

Direct Access Hostel Housing Support Service

Kingston Halls
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Glasgow
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Telephone: 01414 180 955

Type of inspection:
Unannounced

Completed on:
12 September 2024

Service provided by:
Talbot Association Limited

Service provider number:
SP2003000185

Service no:
CS2004077334

About the service

Direct Access Hostel is registered as a housing support service and provides emergency accommodation with capacity for up to 61 men aged 18 and over. The provider is Talbot Association Limited.

The service is building based and is located in a historically old building which has been upgraded to provide suitable short stay accommodation.

The service supports people who have become homeless for a variety of reasons, this could be as a result of addiction, fleeing violence, past trauma or relationship breakdown. Referrals to the service come directly from Glasgow Health and Social Care Partnership (HSCP).

At the time of inspection there were 57 people using the service.

The service is conveniently situated for all local amenities, as well as having easy access to Glasgow city centre with good access to public transport.

About the inspection

This was an unannounced inspection which took place on 20, 21 and 22 August 2024. The inspection was carried out by two inspectors from the Care Inspectorate. We gave provisional feedback on 22 August and concluded the inspection on 12 September 2024.

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 11 people using the service.
- spoke with eight staff, management and senior management
- observed practice and daily life
- reviewed documents.

Key messages

- People experience support from staff who are caring and committed.
- Rota planning should take account of other factors to ensure that staffing levels and staff deployment is sufficient to meet the needs of people using the service.
- Systems to ensure quality and drive improvement should be improved to be more effective.
- Senior management oversight and support should be more robust to effect improvements and promote accountability.
- 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?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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.

From daily notes sampled it was evident that staff monitored and encouraged people's attendance at health appointments to address any existing or new health concerns. We saw instances where assistance with travel to appointments was provided when people did not have the financial means to attend. This demonstrated that staff prioritised people's health.

There were private spaces within the service where people could meet with their care managers to discuss the progress of move on options and any additional support needed. A treatment room was available for people to use, affording them privacy when meeting with visiting health professionals.

Staff carried out regular welfare checks to ensure that people were safe and security measures and house rules were in place to promote people's safety, including restrictions to people being able to spend time in each other's rooms. A close circuit television system was in operation and covered most communal areas in the building. This provided additional security for residents and staff.

Whilst people we spoke with said that generally they felt safe at the service, they also commented that they felt that staffing levels were not always sufficient to manage the potentially challenging situations that occur within the service periodically. We shared these concerns with the manager and senior managers.

To support people at risk of opiate overdose, staff were trained to administer Naloxone and there were instances where this had been used with good effect prior to emergency services attending.

Key working provides an opportunity for people to build positive and trusting relationships with staff and whilst most people we spoke with knew who their keyworker was, some people said that they didn't have regular meetings with their keyworker.

It is important that people have the opportunity to discuss any concerns they have, this enables staff to identify any additional support that they can offer, for instance signposting people to other services offering support. We saw some evidence that key working sessions were taking place, but could not be confident that this was happening consistently or being prioritised.

Overall, people were positive about staff and indicated that staff treated them well and with respect, and staff we spoke with presented as enthusiastic and committed and demonstrated positive values aligned to the Health and Social Care Standards.

We spent time talking to people over lunch and people said that the quality of meals was good. Some people commented that the evening meal was served too early, however, confirmed that there were snacks available in the evening. Facilities for making hot drinks were available, however, people said that the water wasn't always warm enough. We discussed this with the manager at feedback and they agreed to address this.

We saw that there were organised activities, however due to competing priorities, those organised by staff were limited. It was evident from surveys carried out on activities that had taken place, that people had enjoyed these. These provided an opportunity for social engagement and stimulation. Staff we spoke with were able to articulate the relationship between activities and wellbeing, and the benefits from people having positive things to occupy their time.

Some people spoke about levels of cleanliness at the service indicating where this could be improved. We acknowledged that the housekeeping team had been depleted and were now back to a full team. We identified some infection prevention and control concerns (IPC) that needed to be addressed as a priority and the manager responded quickly to this. More robust monitoring of IPC management was needed to reduce potential risk to residents. See area for improvement 1.

Areas for improvement

1. The management team should improve infection prevention and control measures to ensure that systems in place are robust and provide people with sufficient protection from the risk of infection.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23) and 'My environment is secure and safe' (HSCS 5.17).

