

Care service inspection report

Unity Enterprise Housing Support Service Glasgow

Housing Support Service

Unit 5, Firhill House

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Glasgow

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Telephone: 0141 959 7563

Inspected by: Moira Agolini

Type of inspection: Announced (Short Notice)

Inspection completed on: 2 October 2012



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Service provided by:

Unity Enterprise

Service provider number:

SP2004005409

Care service number:

CS2004076038

Contact details for the inspector who inspected this service:

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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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service continues to provide valuable support to very vulnerable people, many of whom English is not their first language. We saw that staff are enthusiastic and motivated and aim to help people to achieve a better quality of life.

What the service could do better

We note that the standard of referrals from external agencies is often very poor. Staff told us they continually raise this issue with the referring agencies but as yet the situation remains unresolved.

When a risk is identified service risk assessments must be more detailed with clear action plans that ensure both client and staff safety.

What the service has done since the last inspection

The management team continues to explore ways to involve the clients in all aspects of service assessment and improvement.

Conclusion

The management and staff team continue to show a commitment to providing a good standard of care and support.

Who did this inspection

Moira Agolini

Lay assessor: Greg McFarlane

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 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.scswis.com

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

Requirements and Recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, 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 but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Unity Enterprise Housing Support Service Glasgow supports people who are at risk of becoming homeless or have previously experienced homelessness. Most referrals come from Glasgow City Council Social Work Services.

The people who use the service are called clients. The number of clients changes but at any one time the service is working with around 400 people. Clients may be with Unity Enterprise for weeks, months or years. For example, this will depend on how long it takes for the person to find permanent accommodation and no longer require support from the service.

The team is made up of a manager, two service co-ordinators and support staff. It covers the west and north west areas of Glasgow with two staff teams based at two different office locations.

The service information leaflet states that the aim is to assist people to achieve a more stable living environment and enable service users to sustain independent living within the community and reduce the possibility of repeat homelessness.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - 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

We wrote this report following a short notice announced inspection. The inspection was carried out by one inspector, Moira Agolini. A lay assessor, Greg McFarlane, spoke with a number of people who use the service. A lay assessor is someone who has direct experience of being a service user and/or a carer.

The inspection took place in the office base on 22 August 2012 from 09.00am to 3.30pm and again on 23 August from 8.10am to 12.45pm. On 23 August we looked at more documents that related to staff training and supervision arrangements; we also visited the homes of two families who receive support from the service. During those visits we observed working practices and we also attended a visit during which an interpreter was present. This helped us to understand the challenges for support workers when working with people whose first language is not English. We spent some time away from the office base looking at relevant documents.

On 29 August, we attended a staff meeting in a community centre and spoke with a number of the staff.

The lay assessor gave the feedback from his interviews on 27 September 2012. He spoke with six people who use the service. Their comments are included in the report. We gave feedback to the manager and service co-ordinator on 2 October where the findings and grades were agreed.

In this inspection, we gathered evidence from various sources including the relevant sections of policies, procedures, records and other documents including:

- * the self assessment sent to us by the service
- * aims and objectives for the service
- * information relating to service user/professional participation
- * personal planning paperwork and review records
- * staff training records
- * staff supervision and appraisal records

Discussions and feedback from various people including:

- * director
- * service manager
- * service co-ordinator
- * staff members
- * people who use the service
- * care managers

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.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service had completed this and with the relevant information they had given us for each heading that we grade them under.

The self assessment contained information on strengths and areas for improvement.

Taking the views of people using the care service into account

We sent out 30 care standards questionnaires and received 11 completed forms. Comments were very positive and the following comments reflect the satisfaction that was evident from service involvement:

"The service is very good."

"I am very satisfied with Unity's service and the support my support worker provides."

"I have had amazing support from my support worker, she always asks how I am, is there to support me and shows me respect at all times. I cannot speak more highly of my worker and this company Unity Enterprise."

"...has been a tremendous help over the past five months offering me help and support any time I have needed it. He is always happy and ready to help. There is a great and friendly professionalism about him that has made me feel at ease and without tension these past months."

The lay assessor spoke with people about the following:

- * support plans
- * consistency of workers, for example the arrangements for people when a worker is unable to visit perhaps through illness or annual leave
- * how an individual is able to express a view on the service and staff

We were happy with the responses to our questions and noted that people have clearly benefited from the input from the service.

