

The Foundry Support Service

21 Broadcroft
Kirkintilloch
Glasgow
G66 1HP

Telephone: 0141 530 3576

Type of inspection: Unannounced
Inspection completed on: 15 September 2016

Service provided by:
Scottish Association For Mental Health

Service provider number:
SP2003000180

Care service number:
CS2011298806

About the service

This service registered with the Care Inspectorate on 12 March 2012.

The Foundry is registered with the Care Inspectorate to provide a support service to a maximum of 10 adults, in the registered premises at any one time, who have a history of alcohol and drug problems. The service can also be provided to adults with a history of drug and alcohol problems living in their own homes and in the community. The service is provided by SAMH (Scottish Association for Mental Health).

At the time of the inspection, the service was operating Monday to Friday, 9am to 9pm, and on a Saturday from 9am to 5pm.

The service is based in a small building, off a main road, in the centre of Kirkintilloch. Accommodation consisted of a group room, a small meeting room, a staff office, two toilet facilities, a kitchen area and some outside space. On street parking was available within walking distance of the service.

The purpose of the service is to offer community rehabilitation to 'assist the recovery process of those moving away from backgrounds related to drug and alcohol problems'. This can be done by people attending a group programme or individual support.

What people told us

We met three service users on a 1:1 basis and had a group meeting with another four service users and a relative.

All people that we spoke with were very complimentary about the service and the difference that it had made to their quality of life and recovery. Examples of comments by people will be included in various parts of this report.

We also considered recent service user surveys that the service had carried out, which also showed that people were generally very satisfied with the service.

Self assessment

We were told that members of the staff team had been involved in discussing the self-assessment and that service user feedback had also influenced gradings within the self-assessment. Whilst there was some good information in the self-assessment the focus should emphasise more of the positive outcomes we found during our visit. We continue to reiterate the need for the self-assessment to capture continuous improvement which is supported by a 'live' service development plan.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

It was very good to see the continued use of an independent organisation, Scottish Drugs Forum (SDF) being involved in service user participation. The recent evaluation report carried out by SDF showed that service users were very satisfied with the support provided by The Foundry.

Feedback that we received from people was also very positive about the quality of care and support received from the service. This was based on personal outcomes that had made a difference to people's recovery and their overall health and wellbeing. For example, people told us:

"I'm drinking less and feel better".

"I like the one to one meetings with staff, rather than the group meetings. As I get more confident I think I will feel better about the group meetings - I can see how it can be really good".

"Been to residential rehab and this place is doing more for me....think it's the tools they give you to help cope with daily living".

As part of support planning the service used 'tools for living' and 'assessment of recovery capital' (ARC). Both of which were described by service users as "helpful and work well with the SMART (Self Management and Recovery Training) group work that we do". The service used a risk framework that linked with ARC and we saw regular reviews of people's support.

Since the last inspection an art group had recently started in response to providing more social based activities. People had also enjoyed a European Football Champions League event and plans were in place to hold more social events.

Overall, the service was valued by service users and was making a difference to people's lives. This was evidenced very well within survey results. For example, 100% of respondents stated their circumstances had improved as a result of their treatment programme and 91% indicated an improvement in their mental health and wellbeing.

Whilst outcomes for people were very good the service needs to pay attention to aspects of personal planning. We have said this because a recommendation made at the last inspection about improving personal plans was not met. (See Recommendation 1 under Quality of Management and Leadership).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of environment

Findings from the inspection

Service user surveys carried out by the service invited feedback on the quality of the environment. Examples of comments included:

"The environment at The Foundry is welcoming and supportive".

"The building is suitable for the activities carried out by the service".

"People trying to recover would benefit from more regular inter-action with the Foundry. There is a serious lack of space for groups and more activities could be introduced as you progress".

"One to ones are restricted due to lack of space. Also access to the amount of groups I can access."

"The only problem I have with The Foundry is that the premises they use are far too small".

"Run very well within the limits they must work within".

The areas for improvement highlighted in the above comments were recognised by the service. Additional space was being sought in premises next door to the service and community facilities would continue to be used in line with the ethos of The Foundry. The service had improved the management of group numbers since the last inspection, and this had helped service users understand why such limits were in place.

At the last inspection we recommended improvements relating to soundproofing; risk assessing the sloped access to the service and confirmation that staff had received fire safety training. The last two areas had been actioned and soundproofing was due to start shortly after our visit. Whilst work on soundproofing was good in part, it would mean that a space for service user meetings was still located within the staff office. This was not ideal for both staff and service users.

We found the service to be clean and well-maintained. Through our meetings with staff and service users we talked about enhancing the space through the use of more visual information and work that would be generated from the newly formed art group.

Necessary checks were carried out in line with health and safety requirements. A file that we looked at for logging accident/incidents did not contain any information. However, we saw that accident/incident information was held on a database and from this we noted a significant incident that had not been reported to us. This generated a further discussion about making sure that debriefings are carried out timeously and records kept of such actions. (See Recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should ensure that significant incidents are notified to the Care Inspectorate. In addition, debriefings of significant incidents should take place without unnecessary delay and supported with a record of actions taken.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements; Standard 5: Your Environment and Standard 14: Daily Life

Grade: 4 - good

Quality of staffing

Findings from the inspection

Service user feedback from local participant surveys reflected high levels of satisfaction with the quality of staff. This was supported in the comments that we received during our discussions with people, for example:

"The staff in here are excellent, can't do enough for you....they really care, it's not just a job to them".

The service had a low turnover of staff which provided a good level of consistency to service users. As recommended in the last inspection report, a specific volunteer policy for the service had been developed in line with good practice on recovery in addictions. A peer volunteer had since been involved in some recruitment that related to the service.

