

Report To: Community Health & Care Partnership Sub Committee **Date:** 28th August 2014

Report By: Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership **Report No:** CHCP/41/2014/DG

Contact Officer: Deborah Gillespie
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Subject: INSPECTION OF HOMELESSNESS SERVICES

1.0 PURPOSE

- 1.1 To advise members of the outcome of the inspection conducted by the Care Inspectorate in relation to the Housing Support element of the Homelessness Service.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out a unannounced inspection of the Homelessness Service on 25th April 2014. The report is attached Appendix 1.
- 2.2 The grades achieved increased from the previous inspection as follows :-

Quality of Care and Support 3 – Adequate to 4- Good
Quality of Staffing 3- adequate to 4- good
Quality of Management and Leadership 3- Adequate to 4 - good

3.0 RECOMMENDATIONS

- 3.1 That the Sub-Committee note the outcome of the inspection and the actions put in place to address the recommendation contained within the inspection report.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND -

- 4.1 The Homelessness Service provides housing support to all clients in temporary accommodation. At the time of the inspection the Service had 29 single households accommodated in the Inverclyde Centre with a further 56 households in temporary accommodation in the community.
- 4.2 The inspection carried out was a low intensity inspection. These inspections are carried out when the inspectors believe that services are working hard to provide consistently high standards of care.
- 4.3 The inspection carried out in April 2013 resulted in 2 requirements and 10 recommendations as detailed below.

Quality Theme 1 - Quality of Care and Support

Statement -1. We ensure service users and carers participate in assessing and improving the quality of care and support provided by the service. The provider must ensure that care plans reviews take place at least every 6 months.

Requirements

1. The provider must ensure that care plan reviews take place at least every 6 months.

Recommendations

1. The provider should review the information it gives service users about the service to ensure it meets expectation laid down in National Care Standards.
2. The provider should provide training on care planning for all staff that helps service users develop care plans.

Statement 3. We ensure that service users' health and wellbeing needs are met

Requirement

1. The provider must ensure that care plans clearly state what support needs have been identified, who is responsible for meeting those needs and how they will be met. If more than one service is involved in supporting someone the care plan should make clear who is responsible for coordinating and reviewing the care plan. Service users should be offered a copy of their care plan.

Recommendations

1. The provider should consider how it can improve the communication between various support agencies to help provide a holistic approach to support planning.
2. The provider should ensure that people are aware of all the support available from the full range of staff within the service.

Quality Theme 3 - Quality of staffing

Statement 1. We ensure service users and carers participate in assessing and improving the quality of staffing in the service.

Recommendation

1. The provider should consider providing service users with the name of a second worker for occasions that their key worker is unavailable.

Statement 3. We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Recommendation

1. The provider should fill the vacant post for a Team Leader in the Assessment and

Support Team.

2. The provider should ensure that staff are all supervised in line with their own supervision policy.

Quality Theme 4. Quality of Management and Leadership

Statement 1. We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Recommendation

1. The provider should consider offering questionnaires to service users at various times whilst using the service.

Statement 4. We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Recommendations

1. The provider should create a clear policy for how the service will quality assure the support provided to service users.

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

4.4 The inspection carried out in April 2014 recorded the 2 requirements and 10 recommendations as having been met within timescale.

5.0 PROPOSALS

5.1 The inspection and subsequent report of April 2014 included 2 recommendations as follows :-

Quality Theme 1 Quality of Care and Support

Statement 3. We ensure that service users' health and wellbeing needs are met.

Recommendation

1. The service should research how they can minimise social isolation within the Inverclyde Centre.

Action

Consultation is underway with the current residents of the Inverclyde Centre who have expressed an interest in gardening/ground maintenance. The Homemaker within the service are supporting this initiative at present.

Further consultations are taking place in the form of questionnaires and events as detailed below.

Quality Theme 3 Quality of Staffing

Statement 3. We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and practice.

Recommendation

1. The provider should repeat the Shared Solution event which it held in 2012 to review service user opinions on the service following changes which have been put in place following the last event.

Action

The service is currently working with Your Voice to set up a series of consultation events which will allow us to be better informed of current users views given the transient nature of our service.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

N/A					
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Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None.

Human Resources

6.3 None.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation.

6.5 None

7.0 CONSULTATION

7.1 N/A

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate Report 2014 Appendix 1

8.2 Care Inspectorate Report 2013

Care service inspection report

Inverclyde Centre Housing Support Service

98 Dalrymple Street

Greenock

PA15 1BZ

Telephone: 01475 715 880

Inspected by: Colin McCracken

Type of inspection: Unannounced

Inspection completed on: 25 April 2014



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 McCracken

Telephone 0141 843 6840

Email enquiries@careinspectorate.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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service offers people advice (to try and prevent them becoming homeless) and also support (to gain a tenancy) which can include emergency accommodation at the Inverclyde Centre if required. If service users wish, staff can help arrange access for them to a range of health related services.

