

Inspection report

Partners for Inclusion Housing Support Service

West Kirk
84 Portland Street
Kilmarnock KA3 4AA

Inspected by: Arlene Woods
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 18 December 2008

Service Number

CS2004069745

Service name

Partners for Inclusion

Service addressWest Kirk
84 Portland Street
Kilmarnock KA3 4AA**Provider Number**

SP2004004872

Provider Name

Partners for Inclusion

Inspected ByArlene Woods
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

18 December 2008

Period since last inspection

9 Months

Local Office AddressSuite 3
Sovereign House
Academy Road
Irvine
KA12 8RL

Introduction

Partners for Inclusion, is registered as a Support Service – Care at Home and Housing Support Service. It provides tailored support to people with a learning and or mental health difficulty over the age of sixteen years.

“Each person has a service that is designed with them and for them.”

The geographical area covered by the organisation is wide ranging, over five local authorities, North, South and East Ayrshire, East Renfrewshire and Renfrewshire.

Partners for Inclusion presently provide support to 45 people and have 7 services in development. The majority of people receive support 24 hours per day, 7 days per week.

The staffing compliment of 197 was comprised of Service Leaders, Team Leaders and Support Workers who as members of a team would have responsibility for the direct person centred support and assistance to one service user.

The personnel in the Central Team who are office based in the West Kirk, in Kilmarnock, support the care staff teams. They provide the administrative and human resource support, training, financial and central support systems

In their Mission Statement it is stated that Partners for Inclusion exists to:

“ Support people with disabilities to live in their own chosen way, whilst influencing and enhancing the opportunities available to all; To share knowledge, experience and learning with others.”

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

Quality of Care and Support - 5 - Very Good

Quality of Staffing - 5 - Very Good

Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission’s 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. Please refer to the care services register on the Care Commission’s website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

This report was written following an announced inspection over 1 day. This included an office visit (from 10am to 4pm), examining submitted documents and analysing the completed questionnaires from residents and their carers, prior to the visit.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission. This supplied all requested information on how the service functions. It also gave a picture of

the service delivered and any areas which needed examined more closely.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission. It identified strengths in the service and also areas where it could improve.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

Staff at inspection

Care Commission Officer Arlene Woods inspected the service on 18 December 2008 from 10am to 4pm gave the management team feedback on the same day.

Evidence

- Service User support plans
- Service User reviews
- Feedback system on service provision
- Care Commission questionnaires
- Action Plan for previous inspection
- Accident/incident records
- Complaints records
- Training plan and records
- Risk assessments
- Adult and Child Protection policy
- Complaints policy
- Registration certificate
- Insurance certificate

The officer interviewed the following people at inspection:

- The Manager
- The coordinator
- 5 members of support staff

The officer observed

- Staff organisational practices

- The administrative environment and monitoring and response systems.
- Staff interacting with those who use the service

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

Fire Safety Issues

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

Action taken on requirements since last Inspection

There were no requirements from the last inspection report.

Comments on Self Assessment

The service submitted a self-assessment form as requested by the Care Commission. The manager had completed this new document to a good standard and had identified strengths in the service and also areas where it could improve.

View of Service Users

Ten questionnaires had been sent to the service to give to residents to complete prior to the inspection visit. 4 questionnaires were returned and they reflected a positive view of the service.

View of Carers

Three carers were interviewed. They all had positive opinions of the service and some had eventually joined the staff team.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 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 service was service user led, with the core ethos being person centred care. On introduction to this service the staff group strived to develop a working relationship with the service user and their family. This was to establish the wants needs and dreams of the service user and the personal plan was developed around this.

The service users had individualised services and their own team of staff who delivered the support in the way the service user required. Service users were able to raise any issues with their team. Issues raised were progressed through casual exchanges and agreements and sometimes at planning days with the full staff team. The service user and their family and/or advocates could attend and influence the outcomes for service users.

Service users and their relatives had been involved in reviews of the care being offered and the minutes of these reviews provided evidence that service users views were sought recorded and action taken to address them.

There was information in place identifying that independent advocacy support was available. Service users indicated that they were aware of this service and how to access it.

The service had engaged a researcher via the Scottish Consortium for Learning Disability. The researcher had spoken to the people supported, family members and friends and staff in order to audit the effectiveness of the packages and identify areas where the service could improve. This was the second audit of this type conducted by the organisation. There was evidence of an action plan being developed from the last audit and of informing the service users of this action and why it was being implemented.

