

Go2 Support Service Support Service

100 Morrin Street
Springburn
Glasgow
G21 1AW

Telephone: 01415 587 575

Type of inspection:
Unannounced

Completed on:
7 November 2024

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2014332671

About the service

Go2 Support Service is registered to provide support to children, young people and young adults in the community and within their own homes. The service is located in Springburn, close to the centre of Glasgow and whilst the majority of support is based in the local community, the service has its own premises.

People supported at Go2 have access to a wide range of facilities including a large garden, spa pool, sensory room and cinema room and a range of social spaces. The building is single storey and fully accessible and the location provides good access to local transport and community facilities.

About the inspection

This was an unannounced inspection which took place on 24 and 25 October 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 people using the service, and their family and representatives;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

People were supported with compassion dignity and respect.

People were creatively supported to make choices.

People thrived as a result of their support.

Quality assurance was in place to ensure the service was safe and effective but should evolve to maintain the new high standard model of personal planning.

Continuous improvement plans should include self evaluation and more inclusion of people who use and work in the service.

Staff were skilled and benefitted from a culture of learning that should include more robust and regular supervision.

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?	4 - Good
How good is our staff team?	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?

5 - Very Good

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

People using Go2 experienced warm and compassionate relationships, and their positive support was underpinned by respect. This allowed people to flourish and achieve their personal outcomes. People were listened to as their wishes and preferences shaped their support, which was delivered by a team who were skilled and creative in promoting choice. People's support was predictable as this was well planned with everyone's needs and interests in mind and this facilitated genuinely enjoyable shared experiences between staff and the people supported. During the inspection we were confident the manager understood the need to optimise people's choices in who would support them with specific activities that specifically considered, as an example, the gender of the people supporting them.

Rights based practice was understood and mindfully applied when supporting people. Staff had confidently grown in their understanding of restrictive practice and thus restrictions people experienced were minimum, individualised and underpinned by a need for safety.

Supported people's views mattered and they shaped their service. Changes to the resources and environment had been informed by their preferences, and the principles of the Health and Social Care Standards meaningfully informed practice. Support was person centred and the highly attuned relationships ensured the team confidently understood and respected people's choices, decisions and personal values.

Supported people were growing in confidence because of their support and they felt connected to their community, where they used a range of facilities and services, either when being individually supported or as a part of friendship groups that had developed whilst using the service. One parent told us their family member was 'safely living a full life, as a result of their support'.

People using the Go2 service were safe as the team were confident in recognising indicators of possible harm and there had been significant improvement in the recognition and reporting of incidents, we discussed the need to ensure all follow up actions to incidents were consistently well documented. Practitioners recognised people's changing needs and the newly developed model of care planning captured this well, thus intended outcomes were person centred and relevant to each person's unique circumstances. The team had an enabling approach to taking informed risks as they understood this was key to people developing skills, confidence and exerting their right to choose. This was supported by a much improved and individualised model of risk assessment.

How good is our leadership?

4 - Good

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

Since the last inspection there had been an improvement in evaluating people's experiences and there was now a range of quality assurance processes in place that were mostly effective in ensuring service delivery was safe and effective. As the service implements their newly developed model of care planning it will be important to ensure that that expected standards of documentation are detailed in a framework of practice

and monitored through a quality assurance process that reflects the structure of the plan and regularly evaluates people's outcomes. **(See area for improvement 1).**

Leaders were committed to improvement and demonstrated a drive to offer people the best support possible and they shared a vision for the service that was driven by people's needs. In recent times the improvement agenda had focussed on stabilising the foundations of good practice, which had been achieved. Moving forward the service should draw on the diverse and dynamic experience of the wider team and take a more inclusive and self-evaluative approach. **(See area for improvement 2).**

Families of people using the service felt confident in offering feedback through the various opportunities the service created to engage, and leaders were more assertively addressing barriers to people sharing their views. Whilst the service had not received any complaints, we were confident the rights-based approach to support and the positive person-centred culture of the service was conducive to a culture of learning from mistakes.

