

Inspection report

Aspire Midlothian Housing Support Service - Care at Home Support Service

4a Newmills Road
Dalkeith EH22 1DU

Inspected by: Donald Preston
(Care Commission Officer)

Type of inspection:

Inspection completed on: 2 July 2007

Service Number

CS2004082137

Service name

Aspire Midlothian Housing Support Service - Care at Home

Service address4a Newmills Road
Dalkeith EH22 1DU**Provider Number**

SP2004004485

Provider Name

Aspire Housing & Personal Development Services Ltd

Inspected ByDonald Preston
Care Commission Officer**Inspection Type****Inspection Completed**

2 July 2007

Period since last inspection

12 months

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Introduction

Aspire Housing and Personal Development Services Limited was established in 2002. They provide support in a hostel based service and also outreach support to people in their own homes. The service provided will be to individuals and their families who have experienced homelessness or are potentially homeless and to other people living in the community.

In Midlothian, Aspire provide both a Housing Support Service (registered with the Care Commission - 6th July 2004) and a Care at Home Service (registered with the Care Commission - 9th September 2004).

Accommodation is either hostel based through Castle Rock Housing Association (Lauder Lodge), a nine bedded hostel in partnership with Midlothian Council (Kilbreck) and to other individuals who have their own tenancies.

Lauder Lodge previously accommodated forty - eight service users but this number has been gradually reduced and is currently supporting twenty people. It is planned to close with Aspire having a lease on the building until summer 2008, but it is hoped that if people can be found alternative accommodation sooner, that the building will be handed back to the Housing Association.

Kilbreck has been providing support to nine individuals since April 2006 (fully occupied by June 2006) and has supported a total of 19 people during that period. All residents are male with an age range of 17 - 40 and with a range of often complex needs. The service operates within the hostel setting from 8 am - 10 pm, 7 days per week with up to four support staff available at these times.

Overnight cover in the hostel based services is provided by staff employed by Aspire. There is also an on-call service provided by Aspire Senior Managers to provide support to staff.

Also St. Ronan's which is adjacent to Kilbreck has four individually furnished flats which provide a much needed, but less intensive supported accommodation.

The service is managed by an Area Manager, Service Manager, and five Support Coordinators. The coordinators support the two hostel based services. Older persons support and a younger person's service. Each coordinator manages a team of support workers and support assistants who provide a consistent point of contact for individuals supported by Aspire.

Aspire has recently carried out Service Audits on its Housing Support / Care at Home services. These occurred in May 2007 for the Adult Gateway & Kilbreck services and were based on the National Care Standards. These were carried out independently of operational management and feedback was given and the services were to develop action plans from the outcomes of the audit.

Also a self evaluation process for Kilbreck / St. Ronan's service was carried out led by service users and encouraging all stakeholders to participate. The evaluation included analyses, stakeholders event, user questionnaires, postal questionnaires and feedback from Quality Audit.

In January of this year Midlothian Council required the service to complete a Quality Assessment Framework as part of their monitoring and review of Housing support services. This covered areas including needs and risk assessment; support planning; security, health

and safety; protection from abuse; fair access, diversity and inclusion; complaints; and staffing. This was self evaluation of the quality of service being provided by Aspire.

Basis of Report

This announced inspection was carried out by Donald Preston, Care Commission Officer (referred to in the report as the Officer). The inspection took place over two days the 2nd & 6th July 2007.

The service was inspected after a Regulatory Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the Officer which considers: complaints activity, changes in the provision of the service, nature of notifications, action taken upon requirements etc.

The service was required to have a LOW level of support that resulted in an inspection based on the national inspection themes and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

During the visit the Officer spoke with the Manager and nine staff members.

Also there was opportunity to speak with six service users who agreed to share their experiences of the support that they had received from Aspire.

The Officer looked at a range of policies and procedures and records including the following :

- Complaints records
- Accidents and incident records
- Personal plans

The Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards for Care at Home and Housing Support Services :

- Standard 4 : Management and Staffing
- Standard 7 : Exercising your rights
- Standard 11 : Expressing your views

Account was also taken of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002. Scottish Statutory Instrument 114 (SSI 114).

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

There were no recommendations and requirements from the previous inspection report.

Comments on Self-Evaluation

The self evaluation for this service was completed in detail, highlighting many strengths within the service and areas which they are currently striving to develop or recognize improvements could be made in the future.

View of Service Users

During the inspection six service users were spoken to and seven questionnaires returned. Some of the comments were as follows :-

"You get to know someone and then they are changed again and you have to start again"

'I know that I can approach the manager if I have a complaint'

'It's real support happy with the overall service'

'Staff are always cheerful, they don't talk down to you, they talk to you'

In respect of the hostel based service it was commented that :-

' staff could come out of the office and interact more often ... some staff need to work harder'

also

' boundaries restrictive, timescales for visitors and room checks nightly'

It was said by some people that ' when changes occur either in rules or people supporting you that the reasons are not explained well, this could have been handled better'

Care plans were commented on by service users as being good, discussed, agreed and they would sign them, while one person was unhappy at how his care planning had been handled and lack of access to his file.

