

Care service inspection report

Orkney Blide Trust

Housing Support Service

Laura Grimond House

54 Victoria Street

Kirkwall

KW15 1DN

Telephone: 01856 874874

Inspected by: Marion Sutherland

Type of inspection: Announced (Short Notice)

Inspection completed on: 10 January 2013



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Service provided by:

Orkney Blide Trust

Service provider number:

SP2004006667

Care service number:

CS2004073219

Contact details for the inspector who inspected this service:

Marion Sutherland

Telephone

Email enquiries@careinspectorate.com

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	5	Very Good

What the service does well

The service provides a welcoming drop-in service for individuals with mental health problems, which is open every day of the year. They have also the 'Clubhouse' based on contributing through work to help people to regain self confidence by taking part in all aspects of the running of the service.

What the service could do better

The service is continuing to make changes to the building through the installation of additional renewable energy heating. They are also hoping to provide more catering services on a social enterprise model.

What the service has done since the last inspection

The service has made alterations to the building to make it feel more welcoming, as well as more energy efficient.

Conclusion

As well as the drop-in, the service provides support at home, a befriending service and an 'Out and About' programme, which is available for anyone with mental health problems. The service tries to provide a flexible service which will meet the changing needs and interests of the service users.

Who did this inspection

Marion Sutherland

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 01 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

The Orkney Blide Trust is a registered charitable voluntary organisation, which provides housing support and a drop-in service to adults with mental health problems. This support is provided in their own homes and within the centre, where the drop-in service is open every day of the year. In addition, they have a Clubhouse Service, where the aim is to have members fully involved with all the work of the service, from the day to day running to the strategic direction of the service.

Orkney Blide Trust is registered as a housing support service which operates from premises in central Kirkwall. The premises provide office space, a kitchen and preparation area, a cafe area, a sitting room and meeting rooms, as well as an attractive and productive garden. There is also an outreach service and an 'Out and About' programme, as well as focus groups such as creative writing and photography in response to the interests of the service users.

The aims of the charity are 'To promote, in partnership with other agencies, mental wellbeing in the community of Orkney through active personalised support focused on recovery, which encourages individuals to participate in, and contribute to, society on equal terms'.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate."

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 - Grade 5 - Very Good

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.careinspectorate.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

This report was written following an inspection which was carried out by a Care Inspector, Marion Sutherland. The inspection took place on the 10 January 2013, between 9.00 am and 4.00 pm. During the inspection, evidence was gathered from a number of sources including:

- Information leaflets on all aspects of the service.
- Service User's personal plans.
- Training records.
- Policies and Procedures.
- Orkney Blide Trust Introductory Information Pack.
- Complaints policy.
- Daily meeting notes.
- Drop in Questionnaire results.
- Attending daily meeting.
- Weekly newsletters.
- Blide Trust website.
- Care Standards Questionnaires.

Discussion took place with:

- The manager
- Three members of staff
- Five service users

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

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.

No self assessment had been completed.

Taking the views of people using the care service into account

Five users of the service were talked to informally during the course of the inspection. They were all positive about the service and the opportunities it gave them.

Members comments included:

- "It has been great being able to use my skills again."
- "Having somewhere to come out of the house is so important."
- "The staff are always here if you need someone to talk to."

Five Care Standards Questionnaires were received prior to the inspection.

Overall all five respondents agreed or strongly agreed that 'I am happy with the quality of care and support this service gives me'.

One service user commented that they would find helpful a weekly, timetabled slot when they could meet with staff for counselling and support, as they did not always feel able to approach staff, particularly when they were feeling low. They knew staff would be willing to have a talk if asked but found it increasingly difficult to ask for help when they needed it most. They also commented that they have felt lonely and bored in the drop-in if there were no other clients and staff were busy with administrative work.

Taking carers' views into account

N/A.

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 philosophy of Orkney Blide Trust's services are to be non-judgmental, inclusive, member-led and safe. They are guided by the principle of MEMBERSHIP:

- * Membership . . . members, not "service users"
- * Engagement . . . through daily activity
- * Motivation . . . through challenge & enjoyment
- * Belief in self . . . via team work & contribution
- * Equality . . . members work "side by side" with staff as equals
- * Recovery . . . a belief that recovery is possible
- * Self-esteem . . . through success & contribution
- * Healthy living . . . through healthy eating, physical exercise and purposeful activity
- * Inclusion . . . daily meetings and participation in decision making
- * Participation . . . involvement in governance and community decisions

Being guided by the principles and the Clubhouse organisation which governs some of the work of the Blide Trust, the members are involved in all aspects of running the service. Members are invited to daily meetings and weekly policy meetings, which deal with the day to day running of the Blide Trust. They help to write and compile the regular newsletters which go out to all members, as well as being available on the website, and there are also members on the Board of the Blide Trust.