The manager operated an "open door" policy which created an opportunity for service users to raise issues and have these addressed by the manager or coordinator on duty. A complaints procedure was in place and information about how to access this was available within the service.

From the questionnaires returned service users and their carers stated that they had personal plans and received the care and support which had been agreed. Service users stated that they were happy with the service provided to them.

Areas for Development

The manager had identified the need for further training input in respect of producing essential information in accessible/ easy read formats.

Although there was evidence of service users' participation in assessing and developing the service there was no written strategy. This would inform service users of the methods being employed and the reason for this.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Statement 3: We ensure that service user's health and wellbeing needs are met.

Service Strengths

Specific details were recorded within in the support plan. This included health care needs, and how these should be met. General health was maintained through access to GP's, dentists, opticians etc. The small dedicated teams learned to recognise when someone was becoming unwell, especially when they were unable to use words to communicate,

The service helped both service users and healthcare professionals prepare for appointments. This was to ensure the best use of the time and the best outcomes for the service user.

There were company policies and procedures in place to address all healthcare needs of the client group including a Medication Policy. These were reviewed regularly.

There was ongoing training for staff covering; Food Hygiene, First Aid, Moving & Handling, Helping the Supported People Express their Sexuality, Health & Safety, Crisis & Aggression Limitation & Management (CALM), Epilepsy and Autism.

There were Support Meetings with the H&S, CALM, Moving & Handling Trainers and Training Coordinator who met the teams individually to ensure that the training included the handling of the specific issues of each supported person.

Through robust risk assessment service users were supported to live their lives and take reasonable risk.

Areas for Development

Further training in respect of all aspects of personal assistance had been identified by the manager as an area where the service could improve. This training would address issues of good practice, dignity and respect and the importance of person centred practice. This would be delivered in Spring 2009.

CCO Grading

6 - Excellent

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading:

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 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

See quality statement 1.1.

Due to individualised staff recruitment staff were employed with the necessary skills to support the named person. This included age, interests and attitude which was all agreed with the service user prior to advertising the support position. The staff group had to fit the person they were to support. There was evidence of a staff member being removed from a team on the request of the service user.

Areas for Development

See quality statement 1.1.

CCO Grading

6 - Excellent

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

There was an induction programme which covered employment law, statutory training, basic care guidance and an introduction to the companies' policies and procedures.

The company had ample policies and procedures to guide its staff in the performance of; their duties, including; recruitment and retention policy, whistle blowing and confidentiality policies

There was a staff training plan in place with all training attended recorded clearly.

There was a supervision and staff appraisal policy in place. Staff files showed that these were happening regularly.

The service worked to the SSSC Codes of conduct, and this book was issued to all new employees at induction.

There was an appropriate Protection of Vulnerable Adults (POVA) procedure in place to ensure the safety of those who use the service.

The staff group had a high percentage of qualifications. This service was well on the way to having the correct percentage of staff qualified and on the SSSC register when the register opens for this staff group.

Staff felt well trained and supported. They could identify areas for their own development which the company supported, while the company supplied statutory training routinely to keep them up to date.

The company prioritised training staff on person centred care. This was to ensure this ethos was maintained and understood throughout the large staff group. This was important as the staff team delivered their support away from the management team and needed to understand this fully to maintain the ethos in people's homes.

Areas for Development

The manager had identified that improvements could be made on the website, and the induction training, to raise staff awareness about National Care Standards and practice development.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 5 - Very 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

See quality statement 1.1.

Areas for Development

See quality statement 1.1.

CCO Grading

5 - Very 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 people being supported and their families were confident that they could influence changes to the support goals and packages of support. There was evidence in the support plans of this happening routinely.

Improvement in the service provided was held within each support team as they were individually designed and delivered. The manager through many internal and external monitoring systems was aware of changes and improvements within each team.

Areas for Development

The manager was aware of issues within each individual service. A system however should be developed to reflect Partners for Inclusions' responsiveness to the changes in service users' needs, wants and dreams. The manager was sourcing this tool at the time of inspection.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

None.

Requirements

There were no requirements made at this inspection.

Recommendations

1. The manager should put in writing the services paths of communication, both to and from the service user, to influence the service they receive. (recommendation 1)

Arlene Woods

Care Commission Officer