What the service could do better

The service should continue to develop the care planning tool that workers complete along with the people who use the service. The tool helps people to identify for themselves where they might need support. In the care plans that we sampled it varied how well the tools were being used; as a consequence it was clearer in some care plans what support was being provided than in others.

What the service has done since the last inspection

The service has filled the position of Team Leader which had been vacant for some time before the last inspection. This has assisted the manager to keep on top of the day to day running of the service as well as supporting staff development through things like staff supervision and team meetings which were up to date.

Conclusion

The service is well thought of by the people who use it. It has improved from last year in terms of the information it provides about the service and also making it clearer within care plans what support has been agreed between the service and the service

user. We assessed that the service had met all 10 of the recommendations made in the last inspection report.

Who did this inspection

Colin McCracken

1 About the service we inspected

The Inverclyde Centre is managed by Inverclyde Council Community Health Care Partnership. The Centre registered with the Care Commission in November 2004 to provide a Housing Support Service. The service provides 25 temporary and emergency accommodation places within the Inverclyde Centre. Additional temporary accommodation can be accessed, primarily, within Inverclyde.

Based in Greenock town centre the service also offers support and advice to people who are homeless or at risk of becoming homeless within the Inverclyde area. People who are interested in what the service may have to offer can see a worker each day (Monday-Friday) in the offices of Oak Tree Housing Association where staff from the service operate a duty system.

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

Quality of Care and Support - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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.careinspectorate.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

The inspection was carried out by one Inspector; Colin McCracken, over 2 days, 23 April 2014 from 10:00 until 17:30 and from 09:30 until 17:00 24 April 2014. Brief feedback was given to the Team Leaders the end of the last day of the inspection.

Prior to the inspection, we sent 70 Care Standards questionnaires to the service to pass out to service users, of these 19 were completed and returned to us. This gives individuals the chance to contribute to the inspection and to do so anonymously if they wish.

During the inspection we had individual discussions with a range of people including:

- The manager
- 2 Team Leaders
- 4 Assessment and Support Officers
- 1 Alcohol councillor
- 1 Nurse
- 1 Drug councillor
- 15 service users

We also carried out a review of a range of policies, procedures, records and other documentation, including the following;

- care plans
- the service's incident and accident book
- service information pack
- Questionnaires and the service's evaluation of them.
- provider's aims and objectives
- Newsletters
- Local Housing Strategy 2011-2016
- Staff training checklist
- Residents Handbook
- Employee Induction procedure
- Health and Homelessness Action group minutes

- Had-It group details
- Staff meetings
- Staff personnel files
- Supervision minutes
- Complaints folder
- Training records

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 requirements we made at our last inspection

The requirement

The provider must ensure that care plan reviews take place at least every 6 months. This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

What the service did to meet the requirement

Care plans reviews now take place at least every 6 months. We sampled care plans and found that the reviews had all taken place within the last 6 months. There was also a record kept of when reviews were due which we saw during the inspection.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that care plans clearly state what support needs have been identified, who is responsible for meeting those needs and how they will be met. If more than one service is involved in supporting someone the care plan should make clear who is responsible for coordinating and reviewing the care plan. Service users should be offered a copy of their care plan. This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users. Timescale for meeting this requirement is 3 months from the publication of this report.

What the service did to meet the requirement

The service has developed the use of a planning tool called 'Outcome Star,' this breaks the supports that someone may want or need into clear categories, under each category staff discuss with service users what help they feel they need and then identify who is best placed to provide that help. The staff have all received training on Outcome Star and are supported during supervision to look at how the plans may be improved. While this requirement is deemed to be met there is on-going work within the service for the social work staff from within the service to be able to access the health based staffs computer systems and vice versa to assist the sharing of information. Management explained that their hope is that different staff would be able to complete different parts of the same assessment along with service users rather than repeating the same forms.

The requirement is: Met - Within Timescales

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

There were 10 recommendations made at the last inspection all of which were assessed as being met. The details of the recommendations are discussed under the relevant quality statements.

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.

The Care inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. It could be improved by including some more details and also making it clear how service user and carers have been involved in completing the assessment.

Taking the views of people using the care service into account

Feedback about the service was largely positive.

