

Care service inspection report

Allander Housing Support Service

Housing Support Service

Campbell House
126 Drymen Road
Bearsden
Glasgow
G61 3RB

Type of inspection: Unannounced

Inspection completed on: 6 February 2015



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Service provided by:

Allander Homecare Ltd

Service provider number:

SP2009010300

Care service number:

CS2009217062

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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

After reading support files and talking to the proprietor, manager, staff and clients we decided that those involved in providing assistance were motivated, experienced and familiar with client's support needs.

Support plans and conversations showed that staff provide a range of assistance that enables people to live in their own home, be part of the community and attend appointments.

We found that staff were committed to making sure that everyone using the service is fully involved in writing their support package.

What the service could do better

We identified a number of areas of development. Please read the report for information concerning these

What the service has done since the last inspection

There were two requirements and six recommendations arising from the previous inspection and complaints. These have all been met. Please read the report for details.

Conclusion

Everyone spoken with during the inspection was very committed to making sure that Allander meets people's expectations and needs.

When speaking with staff it was evident that they work hard to make people's support enjoyable and meaningful.

We thought that clients were very confident about exercising choice, and that they were provided with individualised care and support.

The new manager continues to consolidate changes and improvements.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred the registration to the Care Inspectorate on 1 April 2013.

Requirements and recommendations:

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or conditions of registration.

Where there are breaches of Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Based in Bearsden Allander Housing Support and Allander Care at Home is a combined service providing a variety of support packages to enable people to live in their own home and be part of the community.

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 0345 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 following an unannounced inspection which took place on 3, 5 and 6 February 2015. Feedback was given to the manager and proprietor throughout the inspection, finalising on 6 February 2015.

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

We spoke at length with:

The proprietor, manager, 10 staff and 5 clients.

We looked at:

Support files.

Review minutes.

Spot check records.

Supervision records.

Recruitment files.

Staff meeting minutes.

Training records.

Training Plan.

Newsletter.

The service's satisfaction questionnaires.

Returned Care standard Questionnaires.

Health & Wellbeing records.

"Those little extras" paperwork.

Registration Certificate.

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:

- a) that all staff have the relevant pre-employment checks carried out and are confirmed as satisfactory prior to working in the service.

- b) New staff must undergo a period of induction and training and be deemed as competent in the mandatory training areas prior to working with service users.

This is in order to comply with The Social Care and Social work Improvement Scotland (Requirements for Care services) Regulations 2011. SSI 2011/210. Regulation 9 (1)(2)(a)(b)(c) - Fitness of employees.

What the service did to meet the requirement

When we read the recruitment files for new staff we saw that the manager had introduced a six stage employment and recruitment check list that dictated what information was required prior to employment commencing. The files we read showed that the checklist had been followed and that there were appropriate reference and PVG checks in place prior to commencement.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that all staff responsible for the assessment, planning, delivery and evaluation of the care needs of individual service users receive training appropriate to their role and are assessed as competent. Evidence of the implementation of a programme of appraisal, training and assessment of competence must be sent to the Care Inspectorate.

This is in order to comply with The Social Care and Social work Improvement Scotland (Requirements for Care services) Regulations 2011. SSI 2011/210. Regulation 15 (b) (i) - Staffing

Timescales: Within 20 weeks from receipt of this report

What the service did to meet the requirement

This requirement was written in relation to dementia and multiple sclerosis training. The manager told us that training had been delivered. This was confirmed when we read training records and spoke to staff.

The requirement is: Met - Within Timescales

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

There were 6 recommendations arising from the previous inspection:

1. It is recommended that the management team reviews and improves the service user's agreement form to ensure that people using the service have full information about the service.

National Care Standards 2 Housing Support Services - Your Legal Rights - You will receive a written agreement which clearly defines the service that will be provided to meet your needs. This will set out the terms and conditions for receiving the service, and arrangements for changing or ending the agreement.

We were informed and confirmed by reading support plans that the service user agreement had been revised. When we read agreements we found they contained a range of information including: the support to be provided, costs and how to end the service.

This recommendation is met.

2. It is recommended that the management team reviews care files and updates them with the involvement of service users and their families. Care files should contain information in a chronological manner and show evidence of regular and meaningful evaluation.

National Care standards 2 Care at Home - The Written Agreement

We were informed that support plans had been revised and updated. When we read plans we found them to be clearly laid out in an easy to follow manner. There was evidence that they were revised and updated as required.

This recommendation is met.

3. It is recommended that the management team review the record keeping with regard to medication administration to ensure there are safe systems of medication administration.

National Care Standards 8 Care at Home - Keeping Well - Medication - If your service includes help with taking your medication, the provider has arrangements in place for this to be done safely and in the way that suits you best.

The service is developing in-house medication recording forms.

This recommendation is met and will be noted as an area of development.

4. It is recommended that where staff feel a service user lacks capacity to make decisions about medical treatment; where appropriate they should contact the GP to put in place a process for assessment of capacity, certification and review. The service should document that they have contacted the GP about this matter for that service user.

