

Kirkhaven Care Home Service

16 Bogside Street
Dalmarnock
Glasgow
G40 3LG

Telephone: 0141 550 4889

Type of inspection: Unannounced
Inspection completed on: 2 December 2016

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Care service number:
CS2006119110

About the service

Kirkhaven is registered with the Care Inspectorate as a care home and provides a resettlement service, support and social care to men and women aged 18-65 with complex needs who are currently homeless. The service is operated by the Church of Scotland trading as Crossreach.

Staff support people using the service to plan for their future and support is tailored to meet an individuals' move on needs. People may stay for a period of three months to two years depending on their circumstances.

Provided over two levels the service accommodates fourteen adults in twelve bedsitting rooms with en suite showers facilities. There are two additional adapted and wheelchair accessible flats. At the time of this inspection there were thirteen residents staying at the service.

Kirkhaven is located in Dalmarnock, a residential area in the east end of Glasgow with good transport links and close to local amenities.

The following is an extract from the services aims and objectives:

- To provide clean, safe and secure accommodation, thereby offering an alternative to rough sleeping and traditional homeless lifestyles and
- To assist individuals to develop the skills to maintain their own accommodation.
- To provide a well-balanced nutritious diet with the option to self cater as people acquire the skills and ability to do so.
- To provide a safe and secure environment for the controlled consumption of alcohol, encouraging service users to adopt more social and less harmful ways of managing their addiction.
- To allow individuals time to reflect on and seek assistance with the causes of their homelessness and any underlying psychological and emotional difficulties.
- To develop individual support/resettlement plans with achievable goals in conjunction with each service user and all those involved in his/her care.

What people told us

We asked the service manager to distribute eight care standard questionnaires to people living in the service and eight questionnaires to staff. We received six completed staff questionnaires and five completed questionnaires from people being supported by the service. The information provided helped to inform the inspection process and comments included:

"High quality service provided by caring, understanding and professional staff"

"The staff show a good attitude and willingness to support and care for service users"

"The staff treat me with respect and courtesy"

"The staff will encourage you to go out and involve yourself with the local community, they will assist you to overcome any impediments to achieving this"

"Think all of the staff are brilliant"

"My keyworker helps me all the time, going to the shops and helping me manage my money"

"We have service user meetings every month and the staff take note of our concerns. They always try to solve any problems"

"Staff are brilliant, they help me by talking to me"

We spoke with five people staying at the service and met with the family members of one individual. Positive comments about the support provided, staff and management were expressed by all.

Self assessment

The Care Inspectorate received a fully completed self assessment from the provider. The provider highlighted the things that it thought it did well and had identified some areas for development.

We gave consideration to the information provided and concluded that the providers self evaluation was reflective of the service developments that we found had been progressed since the previous inspection.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

Kirkhaven had continued to provide very good person centred support delivered by staff who were conversant with the needs of and had worked in partnership with people living at the service.

A training needs analysis helped to inform a training plan and staff skills and knowledge had been enhanced by on-going professional development. We noted for example that since our last inspection, staff had completed Naloxone training. Naloxone is a medication that reverses the effects of an overdose of opioids such as heroin and methadone.

Well evolved working relationships with partners in health helped to address the health issues of people being supported and had also provided workforce development opportunities for staff. During our visit we noted that productive links had been made with a local health resource providing support and information in regards to sexual health.

We saw that positive outcomes for people included that some were looking to move on from the service and others had already moved on to alternative accommodation.

Since our previous visit a dedicated activities coordinator had been identified from the existing staff team and this meant that there had been more of an emphasis on promoting activities both within the service and within the community. We saw good connections to recovery communities and saw from photographs that people from the service had attended a recovery event.

An outcome focused support plan and associated outcome paperwork had been rolled out and staff had received training in this new way of working. We saw that this approach had the potential for people to identify the progress they had made and explore and agree interventions towards achieving positive outcomes across a number of areas.

Involvement opportunities were varied and we were pleased to see that service users had the opportunity to be involved in staff recruitment and selection.

Having service user representation at the health and safety group meant that there was a chance for people living at the service to contribute to on-going improvements.

A continuous and dynamic improvement plan had helped the management team to address most of the areas for improvement that we identified at the previous inspection. This plan was informed by all the quality assurance processes at the service and complemented the organisations annual quality evaluation tool.

Quality management processes had been further developed since our previous visit, for instance file auditing and the streamlining of paperwork meant that only the most up to date information was in the working file for individuals. Evaluation tools such as service user questionnaires, feedback from residents meetings and the providers annual audit contributed to continuous improvements.

What the service could do better

When we looked at the accidents and incidents that had been recorded by the service we found that there were some that the Care Inspectorate should have been notified about. For clarification we referred the provider to the document 'Records that all registered services (except childminding) must keep and guidance on notification reporting' amended 1 April 2015.

Audits of support plans could be evolved further to audit the quality of information recorded and we suggested that support plans should be written in the first person.

The provider should evaluate the outcome of activities as this could potentially help to inform future activity planning.

We noted that plans to install safe boxes in bedrooms had not yet been realised. This meant that people were restricted from being able to safely store their medication within their room. We acknowledged the on-going discussions between the provider and the landlord and anticipate that there will be a positive conclusion to this in the near future.

To support on-going staff development and health promotion we signposted the provider to a local HIV and hepatitis C charity.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

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

Inspection and grading history

Date	Type	Gradings
7 Jan 2016	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
24 Nov 2014	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
4 Dec 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
15 Nov 2012	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
17 Nov 2010	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
13 Jul 2010	Announced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
23 Feb 2010	Unannounced	Care and support 4 - Good

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 4 - Good Not assessed
5 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
12 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
23 May 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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