We found staff to be motivated in that job satisfaction was gained from the support provided to service users. A new worker to the team spoke of positive support provided by colleagues. Whilst it was good to hear that a service specific induction programme had been developed for new employees, the implementation of this had been slow.

Staff described improvement in team meetings and found it helpful that the service now held some separate meetings from the unregistered linked service.

We were told that group supervision and a further development day was being planned for the service. However, the frequency of individual supervision sessions across team members had not been consistent over the last 12 months. This, along with evaluating the quality of supervision was highlighted as area for improvement.

Recordings of observations of staff practice need to become part of routine approaches to managing staff performance. A standard for direct observations should be developed in order to make clear organisational expectation and frequency.

Motivational interviewing is regarded as good training for staff working in addiction services. Some of the staff team had attended this and we emphasised the need to progress this for a member of staff who had worked at the service for over a year. This was discussed within the wider context of staff training (see 'Indicators of Good Practice in Drug and Alcohol Services' - Care Inspectorate, June 2016).

Whilst staff were providing very good support to service users, they were not aware of some key best practice guidance that underpinned their work, such as The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (Scottish Government, 2014.) This specific guidance was highlighted at the last inspection in relation to enhancing staff knowledge and how this influences their work.

The management team needs to demonstrate that staff are being supported to access best practice resources. As done at the last inspection, we signposted the service to websites such as the Care Inspectorate Hub, Scottish Social Services Council (SSSC) and Scottish Services Knowledge Scotland (SSSKS). (See Recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Staff forums should include current best practice as part of ongoing agendas in order to enhance knowledge and demonstrate influences on practice.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Service users and a relative that we met during our visit told us that they thought the service was well run. This was reflected in feedback within the service's participant survey. For example:

"The service is run brilliantly by a wonderful team of individuals who are always there to listen to my needs whenever I require them".

When we asked staff about areas for improvements related to management and leadership highlighted at the last inspection, we received mixed views on this. A consistent comment was made about the manager's time still being stretched between another SAMH service that was linked to The Foundry. The team spoke positively about improvement in team meetings and a visit to a similar service provided by another organisation. However, staff still held a view that the service was isolated internally and externally. Staff expressed a desire for the service to be networking more and to have on-going exposure to other relevant addiction services. Comment continued to be made about the need for clarity around the pathway of the service and related aims and objectives. This was part of a recommendation made at the last inspection, which also asked for the service information leaflet to be developed. (See Recommendation 1).

Whilst we saw that a peer audit of the service had been carried out, we were concerned that this and local audit systems had not picked up some key omissions in personal plans. This highlighted the need to improve audit approaches, accountability and aspects of self-leadership. Although the main issue regarding personal plans was

addressed after our visit; pro-active action on improving the areas we have highlighted should be detailed within the service development plan.

We were disappointed to find that the service development plan was not up to date and had not been used as a 'live' tool to lead and inform continuous improvement. This has been a repeated area for improvement noted at previous inspections. (See Recommendation 2).

The management team continued to provide monthly and quarterly monitoring reports to social work who commissioned the service. We reiterated the need to capture views of external stakeholders as part of quality assurance. and to develop an 'easy read' position paper for the service that sets out service and organisational quality processes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service information leaflet should be developed to explain to people what the pathway of the service is in line with its aims and objectives.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements.

2. The service development plan should be shared with staff, service users and other stakeholders and show involvement and on-going monitoring.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements.

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The provider should ensure that a person's agreement and involvement in their personal plans and reviews can be clearly evidenced.

This recommendation was made on 13 October 2015.

Action taken on previous recommendation

Recommendation has not been met. See Quality of Care and Support and Quality of Management and Leadership for action taken.

Recommendation 2

The contents of personal plans should be monitored more closely to ensure that all elements of the National Care Standards on Support Planning are appropriately reflected. For example, information on medical arrangements such as prescribed medication.

This recommendation was made on 13 October 2015.

Action taken on previous recommendation

The recommendation has been met. See Quality of Care and Support and Quality of Management and Leadership for action taken.

Recommendation 3

a) The soundproofing in the small internal room located in the staff office and any other area in the centre, such as toilets, should be improved to ensure that it is effective in maintaining and protecting privacy for people.

b) The service should assess the sloped lane access leading to the centre for any risk this may cause to service users.

This recommendation was made on 13 October 2015.

Action taken on previous recommendation

The recommendation has been met. See Quality of Environment for action taken.

Recommendation 4

The provider should confirm that staff have received fire safety training in line with the recommendation from Fire and Rescue Services.

This recommendation was made on 13 October 2015.

Action taken on previous recommendation

The recommendation has been met. See Quality of Environment for action taken..

Recommendation 5

A specific volunteer policy for the service should be developed in line with good practice on recovery in addictions. In addition, staff should receive training to support the implementation of the volunteer policy.

This recommendation was made on 13 October 2015.

Action taken on previous recommendation

Recommendation has been met. See Quality of Staffing for action taken.

Recommendation 6

The service information leaflet should be developed to explain to people what the pathway of the service is in line with its aims and objectives.

This recommendation was made on 13 October 2015.

Action taken on previous recommendation

Recommendation not met. See Quality of Management and Leadership for action taken.

Recommendation 7

The service development plan should be shared with staff, service users and other stakeholders and show involvement and ongoing monitoring.

This recommendation was made on 13 October 2015.

Action taken on previous recommendation

Recommendation not met. See Quality of Management and Leadership for action taken.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
28 Aug 2015	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
10 Oct 2014	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
1 Oct 2013	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
31 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.