National Care Standards 8 Care at Home - Keeping Well - Medication - If your service includes help with taking your medication, the provider has arrangements in place for this to be done safely and in the way that suits you best.

The service has introduced health & wellbeing paperwork. We saw that staff use this to record and changes or concerns they have and that these are then referred on to the appropriate external agency.

This recommendation is met.

5. It is recommended that the manager reviews and improves the quality of staff supervision. Records should be retained to demonstrate regular and meaningful supervision with staff that is effective in driving forward improvements in individual practice and the service overall.

National Care standards 4 Care at Home - Management and Staffing - You experience good quality care at home. This is provided by management and the care staff who have the skills and competence to carry out the tasks you require. The service operates in line with all applicable legal requirements and best-practice guidelines.

We found that staff were provided with regular, recorded supervision. The manager is going to develop this to include client comments and discussion about individual's support needs.

This recommendation is met.

6. Recommended that the manager ensures notifications are made to the Care Inspectorate as required and within required timescales.

National Care standards 4 Care at Home - Management and Staffing - You experience good quality care at home. This is provided by management and the care staff who have the skills and competence to carry out the tasks you require. The service operates in line with all applicable legal requirements and best-practice guidelines.

In discussion the manager was aware of the need to notify the Care Inspectorate. Notifications had been appropriately made.

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.

We were satisfied with the way this had been completed and with the information provided.

The manager identified what the service did well, areas for development and any planned changes.

Taking the views of people using the care service into account

Please read the report for clients comments.

Taking carers' views into account

Please read the report for clients comments.

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

At this inspection we: spoke with the proprietor, manager, staff, clients and read support files, review minutes and staff meeting minutes. We decided that the service consulted and encouraged participation and was operating to a good standard.

To make sure that the service is right for them and before receiving support people are given information about the service, such as how to complain and their rights and responsibilities.

When talking with staff we found them to be aware of their roles and responsibilities, approachable and respectful. We found that staff sought client's opinions, working to have a positive impact on people's lives. This can be evidenced when the support being provided is changed at a client's request or to meet a developing need.

Clients said that the staff are very attentive and that their opinions are sought:

"I am always asked for my opinion and feel involved in my support".

"I am delighted with the staff".

"Things are moving smoothly".

"Staff are friendly and polite".

"It's a very good service".

"Good communication".

"They (staff) take time to chat".

To make sure that clients and, where appropriate, relatives are involved in their support there are regular review meetings, "courtesy calls" and spot checks. These can either be face to face or over the telephone. We found that reviews are held more frequently if the client has complex or changing needs.

Allander send out yearly satisfaction questionnaires to clients and families. These give people the opportunity to comment on developments, staffing, the quality of the service and raise any issues. Returned questionnaires are analysed, with the results being made available to clients and relatives. By doing this the service shows an open and transparent approach to areas of development. An action plan is written to address the latter.

When we read the analysis of returned questionnaires there was evidence that client and relative satisfaction levels were improving yearly. This shows that the service listens to comments, acts to improve areas of development and is committed to improvement.

Areas for improvement

The manager should continue to refine information gathering to demonstrate how the service develops as a result of client and relative comments.

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

After speaking to clients and staff and looking at support plans, risk assessments, medication records and review minutes we decided that the service was working to a good standard for this statement. This has improved since the previous inspection and shows potential for further improvement.

We found staff knew their client's individual support needs well and that they were experienced, knowledgeable and respectful. To help build relationships and confidence clients are supported, as far as possible, by the same staff group. When we read support plans and communication notes we saw that staff keep in touch with families, makes sure support files and plans are up to date and that support is appropriate.

The manager is introducing a new rota system that will inform clients regarding their support staff on a weekly basis. This development is taking part in conjunction with staff teams being reorganised on a locality basis. By doing this the manager intends to provide greater staff continuity.

By talking to staff, clients and relatives and reading support plans we decided that staff worked to support, maintain and improve people's health and wellbeing. Staff do this by supporting/reminding people to take their medication, keep active, eat well, attend appointments and be involved in things they like to do. It was evident that staff worked well as a team and had a positive attitude.

The format of support plans has changed to have an increased focus on positive outcomes. Plans do this by setting clear goals, as decided by clients, noting what assistance is required to meet these and what has been achieved when they are met. It is apparent that staff have worked hard to update and organise support plans.

On reading support files we saw that they follow a standard format, were easy to follow and provided clear guidance about client's health and welfare needs, choices, relationships and how these will be met and any associated risks.

Support plans and risk assessments showed that instructions left by health professionals such as GP and dietitians were followed through for example records are kept of client's weight and food/fluid intake if required.

Staff use "health and well-being" forms to record their concerns about a client and we saw that social work, healthcare professionals and relatives were contacted as required.

Areas for improvement

The manager should continue to develop the review process. This could be linked to spot checks undertaken by the management team and include input about staff. The latter could be used to inform staff supervision.