Prior to the inspection 19 service users returned completed care standards questionnaires out of the 70 we sent. Of these 94% were either happy or very happy with the quality of the service provided. During the inspection we had the opportunity to speak with 15 people who use the service, we managed this by attending; an advocacy group, a lunch club and a service user group meeting within the Inverclyde Centre.

Most people answered that they were happy with the overall quality of support the service provides.

We have included further comments and views from people using the service throughout the report.

Taking carers' views into account

There were no carers available during this inspection. Due to the nature of the service visitors are quite rare and the service users we spoke with were able to offer a clear opinion of the service on their own.

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

Grade awarded for this theme: 4 - 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

The service was good at involving service users in the assessment and development of the service they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service
- Interviews with service users
- Temporary furnished flat handbook
- People involvement in Inverclyde CHCP, framework document.

We also visited a local service user forum run by Your Voice (Inverclyde Community Care Forum), a lunch club run by one of the local community churches, and one of the weekly health focused discussion groups within the Inverclyde Centre (Had-It group) to meet with and hear the opinions of people who use the service.

The service has moved forward on some of the findings from the consultation event that was held 2 years ago. Feedback at that event highlighted the need to improve the information it gave out about the help the service offered or the help it could access for people via other partner agencies. The service has achieved this by;

- Updating their temporary accommodation brochure
- Placing large TV screens with information displays on a continuous loop system within council offices and medical practices
- Staff attending local groups such as the Inverclyde community care forum to hear

direct feedback from service users in an independent settings

- Increasing the frequency with which it asks the people who use the service to complete questionnaires
- Operating a duty system within the offices of Oaktree Housing Association which is easier to access than the Inverclyde Centre due to its central location.

Together these actions mean that the recommendation made at the last inspection under this statement about reviewing the information which they provide service users with is met.

The service has increased the use of the Outcome Star tool to help staff and the people who use the service identify areas where they wish support. Service users identify areas they wish support and when they wish that help. Staff have received training on the use of the Outcome Star and receive on-going support through supervision as they develop their confidence in using it. (This meets the recommendation made under this statement in the last inspection report.)

The service has increased the frequency with which questionnaires are given to the people who use the service. In order to capture how supported people feel after different lengths of time using the service, different questionnaires are used. We viewed the responses that the service had from these new questionnaires and overall it has been positive. Comments we saw included;

- "I think everyone in the team has helped me, and now I have my own house."
- "We were happy with the support we received and more than delighted with the accommodation we received."
- "I was impressed by the attention to detail given by my support worker."

In addition to increasing the frequency that they send out questionnaire the service has also ensured that service users care is reviewed at least every 6 months. The care plans that we sampled were all reviewed within the last 6 months. This meets the requirement which was made under this statement at the last inspection.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "All the staff at the Inverclyde Centre are very helpful and happy."
- "I did Outcome Star with my support officer and another with my drugs worker; you talk about different things (with the different workers.)"

Areas for improvement

The feedback that we had from service users was more positive than last year however there were still some comments about being unsure of the support on offer from the service. It is hoped that as Outcome Star continues to develop this will become clear to everyone.

The provider should consider holding another consultation event similar to the one they organised two years ago to see if the changes that they have brought in have been viewed as a success.

The service should consider how service users can become more involved in the self-assessment process which is completed annually by the management team prior to their inspection

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service was good at ensuring service user's health and wellbeing needs are met. We arrived at this conclusion after considering the following information:

- Care plans
- Risk assessments
- Interviews with service users
- Incidents and Accident folders

We also spoke with the 3 staff who work within the service who are from a medical or counselling background and observed the support they were providing. Their roles are; mental health nurse, alcohol, and drugs councillors. We went to an advocacy meeting where the drugs councillor attended, a lunch club with the mental health nurse and the weekly health group meeting within the Inverclyde Centre with the Alcohol councillor.

Some of the people we spoke with told us that their support worker accompanied them to attend medical appointments if they wished this help. At the lunch club we observed someone being persuaded to attend the hospital to have a wound examined. This was an important intervention as the person was not planning on going to the hospital and had not considered the implications. In addition the service has strong links with the local Alcohol & drugs team, mental Health Resources Group and Mental Health Development Group.

In the last year the health team have developed in-house training for staff on medical matters such as understanding behaviours, Naloxone and Assist training. There has also been a programme designed for the HAD-IT group which frees up some money that previously was being used to bring in outside speakers. Topics on the health programme included; Drug Awareness and the impact of stress. We joined this group to have a discussion with the people attending. They were positive about the support the health workers had given them. Comments included ".You can access mental health, alcohol or the drugs team here."

The Health Workers use a health toolkit which they support service users to complete, this takes about 1 ½ hours and helps service users to identify for themselves if they have any health support needs.