We were also interested to see how or if the service had improved people's quality of life. Everyone told us of the positive outcome for them after working with the service.

All of the people the lay assessor spoke with responded very positively. Comments included:

"It's been fantastic, feel much more independent."

"Unity are fantastic, couldn't be better."

"Staff have so much time to help me work through issues and possible options."

"Unity have been very good and it's thanks to them that has got us this far."

Taking carers' views into account

We did not speak with any carers during this inspection

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: 4 - 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

We found this service to have a very good performance in the areas covered by this statement. We concluded this after we:

- * spoke to and received feedback from clients
- * looked at the ways that the service actively engages with people
- * looked at minutes from a variety of meetings attended by clients
- * looked at the service Welcome Pack

We saw that the service had several methods in place to get comments on the quality of care and support from people who use the service. Some of the ways people could get involved were:

- * support plans
- * meetings for people who use the service
- * participation development days

We saw from the sampled support plans that the service provides a person-centred approach to care. Clients are treated as individuals and the support plans reflect the specific needs of people who are referred to the service.

There is a clients' satisfaction survey which people are asked to complete six weeks after the service becomes involved. People are encouraged to use the form anytime they wish to make a comment about the service.

A Welcome Pack is informative and gives details of the kind of support that staff will offer, for example:

- * obtaining benefits
- * liaison with agencies for example housing and social work

Included in the pack is a summarised version of the most up-to-date Care Inspectorate report. There are also details on how to make a complaint to the service and, if necessary, to the Care Inspectorate.

Each client has a lead worker and as part of the inspection process we accompanied one of the workers on home visits. We saw that people are treated with respect and dignity and there is a strong culture of 'doing with' and not 'doing to' the clients.

During our time in the office, we could hear from telephone discussions and one-to-one conversations that staff are focused on helping people to achieve a level of independence that will assist them to maintain a tenancy and lead a better quality of life.

For people for whom English is not their first language, the service makes arrangements for interpreters. We saw during a home visit how valuable the interpreter is in assisting the worker to identify specific needs for an individual and advocating for the individual.

Areas for improvement

We noted some areas for improvement within the information pack. We concluded that more contact details should be included to make sure people have access to all of the agencies that can offer support. For example, the pack should include contact details for the Care Inspectorate and there should be reference to the fact that people can make a complaint to this organisation. (See Recommendation 1)

The pack also includes a list of 'useful telephone numbers'. Staff may wish to print those numbers that are unlikely to change or need amending for individuals; for example, Police Emergency, Fire Brigade Emergency, Ambulance Emergency and NHS 24.

We would also suggest giving contact details for the Refugee Council and local libraries.

There should also be a more service specific questionnaire in the pack. This could relate to the Care Inspectorate's quality themes. The questionnaire in the pack relates to the 'House to Home' service which is focused on the handyman service.

We note the associated expense in producing information packs for the very diverse client group. However, as English is not the first language for many of the clients, the staff team may wish to explore ways to make an 'easy-to-read' format that uses pictorial images and keeps text to a minimum. (See Recommendation 1)

The manager should develop a means to include the results of any client evaluation tool to inform the self assessment and service development plan.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should amend the current information pack to make sure people have full contact details of how to complain to the Care Inspectorate. The service should also give consideration to developing a pack that is accessible to people for whom English is not their first language.

National Care Standards - Housing Support Services - Standard 1: Informing and Deciding.

Statement 3

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

Service strengths

We found this service to have a good performance in the areas covered by this statement. We concluded this after we:

- * spoke to and received feedback from clients
- * spoke to staff
- * looked at the ways that the service actively engages with people
- * looked at sampled support plans

Each housing support plan details the identified supports that an individual will require. For example, help with benefits and form-filling, assistance to budget finances and help to familiarise people with the community.

We saw evidence that there is a system in place to make sure clients support plans are regularly reviewed. There was further evidence that invitations are sent to social workers to attend.

For those whom English is not their first language, the service will provide an interpreter. This helps people to be directly involved in all aspects of care planning.

Individuals who are referred to the service have a tenancy agreement. Staff help the client to set up payment schemes and then prompt them to make regular rent payments until they can complete this task independently.

We observed during our home visits that the worker often advocates for clients, for example for people whose tenancy has broken down.

There is a handyman service 'House to Home'. This service provides help to people who are moving from temporary to permanent accommodation. The service includes decorating and laying carpets. The handyman will also work with clients to show them how to hang wallpaper and paint.

