

Glasgow Personalisation Service Housing Support Service

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Glasgow
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Type of inspection: Unannounced
Inspection completed on: 19 May 2017

Service provided by:
Scottish Association For Mental Health

Service provider number:
SP2003000180

Care service number:
CS2004081914

About the service

Glasgow Personalisation Service is provided by the Scottish Association for Mental Health (SAMH). SAMH is a charitable organisation that works to support people who experience mental health problems, homelessness, addictions and other forms of social exclusion. Services include accommodation, support, employment and rehabilitation. The organisation also actively campaigns to influence policy to improve care services in Scotland.

Glasgow Personalisation Service provides an integrated Housing Support/Care at Home service to people within their own homes across Glasgow. Since the last inspection, local staff office bases have come together within one centralised location in the city centre.

The service is provided to supported individuals on the basis of self-directed support through the Local Authority's personalisation agenda. This means that following a social work services' assessment of need the individual is awarded a budget of money to develop and organise a support plan, in this case, using SAMH as the service provider.

The revised aims and objectives of the service include a, "commitment to the ethos of recovery" and responding, "flexibly to each person's needs in a wide range of situations and circumstances with person-centred approaches and in recognition of the fluctuating nature of mental health."

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We were pleased to note that everyone was positive about the support they received from Glasgow Personalisation Service. The recent centralising of staff office bases to one location had not had a negative impact and most people described a highly valued and normally reliable service. For example, one person said, "I am different man...I used to be insular...without SAMH I would be in a bad way". Another commented, "They do their very best and that's the truth".

Self assessment

The service did not require to submit a self-assessment as part of this inspection process.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We noticed that staff conducted themselves appropriately and we observed positive interactions between staff and supported individuals. Consequently, supported individuals told us that they felt listened to and well supported.

The majority of supported individuals we spoke with told us that they were very happy with the service. They could identify how the service had made a positive difference to their lives. For example, they felt safer, less isolated, healthier and in a better place to manage their tenancies and homelife.

Staff shortages were better managed than previously with less of a need to use agency staff in recent months. Consequently, many people we spoke with experienced a consistent service, leading to a positive sense of wellbeing. For instance, one person commented,

"Regular staff...very well coordinated, staff have a positive attitude to what they are doing".

Supported individuals described staff as reliable and professional. However, recent missed visits over one weekend highlighted the need to be ever vigilant. We discussed this with the manager to ensure lessons were learnt and so that supported individuals could be confident that missed visits would not happen again.

Overall, people we spoke with were generally positive about the care they received. However, some staff highlighted inconsistencies in working arrangements which suggested the potential to impact on individuals' health and wellbeing. For example, we were told that staffing difficulties in one of the teams meant that a person's weight loss had been missed until it was pointed out by another agency. We highlighted these concerns to the manager to ensure that good outcomes for supported individuals were maintained.

The frequency of holding reviews of everyone's support plan remained an issue as a number of overdue reviews were noted (See Requirement 1). Managers assured us that a concerted effort was being made to bring reviews back on track.

Variable standards of record keeping remained a feature (See Recommendation 1). This did staff a disservice as it meant that their knowledge of the person, progress with outcomes and response to that person as a unique individual was not clearly evidenced in written information. We did find more regular monitoring of support plans by managers and concluded that improving the quality of record keeping was a work in progress.

Requirements

Number of requirements: 1

1. The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show involvement of service users. In order to achieve this: All personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan.

Recommendations

Number of recommendations: 1

1. Managers should ensure that all support plan documentation is outcome focused, kept up to date and fully completed, including, risk assessments, and show that everyone has been involved and agree with what is written.

National Care Standards (NCS) 3 Care at Home - Your Personal Plan

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Since the last inspection one central office had replaced local office bases. Staff were still getting used to this change, but early indications suggested that this should lead to a more stable and organised team, positively affecting outcomes for supported individuals.

We observed positive interactions with staff who showed a sound knowledge of the person's needs and preferences.

Successful recruitment drives had led to increased staffing, less reliance on agency staff and early indications of greater stability for the staff team. Previously staff described being unsupported due to a lack of management presence in local teams and office bases. Now with one office base, staff had easier access to managers and colleagues from other teams. Consequently, the majority of staff we spoke felt that this development had positively affected morale and team working arrangements. Many staff commented about an approachable management team, for instance,

"Didn't feel valued before, now I do because of approachable management. Feel listened to".

However, another view expressed indicated that not all staff teams felt this way, due to recurring changes in the management team and the experience of staffing difficulties over a number of years. The manager confirmed that developing a whole team ethos and culture was the priority going forward.

Managers were establishing a programme of regular team meetings in the new office base and addressing irregular staff supervision sessions. Staff appraisals should receive similar attention. We have repeated a recommendation to assist the progress with these matters so that people could always be assured of consistent staff conduct and practice (See Recommendation 1).

A system of direct observation of staff practice was not yet in place to assess staff competency(See Recommendation 2). The manager was able to show us how she planned to rectify this.

The manager confirmed that 92% of staff had an appropriate qualification required for registration with the Scottish Social Services Council. However, training records indicated that providing staff with relevant core and specialist training remained an area for improvement. Currently, training did not appear to inform staff practice as we would have expected (See Recommendation 3).