People who use the service told us that the service is very good at arranging for them to see a range of health services whenever they have a need. Service users told us that doctors, dentists and opticians had visited the Inverclyde Centre to see people. There was also evidence in the daily running notes in service users' files that service users were supported to see a range of health professionals.

The accommodation staff phone everyone in the Inverclyde Centre's flats once every morning to ensure that everything is o.k.

The provider has arranged for several people to be supported with additional support hours by organisations like The Richmond Fellowship. This is a recognition that some people need more support than the service can provide, particularly in the short term.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "I didn't engage with people (before) they have helped me to accept help."
- "The homemaker has good contacts when it comes to helping set you up (in a new flat)."
- "I did Outcome Star with my support officer and another with my drugs worker; you talk about different things (with the different workers.)"
- "I've been linked up with the Richmond Fellowship by my support officer."

Areas for improvement

At our last inspection we wrote that "it would benefit the people who use the service if the service participated in the single shared assessment approach used in most other areas of social work service." The service has introduced outcome star as a support tool which is currently completed on a hard copy by both Assessment and Support workers and Health workers. The service intends to explore the possibility of a web based system which will allow different professionals to read and complete different sections of the same Outcome Star assessment. Each profession will be able to see the overall support package that someone has which will reduce duplication and should result in a more holistic assessment of needs. This is an area that is still a work in progress.

As a result the hard copy care plans we sampled were not as robust as they could have been. While many service users will not require support around their health needs this should be made clear; where health needs are a support issue there should be more detail than there currently is within the care plans.

We wrote in last year's inspection report that "some service users told us that the Inverclyde Centre could feel isolated as; 'Within the Inverclyde centre you are either in your room or you are out on the street.' We again received feedback that the Inverclyde centre could be a lonely place to live. One person told us "You can't talk to

other people in the centre."

Management informed us that they were aware of this and were looking to start some organised social events within the sitting room area in the Inverclyde Centre. This would be a start but initially this would be only weekly. The management and staff should consider how they can safely reduce the isolation that is felt by some in the Inverclyde Centre. (Refer to recommendation one under this statement.)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should research how they can minimise social isolation within the Inverclyde Centre.

NCS 3 Housing Support Services - Management and Staffing Arrangements

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The service was good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff
- Observations of staff interaction with service users at various groups.

The feedback from the Shared Solution Event back in November 2012 highlighted that there was a training need for staff to look again at care values as well as their roles and responsibilities. This has been incorporated into the staff supervision meetings that we viewed as well as a planned training event due to take place before the end of June this year.

The service has increased the number of different questionnaires which have been given to service users. These include questions about how frequently staff have supported them and what was most helpful about the support they have received. The responses we viewed were positive.

The health workshops run by the Had-It group have been shaped by the needs of the people who use the service, for example 'controlling your stress.' The service plans to carry out an evaluation of the workshops with the people who attend in order to make changes and improve them before the next cycle of workshops begin.

The service keeps a record of compliments which have been made by people who use the service or their relatives. Comments included; "My mother found communicating very difficult especially to officials who did not know her. Her worker was truly understanding and friendly who is very obviously genuinely interested in her clients.

The transformation in my mother and her circumstances has been truly breath-taking."

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

Areas for improvement

The manager highlighted within the service's self-assessment that she wished to involve service users within the staff recruitment process. A localised participation policy should highlight the opportunities to be involved in the recruitment process.

The provider should consider having a section within the staff appraisal process which encourages managers to record feedback from service users and carers. The current set design of staff appraisals is used across the council however it does not lend itself to capturing the quality of someone's work with much of the report being boxes which you tick.

The provider has a standard probationary period for new staff prior to their position being made permanent. The provider should consider how they can evidence that service user's opinions have been sought as part of this process.

Grade awarded for this statement: 4 - 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

We found the service's performance in the areas covered by this statement to be good. We concluded this after considering the following:

- Interviews with management, staff and service users.
- Staff induction procedure
- Samples of staff supervision and appraisal minutes
- Staff meeting minutes

Staff came across as being very positive when we spoke with them about their work. They also told us that they felt valued and well supported by the management and leadership of the service. The new team leader post was filled following the last inspection, meeting the recommendation we made around this. This has helped the manager to support staff on a day to day basis and keep supervision and appraisals up to date.

Staff told us that they are regularly supervised; supervision minutes that we sampled showed that there is a set agenda which ensures important subjects such as; service users, support needs, new policies and development and learning are discussed as well as giving staff the opportunity to discuss other issues. Good quality supervision is important to ensure that staff are motivated and working to best practice principles.

