
Report To:	Community Health & Care Partnership Sub Committee	Date: 25 August 2011
Report By:	Robert Murphy Corporate Director Inverclyde Community Health & Care Partnership	Report No: CHCP/28/2011/SMcC-R
Contact Officer:	Susanna McCorry-Rice Head of Mental Health, Addictions & Homelessness	Contact No: 01475 715875
Subject:	SCSWIS Inspection Report on Inverclyde CHCP's Homelessness Service.	

1.0 PURPOSE

- 1.1 To advise the Sub-Committee members of the publication on 16 June 2011 of the recent Social Care and Social Work Improvement Scotland (SCSWIS) inspection report on the housing support element of Inverclyde CHCP's Homelessness Service.
- 1.2 To provide a summary to members on the process and outcome of the inspection and grades awarded to the service as a result.
- 1.3 To highlight to members the excellent and highly encouraging nature of the contents contained within the report.

2.0 SUMMARY

- 2.1 As a service registered with SCSWIS, the housing support element of Inverclyde CHCP's is subject to an annual announced inspection at short notice.
- 2.2 Each registered service is assessed as to its:
 - a) Quality of care and support,
 - b) Quality of environment or information,
 - c) Quality of staffing, and
 - d) Quality of management and leadership.
- 2.3 SCSWIS took the decision to carry out a 'low intensity' inspection of the housing support service, and as a result assessed the quality of care and support and the quality of staffing only. Each of these elements of the inspection was graded as: 5 – Very Good. This marks an improved position from grades of 4 – Good, which were awarded to the service in 2009.

3.0 RECOMMENDATION

- 3.1 The Sub-Committee members are asked to note the publication of the inspection, and the commendable outcome for the housing support service.

Robert Murphy
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 Inverclyde CHCP's Homelessness Service provides a housing support service for clients whom it has assessed as requiring such support to address issues related to homelessness or potential homelessness. The service was registered with the Care Commission (the former regulator of social care services) in November 2004, and has been the subject of annual inspection since. Each registered service must submit a 'self-assessment' form to SCSWIS in advance of the inspection process.
- 4.2 The 2011 inspection was regarded by SCSWIS as 'low intensity'. This form of inspection is carried out when SCSWIS is satisfied that the service in question is already working hard to provide consistently high standards of care. As such, the service was assessed and graded under two 'quality themes' only: quality of care and support; and quality of staffing. Grades are awarded on a scale of 1: Unsatisfactory to 6: Excellent. On the evidence gathered during the inspection process, SCSWIS made no recommendations or requirements for the service as a result of this inspection.
- 4.3 The on-site inspection phase was completed on 27 April 2011, and included information gathered from sources such as care plans, satisfaction questionnaires, meeting minutes, training records and staff supervision notes. The SCSWIS Inspector also engaged in discussion with the Acting Service Manager, staff, external professionals and clients.
- 4.4 The final inspection report has been agreed with service management and has been made available to the public through the SCSWIS website.

5.0 PROPOSALS

- 5.1 That the Sub-Committee notes the findings contained within the report on the SCSWIS inspection of Inverclyde CHCP's Homelessness Service published on 16 June 2011.
- 5.2 That the Sub-Committee notes its satisfaction at both the grades awarded by SCSWIS to the housing support service, and the level of improvement achieved since the previous inspection.
- 5.3 That the outcome of the inspection be made widely available via Inverclyde CHCP website, Inverclyde Council website and other ICHCP and Inverclyde Council communications.

6.0 IMPLICATIONS

- 6.1 Legal: There are no legal implications in this report other than to acknowledge ICHCP's statutory obligation to ensure its housing support service fully meets the standards set out by SCSWIS.
- 6.2 Finance: There are no additional cost implications contained in this report, however as a registered service, there is an annual subscription fee due to SCSWIS.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
n/a	n/a	n/a	n/a	n/a	n/a

6.3 Personnel: There are no personnel implications contained in this report.

6.4 Equalities: There are no equalities implications contained in this report.

7.0 CONSULTATION

7.1 It is incumbent upon Inverclyde CHCP to ensure that the findings of the inspection report are made available to service users; relatives of service users staff members, and also ensure that the report is accessible to anyone with a legitimate interest in the housing support service provided. This will be facilitated by service management.