One person stated that he had been ' in dire straits ' and that Aspire worker ' had managed to give him some purpose to his life and he dreads to think what would have happened if he hadn't had support from Aspire'

Another individual said that ' he would not have been able to sustain his tenancy without assistance and have the confidence to expand his social life, practical skills and take on further education.'

View of Carers

There were no relatives / carers present at the time of the inspection

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care at Home - Management and Staffing

Strengths

The service has a comprehensive range of policy and procedures which staff members are made aware of during the induction process and on-going training.

Recruitment and selection procedures are in place and were inspected last year as part of the themed inspection on safer recruitment and were deemed satisfactory at that point.

The service has an Abuse Policy and also has a copy of the Area Inter-Agency Adult Protection procedures. Training will be provided in several areas which include mandatory course on core values, vulnerable adults, and child protection. Also specific policies will require to be signed off by line manager and further awareness workshops will be available but will be service specific.

The service has a risk assessment policy and carries out environmental and individual risk assessments for each service user. These are kept in personal plans. The provider will continue to provide training and refresher training to staff with regards to individual risk assessments.

Included in policies are medication guidelines which are based on good practice guidelines.

Aspire is currently reviewing its induction and training and this was explained by the manager and commented on by staff members.

There are currently fifteen staff doing SVQ2 / 3 - which is a high percentage of permanent staff, the Service Manager undertaking the Registered Managers Award and Support Coordinators undertaking NVQ in Management. Previously six staff had achieved SVQ3

Training records are kept centrally and the organisation as part of their review of training are looking at introducing Individual Learning and Development Plan's (ILDP's). This will include a three year plan which will have the initial induction - six months and the expectations at this point / including mandatory / specific courses and at eighteen months will be eligible for access to SVQ training. These ILDP's will incorporate the 'Skills for Care ' framework developed by in England and Wales, which will also be carried out retrospectively for all existing staff.

Children do visit the service and there is a child protection policy in place, a copy of which was given to the Officer and it covers all the necessary areas. There have been six staff that have completed Child Protection Training and this will be rolled out to all staff in due course. The manager has also completed an advanced course in child protection and will act as a child protection officer for the provider when issues arise / support is required.

The service is monitoring the quality of support that is being provided and has recently completed an audit and will develop action plans from the outcomes. Aspire is also working in partnership with Napier University to develop a Peer Review, with the aim being to influence the quality of the service being provided.

The quality audit has identified many issues which the service intends to address. Some of the issues raised were about training, consistency or lack of it, movement of staff, support and development plans / associated risk assessments.

The audit included views from users, staff and other stakeholders including social workers, community psychiatric nurse and family members. They were carried out for the different services and the outcomes / action plans will be service specific although there are some general organisation issues that will be addressed.

Areas for Development

The service should implement its proposals for induction and ongoing training as several staff recruited in the last six to nine months have commented on the lack of formal induction / training with the emphasis being on SVQ`s. This is in contrast to previous inspections when induction was rated highly by staff members.
(see Requirement 1)

At the time of the inspection the service did not have copies of ' Rights, Risks and Limits to Freedom' (Mental Welfare Commission 2006) and 'Safe to Wander' (Mental Welfare Commission 2003).
(see Recommendation 1)

National Care Standard Number 7: Housing Support Services - Exercising Your Rights

Strengths

All service users receive an information pack which covers confidentiality and staff boundaries. This is also covered within staff induction.

Information on individuals is kept secure and the provider has a policy on access to records.

Each individual will have a named worker and a small group of staff that will be supporting them. They will have the right to change their worker if they wish.

Areas for Development

There were no areas for development identified at this inspection.

National Care Standard Number 8: Housing Support Services - Expressing Your Views

Strengths

As part of the introduction to the service each individual is supported through a checklist of information they are required to be aware of. This includes the Suggestions and Complaints Policy.

The provider as well as giving an information pack to individuals which includes the most recent inspection report. It also gives different forums which include being part of the Care Commission inspection process, regular user involvement meetings, individual reviews, and involvement in recently completed quality audit.

It is expected that each service will provide a detailed service plan to ensure quality standards are met.

Individuals will be encouraged to use external agencies as support in respect of advocacy or practical advice and will encourage significant others to be involved in supporting the individuals if appropriate and agreed with the user of the service.

The service is currently developing opportunities for individuals to become involved in the Peer Review Process, Recruiting and Training of staff.

Areas for Development

There were no areas for development identified at this inspection.

Enforcement

There has been no enforcement action taken by the Care Commission against this service since the last inspection.

Other Information

Boundaries that were referred to in service users comments as being restrictive are outwith the control of the service provider who do not own the hostel where part of the service is provided. They are laid down within the Local Authority housing department's Occupancy Agreement and Management Rules

Requirements

1. The service must implement its proposals for induction and ongoing training for new and existing staff members.

This is to comply with SSI 2002/114 Regulation 13 - a requirement that a provider shall having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of the service and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale: the service provider must inform the Care Commission of their plans and timescales within 1 month of receipt of this report.

Recommendations

1. The provider will obtain and implement best practice guidance including 'Rights, Risks and Limits to Freedom' and 'Safe to Wander' - Mental Welfare Commission Best Practice Guidance.

National Care Standards, Care at Home.: Standard 4 : Management and Staffing

National Care Standards, Housing Support Services : Standard 4 : Management and Staffing

Donald Preston

Care Commission Officer