

ARBD Southside Response Housing Support Service

SAMH
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Type of inspection: Unannounced
Inspection completed on: 20 June 2017

Service provided by:
Scottish Association For Mental Health

Service provider number:
SP2003000180

Care service number:
CS2006136878

About the service

ARBD Southside Response provides housing support and care at home for people with Alcohol Related Brain Damage (ARBD) within the Glasgow area. It is part of the Scottish Association for Mental Health (SAMH).

The service provides structured support to people with ARBD to help them maintain their tenancies and also become more socially included in their communities. ARBD Southside Response follows a harm reduction approach working towards abstinence.

What people told us

As part of our inspection we sought the opinion of people who use the service through questionnaires and face-to-face interviews. Some of the comments are given below:

'The staff listen to me. They're very friendly, warm and caring.'

'Staff offer me choices in activities that I like to be involved in. They protect my dignity and keep me safe.'

'I enjoy the service, it's fun. The staff are considerate.'

'Staff are honest, treat me well and listen to me. They respect me.'

'I don't know where I'd be without the support.'

'Staff are on time. They are reliable.'

Self assessment

The service was not required to submit a self-assessment for this inspection. We reviewed the provider's team and service development plans which highlighted its strengths and areas of improvement.

From this inspection we graded this service as:

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

What the service does well

ARBD Southside Response was supporting people to achieve very good outcomes and had made a number of improvements to their service. There was a strong understanding of harm reduction approaches to promote safer lifestyles. The service provided people with specific harm reduction plans to identify their personal outcomes and realistic ways to achieve these. People also had risk assessments and reviews which were outcome-focused to measure progress and meet support needs.

We saw very good examples that harm reduction was promoted to improve the physical and mental wellbeing of people. For example reduced strength alcohol was consumed by some people. Most people had achieved and sustained abstinence from alcohol. One man said he was now participating more in community life because of the support. He didn't know where he would be without the support.

There was improved practice around people's nutritional needs. People had specific assessment of their nutritional needs. Dietary choices and preferences were recorded. And managers sought advice from professionals when any concerns about nutrition or weight were identified.

We saw very good outcomes for people were achieved because the service worked collaboratively with other agencies. There were joint interventions with professionals from psychology, nursing, social work and other disciplines. Specialists also offered service staff training on a variety of subjects and this improved their knowledge and practice. Staff told us they were confident about meeting people's complex needs. Appropriate guidance was also available to staff and contributed to their knowledgeable approach when supporting people.

The service genuinely valued the opinion of people and used their perspectives to inform improvement. Supported people's opinion were sought through questionnaires, events and meetings. Managers used this information to create a service development plan.

The service also involved supported people in the recruitment of staff. People were encouraged to submit questions which were used as part of the interview and selection process. We saw four examples of this over the past year. This indicated a person-led approach and helped achieve generally positive relationships between staff and people.

We found managers had made a number of improvements. There was an efficient system of one-to-one and group supervisions, appraisals and team meetings. These systems provided staff with time to discuss best practice research, latest developments in the field and actively reflected on events. Staff who were unable to attend meetings could read and sign minutes to confirm they were informed. These improvements in systems contributed to a better informed workforce.

Managers ensured that staff take part in continuous professional development to provide good outcomes for people who use the service. New recruits had a comprehensive induction and training programme. Permanent staff were assigned keyworker and champion roles to develop their expertise. And there were examples of staff being promoted to more senior levels which improved the service's overall performance. Staff morale was also improved as workers identified opportunities for their development.

There was a more robust quality assurance system in place to ensure safe care was provided to people. Key Performance Indicators (KPIs) were developed to monitor personal plans, outcomes, reviews and other staff activities. There were regular audits on medication, finances and health and safety issues.

What the service could do better

Some people who use the service were living with dementia. Staff received appropriate training to ensure good care and support. We shared best practice guidance to help the service achieve a more dementia-friendly environment and we will review this at our next inspection.

People used care passports to highlight their primary needs in the event of hospital admission or other emergencies. Some care passports included inaccurate information. These should be kept up-to-date to ensure people get the right support and care.

Every person had a personal plan which included their support needs, risks and outcomes. We found a small number of plans were too brief, particularly when identifying risk. Some risk assessments were completed at the referral stage and did not reflect people's current needs. Managers said more recent risk assessments were completed but were removed from files for updating. The service should consider a tracker to prevent personal plans including inaccurate information when information is removed from them. We asked the service to develop risk assessments and include more detail.

The new system of KPIs could be used to quality assure records including risk assessments, care passports and minutes of meetings. This would ensure records were accurate, meaningful and contribute to supporting people well.

Managers and staff said regular team meetings were taking place. Several minutes were not easy to locate. We suggested that completed minutes were held within a central file to ensure staff read and know about any updates.

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 | |
|-------------|--------------------------|---------------------------|---------------|
| 21 Jun 2016 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | 4 - Good |
| 3 Jul 2015 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |
| 16 Jul 2014 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 3 - Adequate |
| 22 Jul 2013 | Unannounced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | 5 - Very good |
| | | Management and leadership | 4 - Good |
| 30 Jul 2012 | Unannounced | Care and support | 4 - Good |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | 4 - Good |
| 1 Feb 2012 | Unannounced | Care and support | 5 - Very good |
| | | Environment | Not assessed |
| | | Staffing | Not assessed |
| | | Management and leadership | Not assessed |
| 26 Aug 2011 | Announced (short notice) | Care and support | 2 - Weak |
| | | Environment | Not assessed |
| | | Staffing | 4 - Good |
| | | Management and leadership | Not assessed |

| Date | Type | Gradings |
|-------------|-----------|--|
| 4 Aug 2010 | Announced | Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed |
| 24 Sep 2009 | Announced | Care and support 6 - Excellent Environment Not assessed Staffing 4 - Good Management and leadership 5 - Very good |
| 14 Jan 2009 | Announced | Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good |

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