

Transform Community Development Housing Support Service

Transform Community Development
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Unannounced

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Service provided by:
Transform Community Development

Service provider number:
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Service no:
CS2004078915

About the service

Transform Community Development is a housing support service operating throughout the city of Dundee.

The service provides temporary support and accommodation to up to 22 people experiencing homelessness in one premise within Dundee. A second element of the service is the Housing First service who work with people with multiple and complex needs experiencing homelessness or at risk of homelessness across the city.

At the time of inspection, 74 people were being supported by this team, maximum capacity for 84.

About the inspection

This was an unannounced inspection which took place from Tuesday 23 July to Thursday 25 July 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 five people using the service. We also spoke with eight members of staff and three visiting professionals. Through the course of our visit we informally observed practice and interactions within communal areas and reviewed many documents including, but not limited to;

- Six Care Plans.
- Safe Staffing compliance through support for staff.
- Review Tracker/Planner.
- Service Improvement Plan.
- Quality Assurance measures.
- Participant one-page profiles.
- Recruitment records.
- Staff Supervision/Appraisal Records.
- Staff meetings (Staff Action Group).
- Audits (e.g. medication, incidents, supervisions).
- Training Records (incl. Child and Adult Protection).
- Maintenance Records.
- Internal complaints procedure.

Key messages

- Staff and Management were very good at developing meaningful relationships with people.
- Management and staff were passionate about maintaining high quality of care.
- The service continued to explore how it could evidence its person-centred approaches.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement, initially in relation to Core Assurances.
- A clear restraint policy was in place.
- There were good processes in place to enable professional discussion and reflection on practice.
- There was some very good partnership working being done with local authority and third sector provision.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We saw and heard that there were warm, encouraging and positive relationships between staff and people accessing the service. Although we only informally observed some interactions, people told us how warm and caring staff were in their individual, personal supports. People were very clear that this helped them move towards their personal goals.

People told us that they felt respected and listened to because their wishes and preferences were used to shape how they were supported. This often included if they wished to decline an aspect of their support. Many people within this service had capacity and were more than capable of voicing their choices and opinions.

We heard of examples where people experienced support that promoted their identity, independence and choice. We heard of participants working within the food distribution part of the organisation and, through this, they felt connected within this work community and gave them a sense of belonging.

People's rights were very much respected and promoted. They were treated fairly, and staff actively challenged any form of discrimination. It was a key role of this service to ensure rights were upheld when society was discriminatory, for example, if participants were victimised and legal protection was necessary. This may mean that choice and control were restricted, but these were kept to a minimum and carried out sensitively.

People were well informed about their citizenship rights, and this was evident, for example, in seeking legal identity and medical care for any overseas participants. People were actively supported to understand and exercise these rights and they felt empowered because their voices were heard and action was taken.

Without question, staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. However, people supported by the service did not seem interested in being involved in decisions about their service. Their interests were often more personal, fundamental and immediate.

How good is our leadership?

4 - Good

Participants supported by the service were provided with the right support to meet their outcomes. Staff were very observant and responsive in continually evaluating people's moods and expressions. Although people were well informed about any changes to their service, they expressed that they were more concerned with fundamental supports being maintained. Their concerns were around care and support being consistent and reliable. They told us that this preference was met.

We saw that the service had sought the views and opinions of staff in relation to what the service did well and what they could improve. This was at an early stage and no action plan had yet been compiled as a result. We felt that this was good work which indicated a commitment to seeking opinion from which to formulate improvement. We suggested that there was a further step to this process which involved the evaluation of how the service meets core assurances. We asked that the service look into the tools available through the Care Inspectorate website and consider how these could be incorporated into their quality assurance and improvement processes.

It must be stressed that there was no concern that staff were not involved in comprehensive quality assurance systems and activities, and we saw comprehensive data analysis and pie-charts to evidence this. We understood that opinion will continue to be sought on a quarterly basis which will feed into future service developments.

As previously indicated, seeking opinion from participants was not straight-forward when this was not a priority for them. Also, we found that it is often difficult for them to criticise the very lifeline that supports them. To this end the service perhaps needs to be creative in how it gathers this information from which to react and improve.

We saw one internal complaint which the service had fully investigated and took responsibility for a contractor's poor service. This gave us confidence that where things go wrong with a person's care or support, leaders investigate and would offer a meaningful apology and learn from mistakes.

We saw that there were a wide selection of audits and checks including care planning and incidents. We discussed that some of those more relevant during Covid-19 such as infection prevention and control (IPC) still remained beneficial post-Covid. The service should consider, in accordance with standards and health guidance, which domestic tasks required to be maintained.

How good is our staff team?

4 - Good

Staffing arrangements within this service were determined by a process of continuous assessment. It was crucial, for the positive support of people, that there was careful matching of staff to participant. Being able to provide a trusting and respectful support entirely depends upon this careful initial matching stage and also takes account of compatibility and continuity.

From people we spoke to, we found that this stage had been generally successful and this was evident in the comments we received about staff.

Feedback from all parties contributed to how scheduling arrangements were planned. This included how best to deploy staff to support people's preferences but also in times of crisis or risk when staff safety was also a consideration. However, it was clear that people using the service, and staff, benefitted from a warm atmosphere because there were good working relationships.

There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. We read minutes of staff action groups which fed into management team meetings, this showed that staff could contribute to service development.

We found, and we heard, that staff have time to provide care and support with compassion and engage in meaningful conversations and interactions with people. This was summed up by one comment, 'They (staff) are very super personal. They never say don't have time, they always have time'.

