

Leonard Cheshire Services (Scotland) - Glasgow Housing Support Service

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Unannounced

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Service provided by:
Leonard Cheshire Disability

Service provider number:
SP2003001547

Service no:
CS2004075575

About the service

Leonard Cheshire (Scotland) - Glasgow provides a combined housing support and care at home service to adults with learning disabilities and physical disabilities living in their own homes. It operates 24 hours a day. The provider is Leonard Cheshire Disability, an organisation that has support services throughout the UK, with its headquarters in London.

There are four service sites around Glasgow, based in Partick, Castlemilk and two in Parkhead. The majority of supported people usually live with one or two other people. We visited all four of the sites during our inspection.

About the inspection

This was an unannounced inspection which took place on 22, 23 and 24 October 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 11 people using the service and their families
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People were supported to achieve very good outcomes and life experiences.
- People's health and social needs were met well by the service.
- People were supported by a relatively stable core group of staff who knew their needs.
- Staff were supported by a programme of training, supervision and development.

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 staff team?	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.

We saw that there were encouraging, positive relationships between staff and people experiencing care. As a result, people experienced warm and compassionate care and support. People told us they felt very supported and were appreciative of the service and, in particular, of their support staff. This approach helped people achieve their individual outcomes.

We were confident that people's dignity was respected and their day-to-day needs were met. People told us: "I like all the staff" and "I'm really happy with my support".

People were enabled to get the most out of their day with options to develop and explore their interests and aspirations. This was evident through people's care plans. A range of communication techniques were used to ensure that everyone who wished to, could communicate their hopes, aspirations, wishes and preferences. Personal support plans sampled were person-centred and detailed what was important to individuals to enable staff to provide safe, effective and consistent care.

Risk assessments were in place which detailed and directed staff on any hazards identified. Training bespoke to people's care needs such as epilepsy, communication, distressed behaviours, moving and handling ensured that people received the right care and support. Staff training with specific healthcare conditions had also been facilitated to ensure that staff were up-to-date with best practice guidance. This ensured that people were being supported by a well-trained workforce.

People's health needs were being monitored and well recorded, and staff understood their role in supporting people's access to healthcare. Staff recognised changing health needs and shared this information quickly with the right people. When health or care professionals were required, the service responded by making appointments and referrals to the correct professional. Where needed, people had continued to receive their support whilst in hospital. This ensured people felt safe with their care and support being provided by staff who knew them well.

There were systems in place for staff to provide support with prescribed medication and administration following best practice guidance. The management team completed a variety of audits that helped monitor the quality of the service being provided. We identified a few instances where the audit system could have been improved upon, but these did not impact on people's outcomes or experiences.

We received some comments from community-based professionals about the service: "Of all the services we work with they are the best at keeping people up-to-date with health needs. They also follow our guidance in any rehabilitation exercises we have set and will contact us if these are working, or they will suggest alternatives."

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 for the service were working well. The service had taken account of the importance of matching staff to people, along with considerations of compatibility and continuity. Many staff had worked in the service for some time and knew people's needs well. Staff demonstrated detailed knowledge and skills when supporting people. This was also commented on by families who felt their relatives were being supported by the right staff.

People could be confident that staff were recruited in a way which had been informed by all aspects of safer recruitment guidance. We reviewed the provider's recruitment procedures and found they had all the necessary and appropriate safer recruitment procedures and checks in place including references, police checks and registration requirements, including interview notes and evaluations. These procedures ensured that any potential employees were suitably vetted prior to working with vulnerable people.

People using the service, and staff, benefited from a warm atmosphere because there were good working relationships. There was effective communication between staff as there had been regular team meetings. This had created opportunities for discussion about their work and how best to improve outcomes for people.

The service benefited from a strong consistent team of staff who had built up positive supporting relationships with people. Staff had access to a range of mandatory training as well as additional person-specific training. This ensured staff were trained appropriately to meet the needs of those they provided support to.

All staff spoke positively about their experience of working within the service. They felt supported within their roles and felt they worked well together as teams. Staff spoke positively about their team colleagues, and the importance of good team working, and the flexibility needed to enable people to have as much control of their day-to-day life as possible.

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 ensure that people's care and support needs are appropriately met, managers should ensure that,

- everyone receives regular reviews of their support plan and at least within a six month timeframe.
- reviews take place with the person's guardian, representative or an advocate present to fully represent their views.
- review records provide a space for family carers and others attending the meeting to sign showing their agreement and understanding of what was discussed.

This will ensure care and support is consistent with the Health and Social Care Standards which state: "I am fully involved in reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 28 November 2019.

Action taken since then

We found that the majority of personal plans had been reviewed at least on a six-monthly basis. At individual review meetings any changes had been updated in personal plans. There was a system that should track people's reviews, and other aspects of personal planning. We felt that this could be more robust to ensure that systems and audits highlight occasions where reviews or other processes had not occurred. Although this had no adverse impact on people's experiences or outcomes at this inspection.

This area for improvement has not been met.

Previous area for improvement 2

In order to ensure that people's views are listened to and they can have confidence in the organisation providing their care and support, the provider should ensure that a comprehensive system of participation is carried out by,

- providing a range of creative participation and involvement approaches and using the findings to improve practice and outcomes
- devising and implementing an improvement plan which includes evidence of staff, service users, family carer and external agency involvement and making this plan available to them in a suitable format.

This ensures care and support is consistent with the Health and Social Care Standards 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 28 November 2019.

Action taken since then

People were able to participate and be involved in directing the service. There was a service improvement plan in place.

This area for improvement has been met.

Previous area for improvement 3

In order that people and their representatives are fully informed about the service's aims and objectives and how it will meet their needs and wishes and uphold their rights, the manager should develop a welcome pack of information.

This ensures care and support is consistent with the Health and Social Care Standards which state that "My care and support meets my needs and is right for me" (HSCS 1.19) and "I am supported to understand and uphold my rights" (HSCS 2.3).

This area for improvement was made on 28 November 2019.

Action taken since then

A welcome pack is now available for people.

This area for improvement has been met.

Previous area for improvement 4

In order to ensure that people have confidence in the staff who provide their care and support, the manager should ensure that all staff,

- have opportunities to reflect on good practice guidance and how theory has informed practice
- receive regular direct observation of their actual work practice - receive regular one to one supervision and appraisal of their work performance.

This ensures care and support is consistent with the Health and Social Care Standards 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 (HSCS 3.14).

This area for improvement was made on 28 November 2019.

Action taken since then

We found that regular supervisions and observations of practice occurred.

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 staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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