

Junction 52 Support Service

Penilee Community Centre
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Telephone: 01418 838 880

Type of inspection:
Unannounced

Completed on:
16 May 2024

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2003001071

About the service

Junction 52 service provides support services to adults with learning and/or physical disabilities. The service operates a day centre which is based in Penilee Community Resource Centre in Glasgow, and also provides community-based support services. It is operated by Capability Scotland, who provide a range of other support services throughout Scotland.

About the inspection

This was an unannounced inspection which took place between 14 and 16 May 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and gained the views of two of their family members
- spoke with nine staff and management
- spoke with one external visitor
- observed practice and interaction between staff and the people who used the service
- reviewed documents.

Key messages

- People experience high quality support where individuals are respected and valued.
- People's health and wellbeing benefited from effective assessment of their needs.
- Quality assurance and improvement were well-led.
- The staff team was working well together to promote a positive experience for individuals.
- People had access to a range of activities and local community links based on their preferences.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People's health and wellbeing should benefit from their care and support. We observed a team of dedicated and compassionate staff who clearly cared for the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. We saw that people supported were comfortable with staff talking and joking with them. This helped to make people feel valued.

People benefited from a welcoming, clean and bright environment. The service benefited from having a choice of large and smaller rooms that could be used for group and 1:1 activities. Each area was used for different activities. This provided people with a choice of where they would like to spend their time. The service was equipped to meet the needs of individuals. Spaces included a large hall with a stage, arts and crafts room, sensory room, home skill space and computer room.

The service had established communication links with families and other services. This allowed staff to share updates on how people had been whilst accessing the service. Medication was managed well. This helped ensure people were supported to take the right medication at the right time. There were daily checks in place to monitor the medication arriving and leaving from the service.

There were good links with local agencies and healthcare workers to promote wellbeing. There were examples that staff had appropriately engaged with external health workers to share updates or seek additional advice. Staff were responsive to people's needs, providing reassurance when this was required. When people required support with communication, this was offered in a discreet manner.

People were enabled to get the most out of life. The service provided a range of meaningful activities which were based on people's feedback and wishes. This included activities both within the service and the wider community. These included arts activities, music, external drama classes, technology based activity and outings in the wider community. The service promoted the activity schedule through meetings with those supported and these were advertised in the main area of the service. This allowed people to see what was on offer and what they would like to participate in. Through consultation with people, the service was planning a country and western day. This involved those accessing the service designing and creating the art work and props to be used for the day. One person told us 'I am excited for the day and enjoy preparing the decorations for this.' This promoted people's wellbeing.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People spoke positively about the management team who were seen as being responsive, approachable and supportive. One person told us, 'I have met with the manager, we had tea. I would be comfortable reaching out with any concerns and know these would be listened to.' The management team was working well together and shared the same goals for the service.

A range of quality audits had been completed, including personal planning, medication management, daily checks, finances, health and safety and people's experiences. Appropriate action plans had been developed where needed. Action plans had been reviewed to monitor progress made. This allowed the service to measure when improvements had been made and when these were still required. Staff were actively encouraged to participate in the quality assurance process. We heard that one staff member had volunteered to oversee fire safety and had begun daily checks. The service was supported by external management to complete quality assurance audits. The management team had an overview of the outcome of these audits and monitored progress.

The service used surveys and meetings to gather the views of people using the service, those closest to them and the staff team. This allowed for people to share their experiences. These views were used to shape the ongoing service improvement plan. This had resulted in a service improvement plan which identified strengths and where improvement was still required. There were plans in place to introduce a new format of this document to make it more accessible for those supported by the service. This would help to further involve people using the service.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staffing arrangements were determined by regular assessment of people's care needs and expressed wishes. We saw that staffing was increased, when required, to support activities and accessing the local community. There was enough staff to meet the needs of individuals. The service benefited from a stable staff team. Recent recruitment had been beneficial for the service. When permanent staff were unable to support the service, there was a robust relief staff team in place to offer support. This meant that people were being supported by staff who knew them well.

People should have confidence that the people who support them are trained, competent and skilled. Training was based on a training needs analysis with the management team engaging with the staff to identify the most relevant training to support individuals (a previous area for improvement has been met). This meant that training available was reflective of the needs of people. The staff team engaged with the training provided. Staff practice was assessed through observations of practice. We saw these being completed in relation to medication and manual handling. A new tool was being developed to monitor staff practice when supporting those living with epilepsy.

Feedback from staff indicated that the staff team felt that they worked well together and offered each other support. This allowed for informal peer support. One person told us 'I feel now that it is a great team working together to get it right for the people we support.'

Staff told us they were well-supported by the management team. It is important for staff to have protected time with their line manager. Staff supervision was scheduled for the year ahead. Staff spoke positively about this protected time with their line manager. This gave them the opportunity to discuss the service and express their views.

People could be confident that new staff had been recruited safely, and the recruitment process reflected the principles of Safer Recruitment Through Better Recruitment.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Since the last inspection, the service had introduced a new electronic personal planning system. This allowed staff to have easy access to personal plans to guide them to support individuals. Staff spoke positively about the new system and the support that had been offered by internal and external management. This helped to increase staff confidence when using the new system.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans were written in a person-centred way and involved those accessing the service and those closest to them. This had resulted in clear personal plans which included people's wishes and preferences. People were recognised as experts in their own experiences, needs and wishes. People were supported by a range of risk assessments. These had been completed well and in detail. This ensured people were supported according to their needs and expressed wishes.

The service had an overview of reviews which identified those that had taken place and those planned. This is important to give those accessing the service, and those closest to them, the opportunity to be involved in their care and support. The service was working with staff to ensure a consistent approach during the review process.

Staff completed daily notes on the new system. These were being completed routinely. We shared some examples where some daily notes could better capture outcomes for individuals. The management team had identified this and were keen to take this forward.

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

Requirements

Requirement 1

By 16 February 2024, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This requirement was made on 26 October 2023.

Action taken on previous requirement

The service had enhanced the quality assurance processes within the service. This was supported by internal and external management. Some staff had been keen to be involved in monitoring aspects of service delivery. See comments under How good is our leadership?

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

A personalised, outcomes focussed support plan should be in place for each individual. Records should be regularly updated and the impact of supports reviewed. This is to ensure that people who use the service have their needs, wishes and preferred outcomes met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (1.15).

This area for improvement was made on 26 October 2023.

Action taken since then

People had an outcome focused support plan in place. The service had introduced a new electronic system to enhance this area. See comments under How well is our care and support planned?

This area for improvement has been met.

Previous area for improvement 2

People who use the service should benefit from being supported by a staff team who have been appropriately trained and developed to undertake their roles. A training needs analysis should be completed, and a training plan devised to ensure that staff are equipped to practice safely and effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (3.14).

This area for improvement was made on 26 October 2023.

Action taken since then

The service had sought feedback from staff regarding training needs. This had been used to source training. Staff spoke positively about the supervision process. Staff competency assessments were being completed. See comments under How good is our staff team?

This area for improvement has been met.

Previous area for improvement 3

A service improvement plan should be developed with input from the people who use the service, families/representatives, staff and stakeholders. Where improvements are identified clear action plans, with timescales for completion, should be recorded. Regular reviews of the progress made should be undertaken and recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 26 October 2023.

Action taken since then

The service had a robust service improvement plan in place. The service was regularly seeking the views of those accessing the service and those closest to them. See comments under How good is our leadership?

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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