

Care service inspection report

Full inspection

Partners for Inclusion Housing Support Service

West Kirk
84 Portland Street
Kilmarnock



HAPPY TO TRANSLATE

Service provided by: Partners for Inclusion

Service provider number: SP2004004872

Care service number: CS2004069745

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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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	6	Excellent
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

Partners for Inclusion provide a combined housing support and care at home service to people with a wide range of abilities and challenges both within their homes and while out in the community. Support teams are focussed upon and built around the individual service user and their care and support needs. There is a concerted effort by management to maintain a continuity of staff which has proven to be what service users and family carers want and is most effective. Care and support delivered is needs-based, person-centred and outcomes-focussed and is highly praised by those receiving it and their family carers.

What the service could do better

The service should continue to engage with family carers wherever possible thus building a closer working relationship with them to the benefit of their supported relatives.

Recording procedures and formats do not always properly reflect the outcomes being achieved or striven for. Health and safety information should be filed in order of priority and in a way which is readily accessible by staff.

What the service has done since the last inspection

At our last inspection the service were found to be performing at a high level with quality care and support being provided. We are pleased to say that, despite some managerial re-organisation, this has been maintained with continued plans for further improvement. The few areas of suggested improvement have been properly addressed.

Conclusion

Partners for Inclusion have, since our last inspection, undergone a significant managerial re-organisation and at the time of inspection had a vacant Director's position. They have however gone to considerable lengths to ensure that this did not adversely impact upon the care and support provided to individuals.

The service continue to provide a high level of care and support to individuals using dedicated teams who are very familiar and experienced regarding the service users they support and their needs, wishes and desired outcomes.

1 About the service we inspected

Partners for Inclusion are registered as a Care at Home and Housing Support Service. They work with people over the age of sixteen years who have a learning disability, often physical disabilities and/or mental health issues.

The service is focused on providing a personalised approach, a distinct way of working and a commitment to both real social inclusion and partnership working. They offer an individualised support service, which for many can be twenty four hours per day, seven days per week. The hopes, wishes and potential of the service user is the basis for the support package.

They work toward the person's optimum independence level and through various review and safety processes, the individual packages can reduce over time. Each service user has their own unique team, which includes a team leader and support workers. Professional and business support is provided through the management team based in service's local headquarters. Each service user has their own home, which is designed around their identified needs.

The service's philosophy includes 'personalised support as a way of supporting people with complex and challenging needs, to live their own life, on their own terms, but as active citizens.' It was obvious from observation during the inspection process that staff throughout the organisation share this commitment and vision.

Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 6 - Excellent

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very 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

We wrote this report following an announced short notice inspection of the service on 27 and 28 July 2015 between 9am and 4.30pm. The inspection was carried out by Inspector David Lindsay.

Feedback was given to the Learning Development and Quality Manager, Operations Leader, Senior Service Leader, Human Resources Manager, Finance Director and Registered Manager on 28 July 2015.

During our inspection we spoke with:

- The Registered Manager
- Operations Leader
- Senior Service Leader
- Learning Development and Quality Manager
- Human Resources Manager
- Finance Director
- Health and Safety Officer
- Team Leaders
- Support Workers and
- three service users.

We examined:

- Records and documents including Care Plans
- Health and Safety files
- Accident/ Incident Reporting Forms
- Team Meetings - Minutes
- Staff Support and Supervision Records
- Staff Training Reports, Staff Personnel Files
- Service User Service Reports,

- 'Just Connections' Quarterly Service Monitoring Form - South Ayrshire Council
- Daily Diaries
- 'Feedback4U' Feedback Report and Draft Document 'The Power of People to make their own Stories' Strategic Plan 2015 - 2018.

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.firescotland.gov.uk

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.

Self assessment was fully completed and submitted on time.

Taking the views of people using the care service into account

Included within self assessment

Taking carers' views into account

Included within self assessment

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: 6 - Excellent

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

We considered that the service demonstrated a high level of compliance with this statement.

Service users and their family carers were fully involved and participated in the maintenance and improvement of quality of service. This was achieved in a number of ways but in particular by each service user having their own individual support team. These teams were 'matched' as far as possible to the service user's profile and were dedicated to that individual enabling a continuity of support and the development of skill and knowledge based upon the specific needs and wishes of the service user.

In many cases, service users and family carers were able to have a say in who supported them and this participation continued to include all aspects of care and support ensuring that staff provided a service which was what the service user wanted, delivered in the way they preferred. Service users and family carers were involved in reviews, surveys and other meetings and their participation encouraged.