How good is our leadership?

3 - Adequate

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

We reviewed the range of systems in place to monitor and manage the quality of service provided and the effectiveness of these. A service improvement plan was available, and we saw that this was a working document. Where improvements had been identified, the source of these was evident, for instance through audit or from feedback from residents, and where actions had been planned from improvement areas identified, these were being completed. This contributed to a more cohesive approach towards driving continuous improvements.

During this inspection we identified some improvements that should have been picked up through robust auditing and the manager was responsive to suggestions we made such as projecting tasks through the diary to promote accountability and identifying workforce development needs.

We discussed the role of self evaluation in driving quality at the service. This will help the provider to identify what it is doing well and where improvements are needed and will further enhance the quality of improvement plans to support better outcomes for people supported by the service.

We looked at the system in place to audit support plans. This was linked to keyworker caseloads and aligned with staff supervision. Whilst this system did identify where improvement could be made, it was not effective enough to ensure that paperwork was being completed timeously. This meant that risk assessments and support plans were not in place for some people who had been in the service for weeks and sometimes months. This was an area for improvement identified at the previous inspection and will now be included in a requirement. See requirement 1.

Whilst support plans were being audited, this did not include a review of the quality of information contained within them. As a consequence, we saw that the quality of information was variable and opportunities to identify any potential support and development needs of staff and improve standards were being missed. See area for improvement 1.

We acknowledged that some people may move through the service quickly meaning that it can be more of a challenge to fully develop support plans and for staff to build the relationships with people that help facilitate this. However, it should still be possible to develop initial risk assessments, associated risk management plans and initial support plans from the referral information provided. See requirement 1.

We concluded from supervision minutes sampled and from speaking with staff that supervision had little or no focus on staff development, staff reflection or wellbeing. This meant that supervision did not afford staff the opportunity to receive feedback on their practice or the chance to explore any further development needs that may enhance their knowledge, skills, and competence. See area for improvement 2.

From staff meeting minutes sampled there was limited evidence to suggest staff engagement and contribution in this process and this echoed comments made by staff that their feedback doesn't effect change. As a consequence, there is a risk that staff are less likely to make suggestions for improvement and offer valuable insights. We suggested that senior management explore with staff the areas affecting morale. We suggested that the manager consider potential alternative team meeting times to include night staff.

There was evidence of regular residents meetings, however, minutes sampled indicated limited participation from residents. We acknowledged that these minutes may not be fully reflective of discussions that took place.

Feedback surveys provided an opportunity for people to comment on the quality of service they received. Surveys were themed and those we looked at generally indicated that people were satisfied. It would be useful if an analysis was carried out. This could be displayed indicating levels of satisfaction, where improvements had been identified and what the management team had done to address these.

Effective leadership, governance and accountability at all levels is key to a robust and effective quality assurance system. We saw no evidence of formal systems in place to provide reassurance that senior management had contributed to or had oversight of quality assurance and quality management to be able to effect improvements at the service. See requirement 2.

Whilst we acknowledged that improvements had been made since previous inspections, further improvements were needed to strengthen quality assurance systems and sustain any progress made.

Requirements

1. By 18 October 2024, the provider must make proper provision for the health, welfare and safety of service users. To do this, the provider must, as a minimum:
 - a) ensure that risk assessments are completed in collaboration with people being supported at the earliest opportunity, review these regularly and update after any incident or significant health issue.
 - b) ensure that an initial support plan is created in collaboration with people being supported at the earliest opportunity, review these regularly and update to reflect people's needs.

c) ensure that where it has not been possible to engage people in the development of risk assessments, care plans or key working meetings, that records reflect this.

d) audit the quality of information within support plans, risk assessments and risk management plans to ensure that these are detailed and meet expected standards.

e) liaise with care managers at the earliest opportunity to arrange a first review date.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

2. By 18 October 2024, to support effective governance the provider must ensure that quality assurance for the service is responsive and is carried out effectively. To do this the provider must, at a minimum:

a) review governance arrangements to ensure that senior management with operational responsibility and/or a remit for quality have oversight and are accountable for monitoring quality management and quality assurance at the service.

b) ensure that there is practical assistance, guidance and support for the management team from senior managers to support robust and effective quality assurance that leads to and sustains improvements at 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 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).