The service is discussing developing in-house medication recording records with the local authority.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

After speaking to clients and staff and looking at the service's training plan, training record and various meeting minutes we decided that the service was operating to a good standard for this statement.

We saw that clients are consulted when staff first work with them to make sure there is a "positive fit".

Information provided under Quality Theme 1, Statement 1 is also relevant here.

Areas for improvement

Information provided under Quality Theme 1, Statement 1 is also relevant here.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service strengths

After speaking to the manager and reading recruitment records we decided that the service was operating to a good standard for this statement. This grade has improved since the previous inspection.

The provider's recruitment policy notes what checks are required before someone can be employed and work with a client.

When we read the most recent recruitment records we found that references had been obtained and PVG checks undertaken.

Areas for improvement

To continue to follow best practice in this area.

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

After speaking with: the proprietor, manager, staff and clients and reading: the service's training plan, training record and staff meeting minutes we decided that the service was operating to a good standard for this statement.

We found that there was a consistent, knowledgeable and experienced staff team who worked to make sure that clients have their needs met. Staff spoke with respect and consideration of clients and relatives, reflected on their practice and had a clear understanding of the service's aims and objectives. The outcome of this was that clients had the advantage of being supported by staff who knew them well.

The manager was proactive in sourcing training and saw this as an important element in maintaining high standards of service and a motivated, professional staff team. Training records show that staff receive a range of training such as induction, adult protection, dementia, multiple sclerosis, moving and assisting, medication and Scottish Vocational Qualifications in Social Care. The benefits of this is that staff have the skills to meet people's needs.

Before working with clients staff undertake induction training and shadow shifts. Induction training informs staff of the service's expectations, covering a number of core competences and we saw that staff will not work with clients until these are met. Shadow shifts give clients the opportunity to feel comfortable with staff and request a change if desired.

To make sure that staff maintain good practice there is a programme of regular 1:1 supervision and appraisal. Records show that staff are set clear goals and learning targets. This shows that Allander is committed to making sure that the support staff provide has a positive impact on clients' lives. There is evidence that poor practice is identified and addressed.

Staff have daily meetings at which a range of matters are discussed such as client's support needs, client changes and a general update. This benefits clients as it ensures that staff are kept up to date with people's developing support needs and daily routine.

Team leaders in the service had taken part in "train the trainer" courses for adult support and protection and moving and handling. This will enable more regular training for staff and will benefit people using the service.

Areas for improvement

The manager should continue to develop supervision to include discussion of client's support needs. Supervision could link into information gathered from spot checks. By doing this the service could show that it listens to and acts on clients comments.

The manager uses "little extras" questionnaires to ask staff what additional tasks they undertake when supporting people. She should use this information to ensure that staff work within their remit.

The manager is intending to develop team meetings by using them to discuss policies and procedures. The benefits of this is that staff will be reminded of the service's expectations and alerted when policies are updated.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

After speaking to clients and staff and reading various audits we decided that the service was operating to a good standard for this statement.

Information provided under Quality Theme 1, Statement 1 is also relevant here.

Areas for improvement

Information provided under Quality Theme 1, Statement 1 is also relevant here.

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

After speaking with: the proprietor, manager, staff, clients and relatives and reading service audits, survey results and action plans we decided that the service was operating to a good standard for this statement. This grade has improved since the previous inspection and has the potential to improve further.

When we spoke with the manager and proprietor they told us how they monitor and evaluate performance by meeting with clients and relatives, using satisfaction surveys, care plan audits and spot checks. We saw that changes were made to care packages and care plans as a result of these checks, ensuring that the assistance being provided remained appropriate to meet client's needs. We saw that there were daily management and staff meetings. This helps to ensure that management have good knowledge of the service and can act promptly to address any developments and changing support needs.

Satisfaction results are analysed to show areas of strength and development with an action plan written to address the latter. The action plan sets out clear goals, time scales and responsibilities and its progress is monitored. Doing this in a consistent and rigorous manner demonstrates a strong commitment to service improvement and development. When reading audits it was evident that client satisfaction levels with the service are consistently improving.

We saw that the service has an open culture where staff feel confident discussing practice issues.

We found that people were aware of the service's complaint policy and their right to complain. Clients said that any issues they have raised had been resolved to their satisfaction. This shows that the service listens to and acts on people's comments and suggestions.

The manager submits annual returns, self evaluations, notifications and action plans as expected.

Areas for improvement

The manager is looking at developing spot checks so that she can gather as much meaningful information as possible.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

One complaint had been made since the previous inspection. The investigation had not been concluded.

Enforcements

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

Additional Information

N/A

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 2	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 Mar 2014	Announced (Short Notice)	Care and support	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	3 - Adequate
11 Dec 2013	Unannounced	Care and support	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	2 - Weak
16 Apr 2013	Unannounced	Care and support	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	2 - Weak
30 Apr 2012	Unannounced	Care and support	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

Inspection report continued

29 Nov 2011	Unannounced	Care and support Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate
27 Jun 2011	Unannounced	Care and support Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate
11 Oct 2010	Announced	Care and support Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak

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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