Leaders at all levels now understood what was working well in the service and this growth and clarity in understanding what needed to improve gave leaders a strong sense of purpose and drive to deliver a service that supported the best positive outcomes for people.

Areas for improvement

1. To support positive outcomes for people, the provider should develop a framework of practice and quality assurance specific to their new model of personal plans. This should include but is not limited to, defining roles and responsibilities and expected standards of documentation, and details how people and their families will be involved.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

2. To support positive outcomes for people, the service should undertake self evaluation to inform their plan for continuous improvement. This should include but is not limited to, involving staff and people using the service in the process.

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

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

'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.

People are consistently supported in Go2 by skilled, competent staff, as the sensitive, person-centred culture of peer support and learning is well embedded.

There is a structure of learning for the team that is shaped by the unique needs of each person supported. People are effectively valued and supported as regular development opportunities create space for the team to reflect and learn together and these days are structured around people's needs and rights-based approaches to practice.

Service training plans now include trauma informed practice, alongside a wide range of health-related skills and competencies and we were confident that managers understood that robust training plans should consistently take account of people's wellbeing and communication needs.

People benefitted from a learning culture in Go2. Most staff were professionally qualified, whilst others were working towards this, and leaders were assertively ensuring all staff had access to development opportunities available in the wider organisation

Most staff felt supported and equipped to deliver the best standards of practice. Supervision was in place for some and was now being prioritised after a period of reduced leadership capacity to provide this. Managers recognised this was a key process to supporting staff development, but supervision and appraisal was not yet meaningfully underpinning robust and dynamic personal learning and development plans that encouraged the team to fulfil their potential. **(See area for improvement 1).**

Areas for improvement

1. To support people's wellbeing and development, the provider should ensure that the professional development of staff is underpinned by an effective model of supervision and appraisal.

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.
(HSCS 3.14)

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 promote consistently positive outcomes, the provider should ensure that the evolving needs of people using the service are understood and evaluated.

This should include, but is not limited to, the implementation of a high quality model of personal planning and risk assessment that effectively informs the support people receive.

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'. (HSCS 1.15).

This is to ensure that people's support and plans are outcome focussed and in line with best practice as outlined in Care Inspectorates Guide for Providers on Personal Planning.

This area for improvement was made on 30 January 2024.

Action taken since then

The service has undertaken a full review of existing care plans with updated outcomes and risk assessment now in place. Alongside this the provider has designed a new model of personal planning that reflects best practice and is in the process of being implemented.

Previous area for improvement 2

To promote the safety of people and evaluate the quality of people's experiences the provider should ensure that a robust model of quality assurance and self evaluation is implemented in the service.

This should include but is not limited to, agreeing lines of accountability for service oversight, developing a programme of quality assurance that evaluates the standard and effectiveness of care planning and risk assessments, and undertaking evaluation of people's experiences that meaningfully informs service development.

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 30 January 2024.

Action taken since then

The service has implemented a model of quality assurance that has initially focussed on audit to determine if the clearly defined organisational processes are being followed. This includes medication administration, personal plans, and environmental standards. Regular management meetings provide scrutiny of the running of the service and monitors people's experiences.

Previous area for improvement 3

To protect people and learn from their experiences the provider should ensure that all staff in the service understand and follow the organisational procedures designed to promote people's safety and wellbeing.

This should include but is not limited to, ensuring all staff have a full understanding of how to raise and respond to concerns and complaints and that leaders can be confident that all incidents and safeguarding concerns are recorded and reported in line with organisational processes and national guidance.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20).

This area for improvement was made on 30 January 2024.

Action taken since then

The service has undertaken development sessions with all staff focussing on roles and responsibilities to recognise, record and report concerns. Both staff meetings and management meetings have incident management as a standing agenda item where learning from people's experiences is explored.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very 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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.