Areas for improvement

1. Managers should evaluate staff competence and confidence in developing and updating risk assessments and care plans to help inform workforce development and contribute to effective practice.

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), and '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' (HSCS 3.14).

2. To support staff wellbeing and ongoing development, the management team should ensure that staff supervision provides an opportunity for staff to reflect on their practice, identify any development needs and receive feedback and guidance to enhance their practice.

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), and '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' (HSCS 3.14).

How good is our staff team?

3 - Adequate

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

It is incumbent on providers to ensure that staff levels and skill mix are sufficient to reflect the needs of people being supported by the service. There was no discernible method in place at this service to indicate how staffing levels were being calculated and we couldn't see that staffing levels were being reviewed to ensure that they were meeting peoples' needs. Therefore, it was difficult to determine if staffing levels were appropriate at the time of this inspection. Conversations with staff and residents indicated that there were times when levels were potentially not sufficient. We discussed this with the manager and senior managers at feedback and have made this an area for improvement. See area for improvement 1.

We spoke about other factors to take into consideration when calculating staffing levels. This could include the layout of the building, feedback from staff and residents and the specific needs of resident's. This will help ensure that that there is participation from stakeholders on the things that are important to them. See area for improvement 1.

When we spoke about the potential impacts of current staffing levels, staff were able to articulate the things that were not getting done due to the competing demands on their time. This included meeting with their key clients, maintaining paperwork and completing training which staff said they would generally do at home in their own time. Whilst it is important that staff self-direct their learning it is also the responsibility of the provider to support staff development and provide protected time for staff to complete training, paperwork and meet with their key clients. Senior management informed us that staff deployment was currently being reviewed.

We saw that there was a mix of skill and experience on each shift, with management available during weekdays and senior workers leading the shifts. There was opportunity for new staff to develop in their role with guidance from longer standing experienced staff.

From speaking with staff it was evident that they worked well together, collaborating to try and ensure that each shift was managed effectively and people's needs were being met.

Areas for improvement

1. The management team should take account of additional factors when calculating staffing levels and evidence that this has informed staff rotas and the deployment of staff. This will help ensure that people are supported by appropriate staff numbers and skill mix.

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).

How well is our care and support planned?

3 - Adequate

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

We sampled a number of support plans including the plans of people who had been in the service for a significant length of time and those who were relatively new. We continued to find that some people didn't have a support plan or risk assessment even though risks had been identified within the referral paperwork and within the service's own core risk assessment document. See requirement 1 in the section 'How good is our leadership'.

It was unclear if this information had not been completed due to the demands on staff time or whether it was related to staff development needs. However, as previously stated, quality assurance systems were not robust enough to quickly identify that there were gaps in recording and to establish the reason for this. Therefore, we concluded that this was not being effectively managed. See requirement 2 in the section 'How good is our leadership'.

We found that where a risk had been identified, this generally lacked the detail needed to make risk management plans meaningful and effective, and we provided examples of this during feedback. This meant that potential interventions to help manage risk to individuals were being missed. See requirement 1 in the section 'How good is our leadership'.

Staff were not consistently recording in people's notes that one to one sessions were taking place and where these were being recorded, this was not documented in the correct part of the proforma making it more difficult to track. The manager had already discussed this with staff, however, as yet this had not improved.

The provider should explore with staff the challenges they face in relation to completing paperwork. This will help indicate levels of staff competency and identify if there are any additional learning and development needs. Where there are time constraints and competing priorities, this will need to be addressed to support staff wellbeing and ensure the quality of information within care plans and risk assessments is of a consistently good standard.

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

To support people's wellbeing and safety, risk assessments, support plans and first review dates should be updated and recorded appropriately and timeously. This should include but is not limited to:

- Production of a risk assessment within the first few days of moving into the service and updating after any incident or significant health issue.
- Production of a short support plan within the first few days of moving in.
- Liaising with care managers to arrange a first review and recording this date.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This area for improvement was made on 26 May 2023.

Action taken since then

We could not be confident that the system in place to facilitate the timeous completion of support plans and risk assessments was effective.

This area for improvement has not been met and will be included within a requirement. See requirement 1 in the section 'How good is our leadership'.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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