Records showed that staff receive an annual Appraisal of their work. This involves a review of their performance over the year in relation to core competencies of their role.

We were made aware by staff of discussions which have taken place within the staff team where one staff has questioned how another staff member handled a situation. It is healthy that staff feel that they have the confidence to challenge, in a professional manner, each other; this is how staff teams develop.

All staff meet the requirements to register with the Scottish Social Service Council.

100% of the people who returned care standard questionnaires to us agreed or strongly agreed with the statement; 'Staff treat me with respect.'

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "I've no problems with any of the staff."
- "All the staff at the Inverclyde Centre are very helpful and happy."

Areas for improvement

While it is a strength (as mentioned above,) that some staff feel confident enough to challenge each other where they think that situations could be better handled; the management team need to continue to ensure staff are aware of the need to raise any concerns with them also.

As mentioned previously in this report the consultation event in 2012 highlighted that there was a need for staff to review their roles and responsibilities. This training has been planned but has not happened as yet. We received a few comments suggesting that there was still a need for this training, for example; "Some staff in the Inverclyde centre don't go out their way to interact with you," and "You need to ask for help, it doesn't come to you." The provider should, following the planned training, review the opinions of service users about the way that they are supported. (Refer to recommendation 1 under this statement.)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should repeat the Shared Solution event which it held in 2012 to review service user opinions on the service following the changes which have been put in place following the last event.

NCS 3 Housing Support Services - Management and Staffing Arrangements

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The service was good at ensuring that service users and carers participated in assessing and improving the quality of management and leadership of the service. We considered the following information in grading this statement:

- Discussions with service users
- Interviews with management and staff
- Service development plans
- Returned questionnaires (both to the service and the Care Inspectorate)

The returned questionnaires which we viewed agreed or strongly agreed with the statement that 'the service checks with them regularly that it is meeting their needs,' and only one person disagreed with the statement "The service asks my opinions how it can improve."

As mentioned earlier in the report the service has taken forward a lot of the findings from the Shared solution event that it held in 2012. This was feedback given by people who use the service to an independent advocacy service.

The assessment and support team from the Inverclyde Centre was removed and a Housing Advice Hub (HAH) formed in partnership with the local housing providers as a result of feedback from people who use the service, some of whom found approaching the Inverclyde Centre as stigmatising.

For other strengths in relation to participation see Quality Statement 1 - Theme 1.

Areas for improvement

As recommended under Quality Statement 3 - Theme 3 the provider should repeat the Shared solution event to assess if service users opinions have changed since 2012.

The management team should ensure that service users' views are sought on the management and leadership of the service and include any outcomes from this within their next self-assessment.

The management team should ensure that they capture the feedback from the various service user meeting that they attend and use this to influence what is put into their next self-assessment.

For other areas for improvement in relation to participation refer to Quality Theme 1 - Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service was in good in relation to this statement. We considered the following information in grading this statement:

- Care standards questionnaires returned from service users
- Service improvement plans
- Homeless performance framework

100% of the people who returned care standards questionnaires to us agreed or strongly agreed with the statement that 'overall I am happy with the quality of care and support the service gives me.' We viewed the feedback from questionnaires given out by the service's themselves they were also positive about the report received. The management team and some staff have been working with other local authority homeless services to develop and pilot a peer quality assurance process. The pilot is due to start in the near future.

The provider has developed a service improvement plan which looks at numerous aspects of the service. Such as reviewing the information it gives service users about the service to ensure that it meets the expectations laid down in the National Care Standards and ensuring that care plans clearly state what support needs have been identified.

The management team have shown willingness to address the recommendations and requirements made within the last inspection report as well as the feedback which was gained from service users during the consultation event held at the end of 2012.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "All the staff at the Inverclyde Centre are very helpful and happy"
- "I didn't engage with people (before) they have helped me to accept help"
- "The team leader stuck by me when others wouldn't"
- "I wouldn't grumble too much it's a service that is there and it is needed."

Areas for improvement

While care plans have improved since the last inspection, the Outcome Star is still a work in progress. Management are aware that they need to continue to support staff in improving how they develop the tool along with service users so that they all reach the high standard that we saw in some of the care plans viewed.

The service manager stated in the self-assessment that they hope to analyse the questionnaires that have been returned from service users and use the suggestions raised to help develop action plans and continue to improve their communication with service users.

The service manager also wrote that the service will continue to work together with the Ayrshire and South Housing Option Hub to identify areas of good practice and areas for improvement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

No additional information recorded.

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
26 Apr 2013	Announced (Short Notice)	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
27 Apr 2011	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
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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