatment...I think the staff know how to make you feel welcome...this has given me fresh hope for the future'.

'I cannot thank the staff enough. They are very helpful and supportive'.

'every member of staff has been fantastic with me and they deserve an award for all their efforts'

'the staff are very professional and any problems I have encountered have been dealt with in a timely manner'.

One person said 'the majority of staff are friendly, courteous and helpful' though one had an 'abrupt and condescending manner'.

Two people commented the housing benefit and future housing issues had not been dealt with quickly enough.

Other comments that people made can be found in the relevant quality statements.

Taking carers' views into account

There were no carers available during this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 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 was performing at a very good level in this quality statement.

The service had a plan to help ensure people using the service could have their say about how the service could be improved. This was called the Residents Communication and Improvement Strategy. This explained the different ways in which people using the service could comment about the service.

The service had developed ways to encourage participation. These included:

- * Questionnaires issued after six weeks - a mid-point survey
- * Questionnaires when people left the service - exit surveys
- * Fortnightly residents' meetings
- * Key worker meetings

Each person using the service had a support plan. This was written soon after the person started to use the service. Whenever possible they were encouraged to say how they wanted to be supported. Help was given to do this if needed. This meant people knew what was being written down and that they were in control of this information.

People using the service had a named key worker who was responsible for providing the support. They met with the resident regularly. Two other named workers provided cover when the key worker was not at work.

We looked at the minutes of the residents' meetings. These showed what issues had been raised, such as repairs or problems with heating, and how the service had dealt with the concerns. The Manager told us they were trying to broaden the range of issues discussed at the meetings and had asked residents for their views on this.

We saw questionnaires that had been returned recently by people using the service. These showed people were happy with the care the service gave them. When asked if they wanted to change anything many said they did not.

Information about advocacy services was contained in the Residents' Handbook. Advocacy and advocacy workers help people to think about and tell others their opinions about what is important to them.

The service had a complaints procedure. This was explained to people when they began their stay at the hostel. It provided opportunities for people to raise issues formally if they were unhappy with the service. The service had received no complaints.

Sixteen SCSWIS Care Standard Questionnaires were returned before the inspection. Five people strongly agreed and nine people agreed that the service asked for their opinions. One person disagreed and one person did not answer.

Areas for improvement

We saw that the service had tried to change the structure of residents' meetings by starting to ask for feedback about the quality of care and support that is provided. The service should continue to develop how it does this. The service could also think about how the meetings could be run without staff being present.

We saw that the minutes of meetings did not contain points for action or who was responsible for carrying these out. This meant issues were not always carried forward to the next meeting (see recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.

Service strengths

People who wanted to use the service were asked to come to an assessment meeting. Its purpose was to provide information about the service and to begin to assess whether the service could meet the person's needs. This assessment took place together with assessments at LEAP, where peoples' suitability for the treatment programme were discussed. These meetings gave people opportunities to hear what the each service offered and whether it was right for them at this time.

The service provided people with introductory information including:

- * The service brochure
- * A guide for residents
- * Information about policies and procedures

The service had a checklist for staff to ensure all aspects of the service were discussed with people beginning to use the service, including:

- * hostel rules
- * mail procedures
- * kitchen procedures fire alarms
- * confidentiality
- * visitors.

This meant people using the service knew how the service operated and the limits this placed upon them in, for example, leaving the building. Staff recognised that some people might not be clear about the information so they went over it again when necessary.

Each person had a written service agreement. This stated what the rights and responsibilities of the service and person using the service were. It also set out the terms and conditions for getting support and the costs where this applied. The agreements we saw had been signed by the person using the service.

People who planned to leave the service were provided with information about how to do this. When we asked staff about this they told us how they helped people think about how they wanted this to happen and plan for their future. As people only stayed at the hostel for twelve weeks, these discussions usually took place after the six-weekly review. This gave people time to think about where they wanted to live and how they would use their time after living in supported accommodation. Staff were able to provide very good support and information to help people get access to the housing they wanted. The Residents' Handbook had helpful information about housing options and moving on.

When people thought about leaving the programme in an unplanned way staff told us how they helped them think about the consequences of this action. This meant people were able to think about the options open to them.

The service told people how to complain. The information was easy to understand. It also told people where they could get help to complain.