8.0 LIST OF BACKGROUND PAPERS

8.1 SCSWIS Care service inspection report.



Care service inspection report

Inverclyde Centre Housing Support Service

98 Dalrymple Street
Greenock
PA15 1BZ
Telephone: 01475 715 880

Inspected by: Colin Goldie

Type of inspection: Announced (Short Notice)

Inspection completed on: 27 April 2011



HAPPY TO TRANSLATE

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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2004078039

Contact details for the inspector who inspected this service:

Colin Goldie

Telephone 0141 843 4230

Email enquiries@scswis.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	0	N/A

What the service does well

During this inspection the Inverclyde Centre was supporting people to gain and retain their own tenancy and be part of the community.

The Service Manager and staff listen and act on client's wishes, making sure they are fully involved in deciding their support.

The project has very good links with support and housing services and will refer clients on to them as required.

What the service could do better

During the inspection the Service Manager and staff said that they would continue to look at different ways to involve clients in developing the project.

Everyone was committed to maintaining and building upon very good practice.

What the service has done since the last inspection

The project was going to modify its staffing structure by the middle of 2011. This would make sure that a high quality service was provided.

Conclusion

Everyone involved in the Inverclyde Centre is strongly committed to making sure that they meet client's expectations and needs.

Who did this inspection

Colin Goldie

Lay assessor:

1 About the service we inspected

The Inverclyde Centre is managed by Inverclyde Council Social Work Service. The Centre registered with the Care Commission in November 2004 to provide a Housing Support Service.

Based in Greenock town centre the project supports clients to obtain and maintain their own tenancy.

The service provides 25 temporary and emergency accommodation places within the Inverclyde Centre. Additional temporary accommodation can be accessed, primarily, within Inverclyde.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was written by Colin Goldie (SCSWIS Inspector) following an short notice announced inspection which took place between 9:30 am and 4.00 pm on Wednesday 27th April 2011.

During this inspection information was gathered from a number of sources including:

- Discussion with the ServiceManager, staff, external professional and clients.
- Care Plans.
- Satisfaction Questionnaires.
- Meeting Minutes.
- Training records.
- Supervision notes.

All of the above information was taken into account during the inspection process and reported on.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

There were two recommendations in the previous inspection report:

1. The Service Manager should review the Centre's Policies and Procedures to ensure they are site specific and in line with current best practice guidelines.

Standard 3 - Management and Staffing Arrangements.

Policies and Procedures were in the process of being reviewed. The Service Manager acknowledged that this process would continue to reflect the proposed new staffing structure.

This recommendation will continue.

2. The Service Manager should ensure that staff are provided with supervision in line with service expectations.

Standard 3 - Management and Staffing Arrangements.

This recommendation is met.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

A Self-Evaluation document had been submitted by the Service Manager.

This provided relevant and accurate information for each of the Quality Standards inspected with the Service Manager's evaluation being reflected during the inspection.

Taking the views of people using the care service into account

Before the inspection 20 Care Standard Questionnaires had been given to clients of which 8 were returned. These noted a high level of satisfaction with the service.

Four clients were spoken with during the inspection. They expressed overall satisfaction with the service.

Taking carers' views into account

There were no family members available to comment during this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Overall grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

This Quality Statement has been graded Very Good.

Participation and consultation are a strong feature of the project.

The Service Manager said that she and staff believe that the project could not develop if client's views are not listened to. Client's confirmed that their opinions are always asked for.

The project emphasises relationship building, with clients being offered a Housing Support service, regardless of their accommodation status.

The Service Manager and staff said that they maintained open communication to encourage the views of clients, families and external agencies to be expressed.

The project consists of three teams:

- Accommodation Team has responsibility for the flats in the Inverclyde Centre.
- Assessment & Prevention Team undertakes an initial assessment and works to prevent homelessness.
- Support Team supports clients on a range of matters either in the Centre or their own accommodation.

The Service Manager said that proposed staff restructuring would streamline the service and increase staff hours available for support.

The project uses a range of methods to obtain client's views and opinions, including individual Housing Support meetings. At these clients discuss the service being provided with their Homeless Officer.

There were regular Client Meetings. Minutes of these showed that client's opinions were listened to and, where possible, acted on, for example starting a DVD library. If a request could not be met the reasons were explained and discussed.

The Service Manager was looking at how clients could be involved in grading and assessing the service. Given the transient nature of many of those using the project this may involve exit interviews and questionnaires.

