



# Inspection report

## Barrhead Housing Association Housing Support Unit Housing Support Service

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Barrhead  
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**Inspected by:** Paul MacKenzie  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 11 May 2010

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**Service provided by:**  
Barrhead Housing Association

**Service provider number:**  
SP2004004480

**Care service number:**  
CS2003055740

**Contact details for the Care Commission officer who inspected this service:**

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## Easy read summary of this inspection report

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There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support  **5** Very Good

Quality of Staffing  **4** Good

Quality of Management and Leadership **N/A**

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

### What the service does well

The service does very well in seeking the views of the people who use the service. The service does well on the whole, in their role to support service users to keep healthy safe and well.

## **What the service could do better**

The service should look at providing training for their staff, in adult support and protection. The service should set up regular formal meetings with the community alarms provider.

## **What the service has done since the last inspection**

The service has met all of the recommendations and requirements from the last inspection.

## **Conclusion**

The provider does well in seeking service users' views as much as possible, about the quality of the service being provided. The service has some areas for improvement, in staff training and formal meetings with the community alarms service.

## **Who did this inspection**

### **Lead Care Commission Officer**

Paul MacKenzie

### **Other Care Commission Officers**

n/a

### **Lay Assessor**

n/a

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

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

- 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.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

# How we decided what to inspect

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## **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

## **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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Barrhead Housing Association provides a Housing Support Service to up to 30 residents of a Sheltered Housing Complex. The service was registered with the Care Commission on 10th December 2004.

The warden of the service has an office base at the complex. There is a communal lounge with kitchen facilities for social use. The managers of the service have an office base nearby.

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

<b>Quality of Care and Support</b>	<b>5 - Very Good</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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 activities did we undertake during the inspection**

This report was written following an announced inspection which was carried out by one Care Commission Officer on 11th May 2010 from 10am until 3pm.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

Support plans  
Record of incidents  
Minutes of service user meetings  
Disclosure policy  
Staff training records  
Staff files  
Minutes of staff team meetings  
Service user consultation documentation  
Service user questionnaires  
Email transmissions  
Investors in people report  
Complaints policy and procedure

During the visit we spoke with the registered manager, the senior housing officer, the warden and three service users.

### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Has the service had to take any actions as a result of or since our last inspection?**

The provider should ensure that robust recruitment procedures are adhered to at all times.

### **Action taken on the Requirement**

The service has reviewed their disclosure policy. The service has not employed any staff since the last inspection.

### **The requirement is:**

Met

All staff working in the service should have an Enhanced Disclosure carried out before they start employment. If there is a delay in receipt of this, procedures should be in place to make sure that no lone working with service users is undertaken. This is in order to comply with SSI 114 Regulation 9 Fitness of Employees.

### **Action taken on the Requirement**

The provider has not employed any staff since the last inspection. However, the provider has reviewed their disclosure policy, and this now states that staff will not commence employment, until a satisfactory disclosure has been received.

### **The requirement is:**

Met

### **Actions Taken on Recommendations Outstanding**

The provider should make sure that adequate action is taken when issues of staff practice are identified and that accountable records of action taken are kept. National Care Standards 3 Housing Support Services - Management and Staffing Arrangements.

The service has demonstrated an awareness of the need to ensure that this happens. There have been no complaints about staff since the last inspection. This recommendation has been met.

The provider needs to make sure that clear, detailed and accountable records are kept

when consulting with service users. National Care Standards 8 Expressing Your Views.

The service is now recording meetings with service users, and we could see from the records, the details of the issues discussed with service users. This recommendation has been met.

The provider should make sure that where issues have been raised by service users that action is taken to consult with service users about the issues and that action is taken promptly to address these.

National Care Standards 3 Housing Support Services - Management and Staffing Arrangements.

The service has taken measures to ensure that clear lines of communication are open to service users. We found evidence to suggest that the provider meets with service users on a regular basis, and action points are being recorded and agreed. This recommendation has been met.

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

### **Annual Return Received**

Yes - Electronic

### **Comments on Self Assessment**

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

### **Taking the views of people using the care service into account**

We sent out twenty Care Commission service user questionnaires and received six completed questionnaires. We spoke with three service users on the day of the inspection, on a one to one basis. The following comments were made via the questionnaires and the one to one conversations:

"Missing a full time Warden"

"Since the full time Warden went sick, the Wardens that have been put in place change too often"

"The new call system that has been put in place is very unreliable"

"Overall I have found the Wardens to be helpful and caring"

"The Warden is nice, the one's before have been lovely too, very helpful"

"The communication is not good regarding calls from the office, the call system is unreliable and faulty"

### **Taking carers' views into account**

There were no relative carers available for comment on the day of the inspection.

## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

Service users gave very positive feedback about the warden and the high standard of care and support she offered. In discussion the temporary warden, she displayed a very positive approach to her role in supporting service users to participate.