Areas for improvement

When we looked at peoples' personal plans we also looked at the risk assessments the service had completed. We saw that while there was a risk assessment these did

not contain much detail about the risks. It was not clear how the person using the service was involved in assessing the risks, nor was the assessment signed (see recommendation 1).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that where risks are identified, enough information about the risk is recorded, that goals are identified, outcomes are evaluated and that this feeds into the care planning for each person using the service as necessary. Wherever possible people should be involved planning how to manage the risks and sign that they agree.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements, Standard 4 - Housing support planning and Standard 8 - Expressing your views

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The strengths that were identified in statement 1.1 also apply here.

People using the service were able to comment on staff in a number of ways. These included:

- * Service questionnaires
- * Exit surveys
- * At reviews of their support
- * complaints
- * At meetings to discuss other issues.

People using the service we spoke to said they were able to discuss issues with the staff that worked with them or felt they could contact the Manager.

Areas for improvement

The service received general feedback about staff in questionnaires. It was also trying to encourage residents to comment on staff in the community meetings. However it was not clear how specific feedback about staff was obtained, recorded and acted upon (see recommendation 1).

In the self assessment the service had identified it would 'consult with residents on how they would contribute to interview questions for future staff vacancies'. The service should continue to develop opportunities for people using the service to participate in recruitment.

At the last inspection we had recommended that the service should show how it planned to involve people using the service in assessing and improving the quality of staffing and management. The policy had been reviewed in January 2012 but it was not specific about how this would be achieved. The recommendation is repeated (see recommendation 2).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service should develop structured ways to gather feedback from people using the service to improve the quality of staffing.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements and Standard 8 - Expressing your views.

2. The service should develop a participation strategy which shows how the service engages with service users and other stakeholders in assessing and improving the quality of staffing in the service and the management and leadership of the service.

National Care Standards, Housing Support Services, Standard 1 - Informing and deciding and Standard 8 - Expressing your views.

Statement 4

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

Service strengths

The people we spoke to said they thought that staff attitude was very good and that their views were listened to. They said staff respected them and the relationships they had. One person described the staff as 'genuinely caring, understanding and supportive'. Another said 'it is reassuring we are not looked down at and are treated as an equal which helps you in your future plans and treatment'. Everyone thought the staff and the Manager were very approachable.

In the sixteen SCSWIS Care Standard Questionnaires returned to us nine people 'strongly agreed' and seven people 'agreed' that 'staff treat me with respect'.

Staff said they were treated with respect in the team. This meant the weekly team meetings were productive, supportive and ideas and views were listened to. This was important to ensure the service was able to offer positive support and understanding to the people they worked with.

The service had a Fair Treatment at Work policy. This said that 'all employees expect to be treated with dignity, respect at work by colleagues and Managers'. Staff said they thought they were treated well and had access to counselling services if they wished to use them.

We looked at a sample of support and supervision notes. Support and supervision is where staff meet with the Manager or senior staff in a one to one session to discuss work, performance and training needs. We saw that meetings were held every six to eight weeks. Sometimes the sessions were delayed because staff worked shifts. We saw staff prepared for meetings and these were recorded. Staff said the Manager was

supportive and they could speak to him when they needed to.

Staff and people using the service were able to have discussions in private when required. All information was treated in confidence. The limits to confidentiality were explained in the residents' handbook.

Staff had attended training on the Scottish Social Services Council (SSSC) Codes of Practice in 2011. The service also expected staff to complete a Scottish Vocational Qualification (SVQ) in Health and Social Care. Most staff had completed an award to a level appropriate for the work they did. This meant staff were familiar with the National Care Standards for Housing Support Services.

Staff we saw in their work were respectful of the people they were supporting, were attentive to them and listened to their views and opinions.

Areas for improvement

We looked at a sample of staff files and support and supervision notes. We saw the recording of some supervision notes was very brief. This meant it was difficult to know what had been discussed, how issues were carried forward or any actions planned for were re-visited (see recommendation 1).

We saw staff worked from a large office in the hostel. We saw that people using the service came into this room when staff were speaking to other people, or were on the phone. We discussed this with the Manager at feedback. They said staff were aware of the need for confidentiality but they would discuss the issue.

We spoke to staff about training. They said training was useful and they were able to attend training through LEAP and NHS Lothian. However we saw some training, including child protection and moving and assisting, had not been completed (see recommendation 2).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service should ensure that staff are supervised in line with organisational policy. It should ensure the recording of sessions reflects the discussions that take place. Notes should be signed by the participants.
National Care Standards, Housing Support Services, Standard 3 - Management and Staffing arrangements.
2. The service should ensure that all training that is required by staff to meet the needs of the people using the service is provided.

National Care Standards, Housing Support Services, Standard 3 - Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 6	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings
2 Feb 2009	Announced	Care and support 6 - Excellent Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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