The service offers training opportunities in catering, food hygiene and customer service in the service café. Volunteers can also work with the handyman service.

We saw that there is a good system in place for recording accidents and incidents.

Areas for improvement

The standard of information that is received from the referring agencies is generally very poor. Most of the referrals we sampled had gaps in key information particularly those that relate to risk.

For example, one referral stated that a client had been evicted but gave no further details, another that an individual was "fleeing violence" with no details and no associated risk assessment. Another referral we saw stated that a relative had asked the client to leave with no associated explanation.

A referral which raised particular concern in its absence of quality information was one which stated, "couple do not speak English - vulnerable, to be allocated as soon as possible".

We discussed this issue at length with the manager and co-ordinator. We also spoke with staff when we attended one of their team meetings. This is understandably an issue for all staff and seems to go unresolved despite attempts to repeatedly raise it with referring agencies. There appears to be a response from some agency staff that any information given is on a 'need to know' basis. This reflects a lack of understanding of the vulnerability of workers who often go into 'unknown' situations that may threaten the safety of the client and the worker.

As there are ongoing serious risks for workers, who often go into houses with the minimum of information, we believe that the management team should continue its discussions with the commissioning team to stress the need for improvement in this area. The management team can reasonably expect this issue to be resolved without further delay.

We noted from some of the sampled support plans that the risk assessment within the plan does not always reflect the risk that is sometimes identified while working with the client. For example, two people whose mental health indicated a risk to their health and wellbeing did not have associated risk assessments and action plans in the event of relapse. This is similarly required when someone is identified as having a drug or alcohol dependency or for those who have been violent. There is currently a good risk assessment form; staff need to use this appropriately. We would like to see more rigorous planning to make sure risk is minimised. This should include detailed risk assessments and clear risk reduction guidelines. These should be reviewed as required. (See Requirement 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must make sure that when there are recognised risks that have the potential to impact on the health and well-being of clients and others, there must be effective risk management in place.

All risk assessments must be completed with the client and all paperwork signed and dated. Reviews of the risk planning should be completed as required and should inform all care planning.

The Social Care and Social Work Improvement Scotland (Requirements) Regulations 2011 (SSI 2011/210), regulation (4) (1) (a)

Welfare of users

4. - (1) A provider must -

(a) make proper provision for the health, welfare and safety of service users

Timescale for implementation: December 2012.

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

We found this service to have a good performance in the areas covered by this statement. We concluded this after we:

- * spoke to and received feedback from clients
- * looked at the ways that the service actively engages with people
- * looked at minutes from a variety of meetings attended by clients
- * looked at the service support plans

The lay assessor spoke with six clients who were very positive about workers.

At a recent open day clients were asked for feedback on staffing issues. A DVD was produced and reflected the very positive comments that were also made to the inspector and the lay assessor.

We saw an evaluation sheet which invites people to comment on the handyman service. This is also an opportunity to discuss any issues people may have about staff.

The staff team looks at a variety of ways to meet with clients and get their feedback about all aspects of the service including staff. To increase attendance at meetings the service recently arranged a prize draw. Prizes related to housing, for example a furniture package was offered.

We spoke with care managers from external agencies who were very positive in their responses to our questions. We asked about the standard of support and the skills and experience of the staff team. The following comments are typical of the replies given:

"Very professional, I get on very well with the staff in the service."

"There is good communication from staff."

"Staff seem to be very good at engaging with people who are hard to work with."

"I think they are a very good service, some other services do not communicate as well as the staff from Unity."

Areas for improvement

We acknowledge that clients are sometimes only supported for short periods. We also note the challenges in finding ways to involve people who do not speak English. However we would like to see more people informing, for example, staff appraisals. Management may also wish to consider more client involvement in recruitment. We discussed some of the ways that can be done. For example, asking clients what questions they may wish to ask job applicants.

The management team may also wish to consider getting clients involved in training sessions. This could involve people sharing their experiences of what it is like coming to a new country and the process of seeking refugee status. Clients could speak with staff about their culture and encourage a shared understanding of the difficulties facing people when they move from their home country. In the absence of cultural diversity training, which was evaluated as not meeting the needs of staff, this practice may assist staff in their assessment and care planning.

We have also discussed with management some ways in which feedback about staff from clients can be sought. This should inform the self assessment and any action plan.

