

## Glasgow Area 2 Housing Support Service

Community Integrated Care  
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**Type of inspection:**  
Unannounced

**Completed on:**  
22 July 2024

**Service provided by:**  
Community Integrated Care

**Service provider number:**  
SP2003002599

**Service no:**  
CS2004073808

## About the service

Glasgow Area 2 is a Housing Support and Care at Home service. The provider is Community Integrated Care.

The service is provided for adults with a learning disability. Some of the people who use the service also have an additional physical or sensory impairment, and complex communication support needs. The service can also support up to ten people with physical or mental health needs or acquired brain injury living in their own homes. Five staff teams currently provide care and support to people in their own homes, either individually or in groups of up to six, located across 12 houses mainly in Glasgow. The service is organised into five 'clusters' with a service lead for each, the registered manager oversees these five hubs.

At the time of the inspection the service supported 38 people.

## About the inspection

This was an unannounced inspection which took place between 16 and 22 July 2024. The inspection was carried out by two inspectors 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 eight people using the service and one of their family.
- Spoke with 13 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals from Glasgow Health and Social Care Partnership.
- Received responses to an online survey from, four staff members, four visiting professionals and eight people using the service.

## Key messages

People were supported by a staff team who understood their health needs and ensured that people were kept well.

People were supported to achieve individual goals such as going on holidays or purchasing bigger items.

Staff should improve recording practices to reflect the experiences of people. This would help to ensure that people are living good lives by allowing for review and reflection.

The provider's systems for ensuring quality could be improved by using a consistent method across all 'clusters' of the service.

The provider should develop clear guidelines for ensuring relevant reporting of incidents both internally to management and externally to other agencies.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## 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?	3 - Adequate
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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

### Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

People told us about the support they received and the positive experiences in their lives. We heard about volunteering opportunities, holidays, concerts and big household items people had been supported to save up for and buy. This meant that people received personalised support that allowed them to set their own outcomes.

We observed positive interactions between people and the staff that supported them. Which meant that people were comfortable with their staff team and had good relationships with them. This ensured that people experienced consistent support.

People were supported with meal planning, shopping and cooking. People on special diets were kept safe by storing their food separately to prevent cross contamination or mix up. Some people had successfully lost weight with the support from the team to eat well and move more. This promoted health and wellbeing.

The service had been working alongside health professionals to ensure that people received good care. This included additional training and support from learning disability nurses to ensure people were well supported with their medication and speech and language therapists who were supporting staff to give good support for safe eating and drinking. Staff members told us they had welcomed this training, which enabled them to feel more confident in their role.

We reviewed recording of medication given and storage practices, these were completed to an acceptable standard. Daily medication counts helped give assurance people were given the right medication at the right time. This supported people to receive their medications safely. We did not see evidence of quality assurance processes being carried out to ensure that standards were upheld. This included ensuring that protocols for giving as required medications matched practice and that all outcomes of these medications were clearly recorded. Work was ongoing with other services to continue to improve medication recording practices.

We were pleased to hear about additional training recently developed for all staff, which was in the process of being rolled out across the service. This training focussed on roles and responsibilities for staff. This was intended to encourage the staff team to support people to have the best lives possible whilst ensuring they are kept safe. People were supported with Positive Behavioural Support principles in mind, this is an ethos of support where the environment and staff interactions with people are designed to limit any stress or distress experienced by the person.

## How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

### Quality Indicator 2.2 Quality assurance and improvement is led well

The provider had a quality team who provided feedback based on audit information to the registered manager. In addition, service leads audit their own clusters and share this information with the registered manager. This meant the service had the required tools to audit service quality effectively, however, these were not being used to improve outcomes for people. We found several incomplete audits, and action plans missing dates for completion of actions. A lack of follow up meant we could not see that the tools used were effective for monitoring outcomes or progress. It was unclear that areas of action identified by auditing were followed up on because recordings lacked sufficient detail. This meant that we could not be confident quality assurance processes were effective and supported a culture of continuous improvement. A culture of continuous improvement supports improved outcomes for people and for staff.