The focus of the clubhouse model concentrates on a person's strengths and abilities and on fostering their independence and individuality. To do this, members and staff work in partnership in all areas of work within the 'Hoose', including policy decisions.

There were daily members meetings to ensure that all service users had the opportunity to participate in all aspects of the organisation. These meetings were inclusive of all users of the drop-in service, staff members and volunteers. The meetings organised and made decisions with regard to the day to day running of the Clubhouse and drop-in. Minutes were kept of any decisions or action points arising from the meetings. Service users confirmed that the meetings involved them in the running of the service and they were able to participate in decisions about the care and support provided by the service.

Members could request to talk individually with a member of staff at any time and the noticeboard showed which staff members were present. There were a number of rooms available within the building to allow private meetings to take place without disturbance.

There were 4 service users on the Board, three Clubhouse members and one representative of the drop-in users. The Board was fully consulted on any proposed changes to the organisation or daily running of the Blide. Minutes were available on the website or by email or post.

As well as the building based service, the Blide Trust also provided a Housing Support service to people in their own homes, where the support worker and member agreed on the desired outcomes including help to build confidence and develop skills. There was a varied programme of activities 'Out and About in the Community' and a Befriending Service, using volunteers to provide companionship for mental health sufferers.

In 2012, a review of the drop-in service was undertaken to get the views of drop-in users about what they like and how they wanted to improve the service. As a result of this staff tried to ensure that someone was available to talk to drop-in users, either members of staff or clubhouse members.

Members had been asked to comment on 'What the Blide has Achieved' for inclusion in the Annual Report.

A suggestions box was available for members and the complaints procedure was on display, along with copies of the complaints form.

Four of the five respondents to the Care Standards Questionnaires (CSQs) agreed or strongly agreed that 'The service asks for my opinions about how it can improve'. One did not answer. Two agreed that 'The service check with me regularly that they are meeting my needs'.

Areas for improvement

The service was trying to get more members to be involved in the policy meetings and to put forward items for the agenda.

Two of the respondents to the CSQs disagreed with the statement 'The service check with me regularly that they are meeting my needs'.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We found this service was performing very well in the areas covered by this Quality Statement. We concluded this after we spoke to the manager, staff and members, saw written evidence and made observations at the service.

The Blide Trust try to facilitate and encourage participation in the community as a route to recovery for individuals with mental health problems. They work in partnership with a range of statutory agencies and local voluntary organisations to help deliver the Scottish Government's Agenda for Mental Health.

The Blide had been involved in the Healthy Working Lives initiative and had carried out a Health Assessment Questionnaire. They have reviewed the results and the three areas that were under consideration were starter packs, displaying the Blide logo along with a short caption in reception and responsibilities of the Blide and members.

There was First Aid training available for all Blide members, as well as staff in December 2012. Posters were displayed offering courses in Health and Safety, Fire Awareness, and Manual Handling Courses and members were able to sign up if they were interested. Staff and members had taken part in a 'Ten Essential Steps to Understanding Mental Health' course. Courses had been advertised and anyone was able to take part in these. Members were encouraged to suggest courses and activities and these would be followed up and organised by staff whenever possible.

Improving the physical health of members was seen as an important route to assisting people's mental health and there was a programme of daily walks, as well as the opportunity to take part in gardening, or just use the garden as a place to sit out in the fresh air. Members could have a vegetable plot in the garden where they would be able to keep any vegetables they grew.

There was the 'Out and About' programme, which included a range of longer walks and outings in the community using the service's minibus. Where possible, the organisation of the longer outings allowed people to join in with differing levels of physical ability, by having a driver and a second member of staff or volunteer to join

in with the group. This enabled individuals to re-join the bus at various points on the outing encourage take up on the longer outings. As well as walks there were a variety of cultural and social activities planned, with input from members. The timing of these included weekend outings and a later start in the afternoon, to allow members to complete their work ordered day and still join in with the outings. Members were asked to suggest destinations for the 'Out and About' programme.

The Blide staff support members with a range of issues including housing and they signpost them to a range of other services/agencies such as the Citizens Advice Bureau as appropriate. Advocacy Orkney hold a drop-in session at the Blide on a regular basis.

Budgeting classes were held each week to help people manage their finances and have finance available to access a healthy diet. Advice on personal hygiene awareness was also covered in sessions at the drop-in.

Nutritious and good quality meals were provided daily from the kitchen at the Blide Trust, which was prepared and served by members and staff. In the season vegetables from the garden were used whenever possible. Members were encouraged to learn cooking skills, as well as helping to serve in the cafe, and food hygiene training was made available. The opportunity to socialise over mealtimes was also important, especially to those users who lived on their own.