Grade awarded for this statement: 4 - 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 to have a very good performance in the areas covered by this statement. We concluded this after we:

- * spoke to and received feedback from clients
- * spoke to staff
- * looked at the ways that the service actively engages with people
- * looked at minutes from a variety of meetings attended by clients
- * looked at training records
- * evaluated the staff questionnaires that we sent out

We attended a team meeting and found the staff to be knowledgeable and skilled in their understanding of the challenges facing people who are homeless. Many of those we spoke with presented as committed to providing the best service they can.

Three of the staff we spoke with told us that the service is very good at seeking relevant training that is not part of the core training.

Almost all of the staff have completed the appropriate qualifications required as part of the registration process with the Scottish Social Services Council (SSSC).

We saw evidence that the service has 23 core training modules that make sure staff are equipped with the skills and knowledge relevant to their role.

We were told by staff that supervision is frequent and is a useful forum to discuss all aspects of their role within the service.

Staff also told us that the management team is supportive and approachable. One of the staff we spoke with suggested that because both of the managers had been support workers this helped them fully understand the challenges that come with the job.

Responses in the staff questionnaires we sent out were very positive. One person wrote:

"I feel very proud to be part of this organisation."

"This is a great team to work with."

"The company provide full support to enable the staff to do our role and duties as support worker requires."

Areas for improvement

The manager should develop a means to get feedback from staff that will inform the self assessment and identify areas for staff development.

It is suggested that training records be kept either by the individual worker or held locally by the management team. We note from the records we looked at that these are not always up to date and recordings suggest training gaps that are not accurate. These records are currently held centrally and there appears to be a margin for error in recording completed staff training.

When we spoke with some staff about the National Care Standards and best practice guidance we concluded that the team may benefit from more opportunities to link practice to these guidelines.

We note that a recent development will now offer opportunities to develop knowledge and relevant best practice. This will be assessed at supervision and workers can also use this development opportunity to identify training needs.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - 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 to have a good performance in the areas covered by this statement. We concluded this after we:

- * spoke to and received feedback from clients
- * spoke to staff
- * looked at the ways that the service actively engages with people

We saw that the management team actively seek ways to engage with clients. For example a recent open day was arranged primarily to give clients an opportunity to feedback and be involved in any service development.

There was evidence that staff have developed ways to get people to assess the service. For example:

- * questionnaires
- * reviews
- * 1:1 meetings
- * telephone calls

The service has a complaints procedure which is discussed with people at the initial visit with the support worker. Details are also in the information pack.

Please also refer to the strengths in Quality Theme 1, Statement 1, which are also relevant to this statement.

Areas for improvement

Client involvement is an area that requires some development, specifically in getting feedback about staff and management and leadership.

This was identified as an area for improvement by the manager in her self assessment. She told us of the challenges in developing participation methods that will address the very diverse needs of the client group.

We acknowledge the difficulties but suggest that the management team continues to explore ways that maximise the involvement of clients, staff and stakeholders. This is a necessary part of quality assurance. The self assessment should also show more evidence of client feedback and how that informs service development.

Grade awarded for this statement: 4 - 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 to have a good performance in the areas covered by this statement. We concluded this after we:

- * spoke to and received feedback from clients
- * spoke to staff
- * looked at the ways that the service actively engages with people
- * examined relevant paperwork

The managers complete a file audit of all the support plans. This identifies any areas that require to be updated.

Every month the manager completes a form that details the number of referrals and the number of planned and unplanned 'move-ons'.

Client questionnaires invite people to grade the level of satisfaction in the following areas of their life:

- * education
- * family life
- * hobbies
- * money and finance
- * life skills

The Chief Executive and the Director visit the office bases and invite people to meet with them on a 1:1 basis to discuss any issues.

Areas for improvement

We acknowledge that management continues to gather information but they do not use it in a structured way that informs service development. There is also an absence of feedback from staff, clients and professionals that could inform, for example, a service action plan. An annual report or business action plan could help to inform a range of people what the service provides and its plans for the future. (See Recommendation 1)

We would also like to see more quality assurance in the areas around timescales for people moving from temporary to permanent accommodation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should develop a system for monitoring and evaluating the work of the service. This should make sure that clients, carers/representatives and professionals are consulted and inform any service development plan.

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

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

N/A

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

6 Inspection and grading history

Date	Type	Gradings
21 May 2010	Announced	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership Not Assessed
3 Jul 2009	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
9 Jun 2008	Announced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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