Service improvement and action plans were developed, however these were not outcomes focussed. These should be written to identify intended outcomes and progress made towards meeting these. There was a lack of oversight by management to ensure actions were completed. Although Service leads had their own improvement plans, these were all developed using a different format, this meant that these could not be easily mapped and monitored across all the clusters. Guidance from senior management would be beneficial to ensure that auditing and planning is effective in informing positive change in the service. Plans should be based on SMART principles (Specific, Measurable, Achievable, Relevant, and Time-Bound). This meant that plans were not measurable nor were they monitored to ensure progress. An area for improvement made at a previous inspection relating to ensuring actions are followed up had not been met and is still outstanding. **(See area for improvement 1)**

Previous areas for improvement relating to developing an improvement plan had not been fully met and we have re-written these to reflect progress made as well as changes to expectations on services. **(See area for improvement 2)**

Work was underway to make ongoing improvements to the service. The provider was undertaking an in depth improvement project which had been in progress for a period of time prior to our inspection. This showed that the service was committed to ongoing improvement. The actions defined in the service's improvement plans were nearing completion at the time of the inspection and it was expected that these would lead to improved outcomes for people. We welcomed the provider's holistic response to the areas of improvement they had identified. Some new developments were planned or in initial stages, these included developing methods for people to give feedback to the provider via a 'voice' group and a new tool that focussed on the care inspectorate's quality framework. These should support better quality feedback and monitoring of outcomes and ensure that people can expect to be involved in developing the service they use.

We reviewed the handling of a complaint that we were recently alerted to and found that this could have been managed better. We were concerned that we were not notified, as expected, of the issues raised in the complaint. We found other areas where appropriate reporting procedures had not been followed, some discussion of this was recorded in minutes of team meetings. This meant we were not confident that staff at all levels understood their responsibilities to report information internally or to external organisations such as the care inspectorate, social work or other professional bodies. **(See requirement 1)**

## Requirements

1. By 31 October 2024 the provider must ensure that staff at all levels understand their responsibility for making appropriate notifications to senior staff and external bodies.

To do this, the provider must, at a minimum:

- Ensure there is clearly written guidance on what constitutes a notifiable incident.
- Ensure that there is clear guidance on lines of internal reporting, for example, staff on shift must use the on-call system to report in the absence of a service lead.
- Ensure that guidance is clear on how to make notifications to external bodies.
- Provide training to all staff on this guidance and support learning to ensure it is understood.

This is to comply with: Regulation 4 (1) (a) Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011 and; Health and Care (Staffing) (Scotland) Act 2019 section 8.

This also ensures care and support is consistent with the Health and Social Care Standards (HSCS), which state that; 'I use a service that is well led and managed' (HSCS 4.23).

## Areas for improvement

1. For people to benefit from improvements to the service the manager should ensure that areas identified from the service's quality assurance procedures needing attention are followed up.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state; "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 in March 2023.

2. The provider should create a robust, aspirational and outcomes focussed service improvement plan(s). This should use SMART (specific, measurable, achievable, relevant and time-bound) principles to ensure that actions can be measured effectively, and each cluster should use the same format to support review and monitoring. These should be developed using information gathered from self-evaluations, audits and stakeholder feedback.

This ensures care and support is consistent with 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).

## How good is our staff team?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

### Quality Indicator 3.3 Staffing arrangements are right and staff work well together

There had been staffing challenges in some of the teams which impacted on the development of a strong and stable staff team. Feedback from staff and management was that the situation had improved and there was a reduction in the use of agency staff. This meant that people were supported by people who knew them and understood their needs.

People supported by the service had individual packages of care based on their needs and agreed with commissioning partners. This meant that staff teams were built around the individual to support them to meet their outcomes.

Recruitment practices included matching the applicant's interests, skills and personality to the person they would be supporting. This helped to ensure that staff were placed where they were best suited to match the needs and interests of the people in that service. We observed that staff and people had good rapport, and that people were comfortable with the staff supporting them. This meant that there was a positive and warm atmosphere within the services.

Staff had the time they needed to provide people with good support at their own pace. People had their own plan, and staff were allocated to support the person to meet this plan. This meant that staff were supporting people at the times they needed support, this included overnight support to attend events or short breaks.

Staff were supported through a variety of initiatives from the provider including access to a wellbeing hub. Supervision processes ensured that staff and management discussed training and support needs for staff. This meant that there were opportunities for staff to discuss their development needs to ensure they provided good quality care to people.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

### Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans were well written, person centred and written in a way that was respectful to the person. There was a good level of detail in plans to ensure that staff knew people's likes, dislikes and routines. This meant that plans gave clear direction to staff about the needs of the people they were supporting.