We noted that care plans were very well constructed and contained full and

comprehensive information regarding the individual service user, essential to those providing support. This information had been gathered in full consultation with service users, family carers and all relevant others.

Areas for improvement

We considered that while in many cases there was good and regular contact with family carers, particularly those who were heavily involved in the support of their relatives, there may be room for improvement. The service may wish to consider developing a structured method of making regular contact with family carers where this is possible. This will make and maintain important links with service user's relatives which will in turn promote confidence and satisfaction in the service by relevant family members.

The service should continue to take every opportunity to involve service users and family carers in the improvement of service quality.

Grade

6 - Excellent

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

We again considered that the service performed well in this area. The aspects of care and welfare as well as activity and development were supported and promoted in a person-centred and outcomes-focussed way to the benefit of the individual.

We noted while examining care plans that there was a particular focus upon the health and wellbeing of the individuals supported. All aspects of service user care and support had been considered, assessed and documented. One page profiles contained sections on 'Things People Like and Admire about Me', 'How I Like to be Supported', 'Hopes for the Future' and 'What is Important to Me'. The 'Service Design' document was the core of the information and was very detailed and comprehensive containing all the details required by staff to familiarise themselves with the service user and their support needs.

We were pleased to see specific health related information considered which included 'Hospital Passports', Calm Assessment, Learning Disability Nurse Assessments, 'Epilepsy Tool Box' including Seizure Charts, Review Minutes, MDT Meetings - Minutes, Copies of Section 47 Certificates and Guardianship Orders where applicable. This demonstrated a holistic and comprehensive assessment of all aspects of service user's health and welfare which ensured that it was kept at the forefront of care and support.

We observed during our visits with service users and by examining documentation that service users had a very busy activity programme which they enjoyed with the support of their support team. Staff availability was geared towards maximising the opportunities for service users to participate in the activities and pursuits in which they were interested. This was particularly relevant in cases where two to one staffing was required in order to safely support the individual during a specific activity.

Areas for improvement

We noted that risk assessments pertaining to individual service users were held in separate Health and Safety files. The most important and relevant information held within these files was the Activity Safety Assessments. These assessments contained detailed information as to the risks present to service users while undertaking certain activities or tasks and in particular how staff should address and minimise the identified risk.

Much of the file was however taken up with copies of policies and procedures which, while necessary and relevant, were of less importance and designed for reference purposes only. We considered that the service should review the Health and Safety files to ensure that the most important information relating to risk was easily identifiable and accessible to staff who may need to refer to it as a matter of urgency.

The service should continue to support and care for the individuals for whom they have responsibility in a person-centred way and review care plans and risk assessments on a regular basis.

Grade

6 - Excellent

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

The evidence reported at Statement 1:1 above is also relevant here.

We considered that the use of support teams built around the individual service user and the knowledge and expertise which this developed in staff inevitably meant that service users were uniquely placed to directly influence the quality of staff and the way in which they were supported. The evidence found within detailed support plans supported this.

We were advised that wherever possible, service users and family carers were involved in the recruitment and selection of support roles and that the service wherever possible attempted to 'match' support staff to service users to ensure compatibility of not only ability to care and support but also interests and character.

Service users and family carers were also invited to attend and participate in reviews and other meetings and events all of which provided opportunities for them to contribute suggestions, raise concerns or make complaints all of which would inform the improvement of staff quality.

Support workers and particularly team leaders and team co-ordinators were also in daily contact with service users and as such were well placed to ensure that service users and their family carers had the opportunity to make comment upon and thereby influence the quality of staffing.

Areas for improvement

The service should continue to take every opportunity to enable service users and their family carers to participate in the improvement of staff quality.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service Strengths

We considered following our inspection of the service and in particular the observation of staff interaction while supporting service users that this statement was well met.

We observed support staff interacting with service users in a caring and respectful way with a focus upon ability rather than disability. The clear aim of this approach was to maximise opportunities to develop and improve quality of life by enabling activities and other areas of interest indicated by the individual.

We found that the service promoted an individualised style of care and support and expected this of their staff. The principles of providing a needs-based, person-centred and outcomes-focussed service were introduced to and maintained in staff ensuring that service users received a service which was individualised and respectful to their needs and wishes.