The Homelessness Strategy Steering Group obtains the views of a range of individuals and organisations working with homelessness, such as the Community Drugs Team, Homelessness Service Nurse and Housing Associations. In addition the project has links with the Inverclyde Homeless Forum, an independent service user group.

When a client starts to use the service they are provided with a Support Plan. These provide information about the client and the reason for a service being provided.

Plans showed that staff work with people to make sure that their rights are maintained and views listened to.

Areas for improvement

The Service Manager and staff have made continued progress in consulting people about the quality of care and support. It is their intention that this will continue.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 5

We respond to service users' care and support needs using person centered values.

Service strengths

This Quality Statement has been graded Very Good.

Staff have a clear understanding of the project's aims and objectives and the reasons for clients receiving support.

The project has a range of policies addressing staff conduct, working practices, training, supervision and appraisal. These reflect the principles which underpin the National Care Standards.

People are fully involved in developing and deciding their support. Once agreed this is written in a Support Plan.

Six plans were read. These show that support is being provided to meet client's needs. Plans are clearly written, showing that people's opinions are sought and, where appropriate, acted on, for example supporting clients with obtaining housing, bill payment, conflict resolution and attending appointments. Support Plans showed that staff were respectful and non judgemental.

Clients regularly meet with staff to discuss and review their Support Plans.

The project has strong links with the local Alcohol & Drug Team, Mental Health Resource Group and Mental Health Development Group. The project employs a general/mental health trained nurse and a Community Drugs Team Outreach Worker. These staff provide counselling, mediation, medical advice and encourage clients to access their GP.

Clients are encouraged to attend a weekly HAD-IT (Health, Alcohol, Drugs Information Talk) meeting when a range of issues could be discussed such as homelessness and addiction issues.

A "Housing Options Interview" was being developed. This would be used when clients first came to the project and help identify what service and resources they could access.

Staff receive a very wide range of training, such as Scottish Vocational Qualifications in Social Care, Adult Protection, Working with Families with Challenging and Uncooperative Behaviour, Youth Participation and Steps to Excellence. Much of this training concerned the role of staff and clients rights. Additional training is planned as the project restructures.

Staff have regular, minuted supervision. This addressed a range of matters including client support and staff development.

Staff said that the Inverclyde Centre emphasises respect towards clients, families, colleagues and external agencies.

People using the service said that they are treated with dignity and respect

Areas for improvement

The Service Manager and staff are committed to develop and consolidate very good practice in this area.

The Service Manager was confident that the proposal to restructure the staff group would have a positive impact on the quality and consistency of support.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

This Quality Statement has been graded Very Good.

Returned Care Standard Questionnaires indicated a high level of satisfaction with the project, commenting positively about the staff.

Clients could, and had, requested a change in their Homeless Officer. These requests had been accommodated.

Service users' views regarding staffing had been used when the Homelessness Strategy was written. The staffing structure was being changed to reflect clients input and ensure that clients had one dedicated Case Worker.

Please refer to Quality Theme 1, Statement 1 for further details.

Areas for improvement

The Service Manager and staff have continued to consult clients about staffing matters. It is their intention that this will continue.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

This Quality Statement has been graded Very Good.

Inverclyde Council has policies and procedures addressing staff training and conduct.

To make sure that new staff are aware of the projects' expectations, policies and procedures they are provided with a mandatory, recorded induction programme.

Staff have access to a very wide range of training and can request additional courses when they think it would benefit the service. A number of staff had completed "Steps to Excellence" and "Outcome Star" training which they felt would help in achieving positive outcomes for clients.

Staff are working toward registration with the Scottish Social Service Council.

Staff had been provided with National Care Standards and Scottish Social Service Council Codes of Practice.

To ensure that staff worked within the projects' expectations they are provided with regular, recorded supervision which addresses a range of areas such as personal development and training needs.

In conversation staff displayed an ethos of respect towards clients, colleagues and visitors. Staff had a clear understanding regarding the project's aims and objectives and how they contributed towards meeting these.

Areas for improvement

To continue very good practice in this area.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership - NOT
ASSESSED

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Staff spoken with during the inspection were knowledgeable and informed. They spoke highly of the Service manager and respectfully of colleagues and clients.

Staff said that there was a level of anxiety due to the restructuring.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 5	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings
8 Jan 2009	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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هذه باى تسد سىم دونابز رگىد روا سولكش رگىد رپ شرازگ تعاشا هى

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