Recording of actions taken to support people's health, personal care and dietary needs were sufficient however this did not extend to recording of activities or other personal outcomes. The care planning software used in the service had a section for individual outcomes. This was not consistently used which meant that recording of individuals outcomes and the support given to achieve these was not clearly recorded for all people. Individuals were able to tell us of outcomes they achieved such as holidays, individual purchases or volunteering opportunities but recording practices did not fully evidence these. Similarly, daily recording of people's activities did not reflect their weekly planners when these were in place or show a full picture of what a person did with their day. **(See area for improvement 1)**

Limitations to the software used for recording formal reviews of people's care meant that we could see who had attended these but not what each contributed to the discussion. This meant that we could not be clear that the person or their family were involved in reviewing the plans or setting their future outcomes. **(See area for improvement 2)**

Audits of care plans had not been effective at picking up on inconsistencies. When aspects of people's plans were updated following review or interventions from other professionals, we found that these would be updated in one section but not updated elsewhere. This led to inconsistent information in plans. Although regular staff knew which information was up to date; new staff, staff covering from other services, or agency staff may be unclear about people's current needs. **(See area for improvement 3)**

## Areas for improvement

1. In order that people's outcomes are planned for and met, the provider should ensure that record keeping improves.

This includes, but is not limited to:

- Ensuring that intended personal outcomes are clearly defined in people's plan.
- Ensuring that actions taken to meet these are recorded.
- Ensuring that activities the person took part in are clearly recorded in their daily notes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state; "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

2. To ensure that people and their families are involved directing care and support, the provider should ensure more detailed recording of review meetings. These recordings should show who was involved and how they contributed to the review.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17) and "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

3. To ensure that information in people's plans is consistent and up to date the provider should ensure that all plans are audited and that changes are updated in all sections of the person's plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state; "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" (HSCS 1.15).

## 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

So that people benefit from a service focused on continuous improvement, the manager should develop a service improvement plan. This plan should include areas for improvement identified by the manager, findings from this inspection, and take into consideration the views of people supported by the service, family carers, staff and other interested parties.

**This area for improvement was made on 6 March 2023.**



**Action taken since then**

There were service improvement plans in place for each of the five 'clusters'. These were limited in scope and were not outcomes focused. Each service lead completed their own plan, and these were not in a consistent format that could be mapped across the whole service. This meant these could not be reviewed based on a full overarching plan for the whole of the area covered by the registered manager. These lacked information such as dates and some important tasks had not been signed as completed.

We have written a new area for improvement to reflect progress made and the need for a more consistent approach across the service.

**Previous area for improvement 2**

For people to benefit from improvements to the service the manager should ensure that areas identified from the service's quality assurance procedures needing attention are followed up.

**This area for improvement was made on 6 March 2023.**

**Action taken since then**

Each service lead had their own improvement plan. These detailed actions to be carried out. These lacked information such as dates and some important tasks had not been signed as completed. While we were assured that some unsigned actions had been completed the recording practices did not reflect this.

**This area for improvement has not been met and is restated under Key Question 2.**

**Previous area for improvement 3**

The legal guardian and family of a person experiencing care should be provided with the opportunity to contribute to, and review care plans. When they do, the information should be clearly recorded within the care plan.

This is to ensure care and support is consistent with Health and Social Care Standard 1.9; 'I am recognised as an expert in my own experiences, needs and wishes'.

**This area for improvement was made on 14 February 2023.**

**Action taken since then**

Records of reviews showed that family members were invited and who attended the meeting. The quality of recording on the system used by the provider meant that contributions made during the meeting were not clearly recorded.

This is reflected in a new area for improvement.

**Previous area for improvement 4**

The manager should ensure all staff are aware of their responsibilities in accordance with the care plan to ensure effective communication with families and legal representatives.

**This area for improvement was made on 6 March 2023.**

**Action taken since then**

Training was taking place to ensure staff had a better understanding of their responsibilities. However, we found that staff at all levels, including senior staff did not have a clear understanding of what information should be reported.

We have reflected this in a new requirement that replaces this area for improvement.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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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