An eating disorder support group had been run during 2012.

Joint sports sessions at Pickaquoy had been organised with the Connect project and members were encouraged to make use of the facilities available at the leisure centre.

Areas for improvement

A support group for members wanting to stop smoking might be an area which would contribute to people's health and wellbeing.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

There were two Elected Members on the Board of the Blide Trust, who were responsible for overall staffing and funding decisions.

Service users were able to decide which members of staff provided support for them and who they wanted to discuss any issues with.

Members were involved in staff recruitment decisions.

For additional evidence see Quality Theme 1, Quality Statement 1.

Areas for improvement

As above.

Grade awarded for this statement: 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

We found this service was performing well in the areas covered by this Quality Statement. We concluded this after we spoke to the manager and staff, saw written evidence and made observations at the service.

All the support staff workers were either qualified to SVQ 3 in Social Care or undertaking training to achieve the qualification. Staff were encouraged to identify and undertake further training and had undertaken training in suicide prevention as

well as 'Ten Essential Steps to Understanding Mental Health'. Records were kept of all training.

One staff member was undertaking a Diploma in Management to meet SSSC registration criteria.

There was a staff and volunteer recruitment policy, including Protection of Vulnerable Adults checks.

Regular staff supervisions were undertaken and recorded. Staff were encouraged to be reflective about their work and identify approaches and techniques which worked and use this to inform future practice.

From discussion and observation with staff, it was evident that staff were self motivated and professional in their approach. The staff team felt they worked well together and used their strengths to meet the needs of the members and clients. They were willing to be flexible in their approach to meet the needs of the service.

There were six weekly staff meetings between the staff group and the manager and regular supervision sessions for individual staff members every four to six weeks. Yearly staff appraisals were undertaken for all staff members.

Four of the five respondents were 'confident that staff have the skills to support me' and that 'staff treat me with respect'. One did not respond to either question.

Staff who responded to the staff questionnaire felt that their training needs were being met by the service and they had opportunities to gain qualifications relevant to the job.

Areas for improvement

The manager of the service requires to register with the SSSC and in the longer term will require to meet the qualifications criteria of the SSSC.

See Requirement 1.

Record keeping needs to be improved to allow the identification of targets and work which is done with service users, especially those receiving support at home. Personal plans should be in place showing the way the service will meet the needs of those receiving support. Client engagement sheets should also be maintained and kept up to date.

See Recommendation 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The manager of the service requires to be registered with the SSSC within six months of his appointment.

This is to comply with the Scottish Social Services Council registration requirements.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 7(2)(d) Fitness of Managers.

Timescale: Six months from date of appointment.

Recommendations

1. Person plans should be developed and reviewed regularly, especially for service users receiving support in their own homes. These plans should show the way in which the service is helping to meet their support needs and should contain information as detailed in the National Care Standards.

National Care Standards Housing Support Services: Standard 4 Housing Support Planning.

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

We found this service was performing very well in the areas covered by this Quality Statement. We concluded this after we spoke to the manager and staff, saw written evidence and made observations at the service.

Members were involved in daily planning meetings, as well as weekly Policy Meetings, which give all users the opportunity to assess and contribute to the management of the service. Members were seen to be encouraged to take a full and active part in meetings through their ideas, through chairing meetings and taking minutes.

The four service users on the Board contributed to the management and the strategic direction of the organisation, as well as being able to influence the leadership of the service.

Areas for improvement

To continue to involve members in policy decisions and on the Board of Management.

Grade awarded for this statement: 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

We found this service was performing very well in the areas covered by this Quality Statement. We concluded this after we spoke to the manager and staff, saw written evidence and made observations at the service.

Weekly newsletters were sent out to all members and stakeholders. In the newsletter all members of the Blide Trust were strongly encouraged to come along to policy meetings to discuss any matters/issues. It was emphasised that anyone could put forward agenda items and it was stated that 'Everyone is welcome to attend.'

Members and staff were involved in discussions about the Clubhouse Standards and whether these were applicable to the situation in the Blide Trust. Staff were able to raise any issues at staff meetings or in one to one supervision sessions.

Anyone who was interested in becoming a Board Member could put their name forward to the manager and there were four representatives from people who used the service on the Board. Members were asked to submit articles for annual report. Any complaints or concerns would be discussed by the Board.

Access to Advocacy services was encouraged and they held regular drop-ins and were able to visit the service at any time.

There was a complaints policy and any complaints were recorded and fully investigated. No complaints had been received.

Areas for improvement

The service was aware of the need to further develop their consultation process, in particular with external stakeholders. They are also considering whether altering the timing of the policy meeting may help to encourage attendance.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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 3	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
12 Aug 2011	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
5 Aug 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very 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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Web: www.careinspectorate.com