Freeing up time to carry out admin duties was raised as an issue, more so with the move to a centralised office base. Accessing paperwork on computer using local libraries with password protected security systems was expected to relieve this pressure on staff, going forward.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. Regular team meetings, staff supervision and annual appraisal systems should be prioritised across the whole service and be informed by feedback from supported individuals and any other interested parties.

NCS 4 Care at Home - Management and Staffing

2. The service should introduce a system of observational monitoring of staff practice across all service locations.

NCS 4 Care at Home - Management and Staffing

3. Opportunities for staff training, learning and development, should continue to develop in line with staff's role and service users' needs.

NCS 3 Care at Home - Your Personal Plan and NCS 4 Care at Home - Management and Staffing

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Overall, we noted a sense of optimism under the new management team reflected in clear action plans to address service shortcomings. The manager was able to highlight plans of action, tracking systems to monitor key aspects of service delivery and demonstrate she had an understanding of where the service needed to improve and how this would be done.

The service now needed a period of stability and consolidation, particularly given recurring changes to the management team over the last few years. The latter had slowed down progress with some aspects of service improvement. We now expected to see positive developments under a new management and restructured team. Early indications encouraged a sense of optimism.

Methods of participation had evolved differently across the service and provided varying outcomes. With the move to a more centralised team, this was an opportune time for managers to review participation methods and explore ways for everyone (other agencies, staff and supported individuals) to become involved in evaluating the quality of the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must ensure that personal plans are reviewed at intervals in keeping with required legislation and show the involvement of service users. In order to achieve this:

- all personal plans must be reviewed at least once in every six month period, and when there is a significant change in a service user's health, welfare or safety needs.

This is to comply with SSI 2011/210. Regulation 5(2) Personal Plans. A requirement to review the personal plan.

Timescale: For all overdue reviews to be completed within four weeks of the publication of this report and thereafter, all reviews completed at six monthly intervals or less, as appropriate.

This requirement was made on 8 June 2016.

Action taken on previous requirement

Tracking systems had been developed to ensure reviews took place in line with statutory requirements. However, overdue reviews remained a feature and indicated that new management systems had not yet had the opportunity to fully address this matter.

Not met

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

Previous recommendations

Recommendation 1

Managers should ensure that all support plan documentation is outcome focused, kept up to date and fully completed, including, risk assessments, and that service users are always given the opportunity to sign their paperwork to show their agreement with what is written.

National Care Standards (NCS) 3 Care at Home - Your Personal Plan

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

Improved audit systems meant closer scrutiny of support plans. These highlighted that standards of record keeping remained an issue and, due to the timing of the inspection, the service was unable to evidence that this recommendation had been met.

Recommendation 2

Care plan audits should be carried out on a regular basis so that issues are addressed within identified timescales.

NCS 3 Care at Home - Your Personal Plan and NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

A new system of auditing care plans had been introduced and this aimed to carry out checks more often than was previously the case. Appropriate target dates for resolving issues raised and confirming completion by follow up auditing should also be considered.

Recommendation 3

Records of late and missed visits should be kept in line with our guidance on records that service must keep (Available at, <http://www.careinspectorate.com>)

NCS 3 Care at Home - Your Personal Plan and NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

Systems to track late and missed visits were in place. Following an incident of missed visits, revised protocols showed that appropriate corrective action was taken from lessons learnt.

Recommendation 4

The manager should consider the potential risk to residents in deciding if the Naloxone training programme for staff would be appropriate for this service.

NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

The manager confirmed that a scoping exercise was undertaken to determine whether staff require to be trained in the administration of Naloxone. This was not an issue for those supported individuals receiving the service at the time of inspection.

Recommendation 5

All staff appraisals should take place as per the provider's guidance on the matter and be informed by feedback from supported individuals and any other interested parties such as, colleagues and health and social work professionals.

NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

This recommendation was not met.

Recommendation 6

The service should introduce a system of observational monitoring of staff practice across all service locations.

NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

The manager showed us a form that the management team would be using to record direct observations and the plan was to now to implement this system of staff performance monitoring.

Recommendation 7

Regular team meetings, staff supervision and annual appraisal systems should be prioritised across the whole service.

NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

The service was establishing a regular frequency of team meetings and staff supervisions which needed to be sustained for all staff. Staff appraisals remained an area for improvement.

Recommendation 8

Opportunities for staff training, learning and development, should continue to develop in line with staff's role and service users' needs.

NCS 3 Care at Home - Your Personal Plan and NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

This recommendation was not yet fully met.

Recommendation 9

The service should return to providing a robust and extensive system of quality assurance monitoring and auditing.

NCS 4 Care at Home - Management and Staffing

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

This was moving in the right direction with various quality assurance systems put in place under the new management team. We will be able to review progress with this in due course.

Recommendation 10

A Service Development Plan should be formulated to include the specific issues raised by management and by other stakeholders, including staff, external agencies and service users with action plans for taking these issues forward.

NCS 4 Care at Home - Management and Staffing and NCS 4 Care at Home - Expressing Your Views

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

A 12 week service development plan had been devised to keep a close eye on progress with issues raised by ourselves and management agendas. The manager expected, with the development of participation methods, that this plan would better reflect the specific issues raised by other stakeholders as well.

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
11 May 2016	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
28 Apr 2015	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
28 Apr 2014	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
17 Apr 2013	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
3 May 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
31 Aug 2011	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
6 Oct 2010	Announced	Care and support 5 - Very good Environment Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	5 - Very good
15 Oct 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
29 Jan 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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