

Fairstart Project Housing Support Service

31 Fairburn Street
Tollcross
Glasgow
G37 7QA

Telephone: 0141 778 2929

Type of inspection: Unannounced
Inspection completed on: 8 June 2017

Service provided by:
The Mungo Foundation

Service provider number:
SP2003000182

Care service number:
CS2014326856

About the service

Fairstart Project is registered with the Care Inspectorate to provide a housing support and care at home service to females aged 18 years and over who are homeless or at risk of homelessness. The provider is The Mungo Foundation.

The service has been registered with the Care Inspectorate since 17 July 2014.

Fairstart Project is located in the Tollcross area of Glasgow and accommodation is provided to five people within a tenement block of flats. Each person has their own flat. The staff office is based in the same block of flats as service users. Waking nightshift cover is provided from the staff office base.

The staff team consists of the registered manager, senior support worker and support workers.

Referrals can be made on behalf of a person by Social Work, Care Managers or Commissioning Teams. The length of stay for a person can range from nine to 12 months and is determined by the persons individual support needs, their ongoing development and the continued appropriateness of the service.

The aim of Fairstart Project is 'to equip people with social and practical skills to enable them to progress to independent living'.

What people told us

We gathered feedback from three relatives and two service users during our visit. A service user and relative thought that mental health training for staff could be developed further; this was shared with the manager. Overall, feedback was positive and showed that people were generally very happy with the quality of the service. Comments included:

"My daughter's better at Fairstart, she's been looked after well....don't think she's using at the moment which is making a difference to everything. The staff are very good, and when I phone they help with anything I need".

"Place has been great, I don't want to leave....staff are great, every single one of them. I never feel judged here, and for the first time in a long time I am getting up and going to places that are helping me. Even though I'm still drinking, I'm managing to drink much less and have plans for when I move in...I've got a long way to go, but this place has given me hope".

"My daughter moved to Fairstart about six months ago - and what a difference, she's keeping herself clean and tidy. The service is excellent, better than anywhere she's been before. I think the success is that the staff are showing her that they really care and have faith in her. Can't think of anything that needs to be improved".

"It was difficult for me when I first came, but I've started to settle in more and I can see that I am getting better and I'm able to things that are making me more independent. My plan is to move on to my own flat or maybe supported living".

Self assessment

Although the service was not required to submit a self-assessment for the inspection, we discussed the merits on continuing to work on gathering evidence to support and explain grades and continuous improvement. The manager acknowledged this as helpful advice.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

What the service does well

The service continued to be very good at encouraging people to get involved in their support. This included processes such as outcome based personal planning, reviews, resident meetings, keyworker sessions and day-to-day interactions. Results from a recent survey sent to people and their relatives were very positive about the overall quality of service. Feedback from the survey showed that people were generally very happy with the service and that the support was making a difference to people's quality of life.

A key strength of the service was the ability of staff to build positive relationships with people, which helped work through engagement issues that people had. This led to people being able to address some of the difficulties that had brought them to the service. People told us about "being in a much better place, it feels like the staff here care about what happens to me and they won't give up".

The management team and staff had reflected on aspects of service delivery in order to improve outcomes for people. This had included a review of the Visitors policy and written agreements in order to make these more responsive to the needs of people who use the service.

Feedback about the quality of staffing was very positive from people and agencies who worked with the service. The strong values base of staff was noted at a shift handover where we observed staff paying good attention to matters of health and well-being for people.

Since the last inspection the staff team had been working hard to cover extra shifts because of staff vacancies. We were pleased to hear that these vacancies had recently been filled and that people who use the service had been involved in parts of the recruitment process. Whilst there had been extra demands on the team due to staff shortages, we could see that supervision and team meetings had been taking place and that locally staff felt supported by the manager and colleagues.

What the service could do better

The provider had yet to issue guidance to staff on its position on the Scottish Government's Naloxone programme. We have highlighted this because some people who use the service may have needs related to drug misuse, and Naloxone can be used to reverse the effects of opioids. (See Recommendation 1).

It was agreed that medication profiles would include explanation of what a person's medication was used for. This is helpful information to have in the event of a medical event.

Whilst the manager demonstrated effective management of the service, she had not received formal supervision for 11 months. This is not in keeping with organisational policy or good practice. (See Recommendation 2).

Aspects of staff and service development had not progressed as intended due to staffing resources. This related to staff accessing best practice resources on a regular basis and taking forward previous plans to develop group work. The need to improve the frequency and depth of mental health training was highlighted by staff and some people who use the service. (See Recommendation 3).

Guidance on direct observation for staff practice had not been developed as we had asked for at the last inspection. (Recommendation 4).

The provider had not advised us that the registered manager was leaving the service. Following our visit the new external manager for the service contacted us to discuss this and plans to cover the service whilst a new manager was appointed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. Policy guidance should be developed to inform people who use and work in the service of the organisational position regarding the Scottish Government's Naloxone programme.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements

National Care Standards, Care at Home, Standard 4: Management and Staffing Arrangements and Standard 7: Keeping Well - Healthcare

2. The manager should receive supervision in line with organisational policy.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements

National Care Standards, Care at Home, Standard 4: Management and Staffing

3. Approaches to workforce development should focus on supporting staff to have regular access to good practice resources and to evaluate the impact of this on enhanced knowledge and education. This should include providing mental health training in line with the needs of people who use the service.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements

National Care Standards, Care at Home, Standard 4: Management and Staffing

4. Guidance on direct observation for staff practice should be developed. This should information on the expected frequency, recording and purpose of direct observations.

National Care Standards, Housing Support Services, Standard 3: Management and Staffing Arrangements

National Care Standards, Care at Home, Standard 4: Management and Staffing Arrangements

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								
4 Aug 2016	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>Not assessed</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	Not assessed	Staffing	Not assessed	Management and leadership	5 - Very good
Care and support	5 - Very good									
Environment	Not assessed									
Staffing	Not assessed									
Management and leadership	5 - Very good									
30 Jul 2015	Announced (short notice)	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	Not assessed	Staffing	4 - Good	Management and leadership	4 - Good
Care and support	4 - Good									
Environment	Not assessed									
Staffing	4 - Good									
Management and leadership	4 - Good									

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