We looked through the paperwork of the most recent recruits and we found this to be compliant with safer recruitment guidance. This included receiving two references and ensuring a PVG was in place prior to a start date. We also saw that there was provision for home office checks should this be necessary.

We heard of a couple of scenarios where staff required some additional personal support. Staff concerned were extremely appreciative of this and it demonstrated an investment in staff wellbeing and evidence of, in part, meeting Safe Staffing Regulations. We also saw that a Staff Development Day was planned for the

near future which showed a combination of fun and wellbeing. This service has always invested in the welfare and support of the staff but thought should perhaps be given to how this support could be formalised to ensure it is meeting all aspects of the new Safe Staffing Regulations. We sign-posted the manager to some related materials.

Participants acknowledged the support they have received from staff with some pertinent comments:

'Can't thank them enough from the bottom of my heart'.

'It's always the same person, they help with my shopping'.

'Staff are lovely. Staff are brilliant'.

'They're good, attentive. Support is good'.

How well is our care and support planned?

4 - Good

It was clear that observing care standards, professional codes and the need for individual outcomes was not a priority for the participants within this service. As noted earlier, personal goals for those within this service tended to be more personal, fundamental and immediate.

Despite this we found that the service had produced good care plans for those in the service. From those we sampled we found that there were good baseline assessments and outcomes noted. However, the 'outcomes' noted were often actually outputs. For example, 'suitability of property' and 'money matters' may be better as outcomes of 'feeling safe' and 'independence'. The manager clarified that these entries in the personal plan were predetermined entries and cannot be edited. This is something that the service may wish to address as it develops these systems.

What was clear was that the personal planning that was in place maximised people's capacity and ability to make choices. This included the potential for people to reduce risks associated with lifestyle choices, reduce the support they received or change how it was provided.

Much of the support this service provided was crisis intervention. Safety plans or Risk Assessments were based on identifying warning signs, immediate risks and how to reduce these to stay safe, including coping strategies and who can help. Clear protocols were also evident in relation to staff safety, for example, staffing levels if behaviours indicated a degree of risk.

Although not a priority for participants, personal plans were regularly reviewed, evaluated and updated, involving relevant professionals, taking account of good practice and people's own individual preferences and wishes. We received very good feedback from allied professionals who worked closely with the service. Some of these comments included,

'The service is invaluable and Transform staff are extremely engaging with both people who access support from their team, and with colleagues from my team'.

'The referral processes at Transform are well thought out and effective....I appreciate how Transform identifies risks but is proactive in overcoming them'.

Where people were not able to fully express their wishes and preferences, individuals who were important to them or have legal authority were involved in shaping and directing the personal plans. However, family support within this service is not often possible, so advocacy support has been sought when appropriate. We also spoke to one participant with little English, who used a translation service from his phone. He commented, 'communication is good...language is not a barrier'.

We saw that risk assessments and safety plans were used to enable rather than restrict people's actions or activities. Sometimes they were there to maintain safety and we read a comprehensive policy which clearly explained restrictive interventions (see previous area for Improvement). People understood the reason for this policy and were supported to comply with its conditions.

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

Requirements

Requirement 1

The service must by 31 May 2024, undertake a fully consultative self-evaluation and, thereafter, compile a service improvement plan. The Care Inspectorate document 'Self-Evaluation and Improvement' (September 2019) was sent to assist in this process.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I can be meaningfully involved in how the organisations that support and care for me work and develop". (HSCS 4.6) and

"I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership". (HSCS 4.7).

Also the Code of Practice for Employers of Social Service Workers which state you will:

"Have systems in place to listen to and consider feedback from people who use services, carers and other relevant people, to shape and improve services and the performance of social service workers." (2.3)

This requirement was made on 1 March 2024.

Action taken on previous requirement

We saw that there have been discussions, as minuted, around self-evaluation and improvement. Questionnaires have been completed by staff and by participants, staff responses illustrated on pie-charts. Further evaluations will be done in this quarter from which to compile an action plan.

We see that the service has laid good foundations in the process and they appreciate that evaluation/ improvement is an on-going and continual process. So, although we consider that this requirement is met, it will never be completed. We will continue to monitor this area of Quality Assurance at subsequent inspections.

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

The service would benefit from having a clear and concise policy on restraint. This would clearly define the limits and reasons for restrictive practices. It is important that staff are aware of when restraint is, and isn't acceptable, and what documentation needs to be in place in respect of human rights. The manager was sign-posted to Mental Welfare Commission guidance. Further reflective discussion would also be beneficial.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively'. (HSCS 1.3).

This area for improvement was made on 1 March 2024.

Action taken since then

We read a very comprehensive policy on Restraint (referred to as 'Restrictive Interventions') which detailed key objectives, Indirect limits to Freedom, Restraint by Default, Restraint through interpersonal control, and Regulations. It also details the Lawful Use of Restraint, including Self-Defence, Necessity and Duty of Care. It notes related policies and guidance.

We heard that this issue had been the content of recent training for the staff team.

Previous area for improvement 2

The manager, and staff, should seek and implement tools and templates which will assist in promoting a person-centred approach to supporting the people within the service. Some respected sources of person-centred information were shared with the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am recognised as an expert in my own experiences, needs and wishes.'(HSCS 1.9); and

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.'(HSCS 3.13).

This area for improvement was made on 1 March 2024.

Action taken since then

We read a sample of 1-page profiles which were basic in content but it is understood that this was a first-step to introduce the concept to participants. Although being 'basic' with sections on 'A little bit about me' and Likes/Dislikes, those we read were genuine and honest.

We discussed the difficulties of encouraging participants to engage with this exercise, but it was felt that others may see the benefit in the longer term.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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