We noted that service users and family carers were encouraged to participate in the recruitment and training of staff at all levels. This and the practice of 'matching' staff to the individual characteristics of service users ensured that staff were very familiar with care and support needs and could therefore provide a personalised and unique service to each service user. We also noted that if, in the fullness of time, it became apparent that a member of staff was not suited to the role, an alternative and more suitable person would be identified. Service users and family carers to whom we spoke or who completed questionnaires were happy with the level of consultation and opportunities for participation provided by the service.

We saw during our examination of records and documents that following a robust induction period and shadowing with experienced staff, support staff received further, more advanced training in specialised subjects directly related to the care and support needs of the individual. This ensured that support

teams were well equipped to deal with the unique needs and wishes of the service user to whom they were assigned.

We also noted that the very detailed support plans regarding each service user were compiled largely through support staff consulting with service users and family carers to ensure relevance, accuracy and individuality. All teams were required to become familiar with, contribute to and update care plans on a regular basis.

Staff received regular supervision, took part in team meetings and information sharing meetings a large part of which were designed to regularly review care and support and make improvements where needed. The 'Feedback4U' report ensured that issues raised by staff were fully considered and responded to. We considered this to be good practice as the lack of such involvement and feedback is often a source of frustration and complaint amongst staff.

We considered for all of the reasons detailed above, that support staff, supervised by managers, demonstrated an ethos of respect towards the individuals they supported on a daily and on-going basis ensuring that identified needs and wishes were recorded and acted upon in a sensitive and caring way. We also considered that the design of small, dedicated support teams developed an atmosphere of mutual co-operation, trust and respect amongst and between support staff members.

Areas for improvement

The service should continue to cultivate and maintain staff respect for those they support and for each other to the ultimate benefit of service users and their own personal and professional development.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service."

Service Strengths

The evidence relating to this statement has been reported previously at Statements 1:1 and 3:1 above.

Areas for improvement

The service should continue to ensure that service users and family carers are given every opportunity to participate in the improvement of the quality of the service including its management and leadership.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service Strengths

As previously reported, the service has recently undergone a significant re-organisation of management. A new Registered Service Manager is in post, some positions have been re-designated and a Director's position was vacant at the time of inspection.

A supervisory structure has been established which identifies specific areas of responsibility contributing to and complementing the service structure as a whole. The small and individual dedicated care teams are comprised of support workers supervised by team leaders and in some cases team co-ordinators. Although some of these positions have been sourced externally, many were as a result of internal development and promotion.

We found while examining staff records that the service placed a great deal of emphasis upon the training and personal and professional development of its staff. Staff we spoke to and who returned questionnaires considered that they received good and relevant training and that any further training needs identified or requested were provided wherever possible. Staff considered that they were properly equipped for the challenges of their role and were empowered to take individual responsibility for development within their role.

We noted that the service enabled staff at all levels to contribute ideas, suggestions and indeed concerns in a number of ways which included supervision, reviews, team meetings and information sharing meetings. It was also apparent during our visit that an 'open door' policy existed allowing staff to consult managers informally as required. As some staff were remotely located at times, we were pleased to see that as well as a 'lone working' policy, an on-call manager system was in place giving staff the assurance that help and support was only a phone call away.

We noted that first line managers received 'Leading Others' training which is

reflective in nature and has been found to be very beneficial. Many service leaders had completed a Leadership and Management Qualification. The service had committed to a Participatory Management Agenda ensuring that all managerial positions were considered part of a 'whole' in terms of service delivery with autonomy and accountability being required qualities.

We considered that the service's promotion of leadership values at all staff levels actively encouraged individual, personal and professional development, ownership of quality service provision and pride in being part of a recognised and highly performing service. This in turn ensured that a high quality of care and support was delivered to the service users in their care.

We noted the service's 'six goals to improve people's lives'.

- Really listening to what people say.
- Respecting what people want in their life.
- Supporting people to live the lives they want.
- Allowing people to grow and develop.
- Respecting family and relationships.
- Paying attention to detail.

We considered that the service were actively working towards these goals in an effort to maintain a high quality of service provision.

Areas for improvement

The service should continue to encourage and develop leadership values in staff at all levels with a view to continuous service improvement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

6 Complaints

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

7 Enforcements

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

8 Additional Information

9 Inspection and grading history

Date	Type	Gradings	
8 Aug 2014	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 5 - Very Good 5 - Very Good
30 Sep 2013	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 5 - Very Good 5 - Very Good
5 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 5 - Very Good 6 - Excellent
12 Jan 2011	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
15 Dec 2009	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 6 - Excellent 5 - Very Good
18 Dec 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good

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