A full service user committee had been established in May 2009. This is a forum that service users can use, to comment on the quality of the service being provided.

We found evidence to indicate that support plan reviews had taken place within the service, and it was clear that service users had been involved in the process.

An open day had been organised in a building beside the complex to make sure that service users could attend. The provider had carried out an evaluation of the day. The provider had carried out a service user satisfaction survey.

The service has a range of written information available for service users, which provides details about the service. The service has a service user participation strategy.

Specific aims and objectives included having an organisation that is accountable to service users, and represents their views. The stated values include involving service users and giving them power over their support, to listen and communicate.

The provider had developed a website which provided a range of clear information.

#### Areas for Improvement

The provider should continue to develop and implement ways in which service users can provide feedback on the service.

#### Grade awarded for this statement

5 - Very Good

#### Number of Requirements

0

**Number of Recommendations**

0

### **Statement 3**

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

#### **Service Strengths**

The service has an accident and incident reporting procedure in place. Few incidents and accidents had been reported, it was evident that staff had responded to accidents in an appropriate manner.

The warden carries out a daily call check for each service user, in order to make sure that service users are safe and well. This is recorded at service level.

We found evidence to indicate that staff liaise closely with family members, regarding individual service user health and wellbeing issues, such as arrangements for visits to the hospital.

We found considerable evidence to suggest that staff had been vigilant in picking up on individual health issues, and encouraging service users to contact their General Practitioners, as appropriate. We also found evidence to indicate that staff had directly contacted health care professionals, about concerns over individual service users' health and wellbeing.

The provider employs a welfare rights officer. This person holds welfare rights surgeries at the sheltered complex, where service users can attend to discuss individual benefits issues.

The service has a range of information booklets on show in the communal lounge. Service users have access to information on safety, welfare rights and advocacy services.

Pendant alarms are routinely issued to all service users, which can be used by individuals in the event of an emergency situation arising, such as a fall.

Reviews of support plans take place on a regular basis; service user health issues are discussed as part of this process.

#### **Areas for Improvement**

During the visit, some service users indicated that there had been some problems with the community alarms system. We spoke with the service regarding this, and they informed us, and provided evidence, that they had rectified most of the issues. They are working closely with the alarm system provider, and the community alarms service provider.

Although the service communicates regularly with the community alarms service provider, there is no formal monitoring arrangement in place. See recommendation 1.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Recommendations**

1.

The service should initiate formal regular meetings with the community alarms provider, and minute the issues discussed. This is in order to meet Housing Support National Care Standard 3.4-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 strengths identified under theme 1, statement 1.1 are applicable to this statement.

The service has made improvements in respect of this statement, since the last inspection. They are now keeping records of consultation meetings held with service users.

The service had carried out a survey recently, inviting service users to comment on staffing issues. As a result of this, practice has changed, for example the service now gives service users five days notice of staff annual leave, and the cover arrangements they intend to put in place.

The service now covers long term staff sickness with relief wardens, and they are striving to ensure continuity of staff cover.

#### Areas for Improvement

Although the service is striving for continuity of staff cover, this has not always been achieved. If long term staff absence continues, the service should ensure that a long term relief warden is put in place.

The service should consider seeking the views of service users, as part of the staff appraisal process.

The service should devise and implement other methods in respect of this statement.

#### 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 evidence to indicate that staff are working towards meeting the qualifications requirements, for registration with the Scottish Social Services Council (SSSC).

Regular staff team meetings take place at service level. The minutes revealed that staff had made some contribution to this process.

The provider had attained the Investors in People Award. Part of the criterion for achieving this award, is demonstrating a commitment to staff development.

The service has a staff training plan in place. The training plan contains a range of training, including working with challenging behaviour, and first aid, to name a few.

The service operates a staff appraisal system. This process includes the evaluation of staff performance, aims and objectives and staff learning and development.

#### **Areas for Improvement**

Although good training opportunities are being provided for staff, they have not received training in adult support and protection. See recommendation 1.

The service should continue to develop and implement other methods in respect of this statement.

#### **Grade awarded for this statement**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

1

#### **Recommendations**

1.

The provider should ensure that all staff receive training in adult support and protection. This is in order to meet Housing Support National Care Standard 3.2-Management and staffing arrangements.

## Other Information

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### **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**

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 Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## Summary of Grades

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<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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<b>Date</b>	<b>Type</b>	<b>Gradings</b>
25 Aug 2009	Announced	Care and support      5 - Very Good Staffing                    3 - Adequate Management and Leadership      3 - Adequate

## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland-** Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هه بایتسد یم وونابز رگید روا رولکش رگید رپ شرازگ تعاشا هی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

یرخأ تاغل بو تاقيسينت تب بلطلا دن ع رفاوتم روشنملا اذه.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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Improving care in Scotland