

Glasgow East End Community Carers Housing Support Service

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Type of inspection:
Unannounced

Completed on:
25 July 2023

Service provided by:
Glasgow East End Community Carers
Ltd

Service provider number:
SP2004006714

Service no:
CS2016352807

About the service

Glasgow East End Community Carers is registered to provide a housing support service to adults and older people with physical disabilities, learning disabilities and mental health needs, living in their own homes.

The service operates from an office base in the east end of Glasgow. The service supports people who live predominantly in the east end of Glasgow.

About the inspection

This was an unannounced inspection which took place between 12 - 25 July 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Met with 14 people using the service and interviewed two people by telephone.
- Met with four relatives and spoke with three relatives/representatives on the telephone.
- Interviewed two external professionals involved with people being supported.
- Spoke directly with 10 support staff, a lead coordinator, two team leaders, the deputy manager and registered manager.
- Reviewed documents.

Key messages

- People using the service and their relatives were happy with the support provided.
- The service was responsive to people's changing needs and took a flexible approach to match people's preferences.
- People experienced positive outcomes as a result of the support provided.
- The management team had worked on developing systems which helped give them an overview of people's needs. Further work was needed in this area.
- Support plans and reviews needed further development.
- Additional supervisors had been employed within the service; further work was needed to help develop them and help take the service forward.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question, as there were major strengths in supporting positive outcomes for people with very few areas of improvement needed.

Staff formed genuine, warm and nurturing relationships with the people they supported. Support was provided in an unhurried way by staff. People were involved in making decisions around their support. This included making choices on what they would like to do and what support should be prioritised, for example shopping first or housework.

Staff demonstrated skills to help empower people building on their abilities to actively participate in supports.

People's privacy and dignity were promoted by staff.

Staff understood the importance of, and maintained, confidentiality when discussing the needs of people they supported.

Staff struck a good balance when supporting people - encouraging individuals to participate and use or retain the skills that they have. Feedback we received supported this:

"XXX [staff member] has encouraged Mum to go outdoors into the garden - she has the confidence to support Mum when she negotiates the outside steps."

"They [staff] encourage me to do what I can."

Staff drew on local knowledge when providing support and used this to access amenities such as clubs or places relevant to the interests of the people they supported.

People's wishes and preferences were taken account of when support was being planned and carried out.

People benefited from flexibility within the service. For example, times of support changed in order that an individual could be accompanied by staff to attend an evening football match.

The service provided was overall very reliable and any changes which needed to be made were shared in advance. People receiving support, and relatives, shared that they knew how to make contact with the office if their needs or circumstances changed.

People shared how support had a positive impact in developing confidence and self-esteem.

Feedback from external professionals indicated that staff were focused on ensuring people were kept well and staff were motivated to deliver care and support in a personalised way.

Staff detected changes in people's health and wellbeing and responded appropriately including reporting and referring to external agencies for additional input or advice. Staff had received training which helped equip them to meet the health and wellbeing needs of people they supported. This included "condition specific" training for example how to support people with autism.

Staff ensured that people had access to and used equipment to keep them safe such as community alarms. People were helped with the transition of returning home from hospital by staff maintaining contact following admission.

We heard of the positive outcomes experienced as a result of support provided - people's confidence increased, reduction in anxiety, building up a social network, engaging with their community.

Records associated with financial transactions when this type of support had been provided were found to be in place.

How good is our leadership?

4 - Good

We made an evaluation of good as there was a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

The management team used a range of audits to gather information on key areas of the service and to check if people were being kept safe.

There had been a transitional phase in developing new electronic support planning and management information systems. These systems needed improvement to better capture outcomes achieved as a result of support provided.

Accidents and incidents were recorded with information on actions taken post event. We concluded that further work should be carried out to provide a greater level of detail of resulting actions taken to keep people safe and take a "lessons learned" approach.

The management team had notified the Care Inspectorate of a number of significant incidents. However, we cross-referenced and found that incidents of an adult protection nature whilst reported to Social Work had not always been reported to the Care Inspectorate (see area for improvement 1).

The Birdie electronic system, once fully developed, will allow access to support plans and risk assessments for people using the service and their relatives. Some risk assessments needed further development to reflect measures adopted to protect people, particularly when staff handle finances (see area for improvement 2).

The management team was regarded as supportive and accessible by staff - this helped make them feel valued. However, we concluded that team leaders needed further development to ensure that the quality of their work, support to colleagues and standards were maintained.

People were encouraged to share their views on key aspects of the service. This information had been used by the management team to assess their current performance and identify areas that they should prioritise for improvement. This was at an early stage with plans for ongoing review and monitoring in place.

Areas for improvement

1. The service provider should ensure that any adult support protection incident is reported to the Care Inspectorate in line with the guidance - Records that all registered care services (except childminding) must keep and guidance on notification reporting (amended 30 April 2020).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

2. To ensure people are adequately protected, the service provider should develop robust risk assessments when staff support people including the handling of finances. These should detail measures in place to protect both the person being supported and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

We made this requirement following a complaint investigation.

By 30 June 2022, the service shall produce a system for auditing rostered runs. This should consist of sampling a percentage of the generated rotas and calculating the travel time between each user. This will enable management to pinpoint any areas of concern and act upon them quickly. The understanding of distances and times between services will ensure people's outcomes are met more effectively by the service.

To be completed by: 30 June 2022

This is in order to comply with:

Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Regulation Section of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (Public Services Reform (Scotland) Act 2010).

This requirement was made on 30 May 2022.

Action taken on previous requirement

Feedback from key staff indicated that this was occurring. Evidence of group supervisions had been used to discuss the changing needs and additional time needed for supporting people and appropriate responses had been made including increasing support time. Staff interviews confirmed that this was now occurring.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service provider should ensure that there is a consistent approach adopted to ensure that staff receive supervision aligned to organisational policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 2 October 2019.

Action taken since then

There have been changes to the management and supervisory teams since the previous inspection. Through sampling reports produced and staff interviews, we concluded at this point this area of improvement had not quite been achieved.

This area for improvement has not been met and remains in place.

Previous area for improvement 2

The provider should develop a coherent system which helps the management team have a clear overview of performance in key areas including but not limited to missed visits, medication audits, staff supervision and development and people's reviews. This information should also be used to shape the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

This area for improvement was made on 2 October 2019.

Action taken since then

Systems had been, and are currently being, developed to cover the areas outlined and good progress had been made in relation to having an overview. However, we were not confident that the quality of reports produced by the management team was consistently accurate, for example support plan material and people's reviews. We concluded the area for improvement had not been met at this point in time.

This area for improvement has not been met and remains in place.

Previous area for improvement 3

The service provider should ensure that when they identify issues with staff misconduct that this is reported timeously to the Care Inspectorate and includes details of allegations made and actions taken to protect people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based upon relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 2 October 2019.

Action taken since then

Appropriate notification had been made to the Care Inspectorate in relation to this area.

This area for improvement has been met.

Previous area for improvement 4

Individuals should be involved in reviewing their support plan at least once in a six month period. Plans should be signed by the individual showing that they are in agreement with the plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 2 October 2019.

Action taken since then

There was a system for identifying when reviews were due. The management team had identified that this area needed to be taken forward. There had been variable progress through sampling records associated with each team leader.

This area for improvement has not been met and remains in place.

Previous area for improvement 5

We made this area for improvement following a complaint investigation.

The management team will ensure they log every call and concern dealt with by themselves. The resolution date and details should be kept. Every effort should be made to ensure that resolutions put in place are sustainable. This will ensure that service users are confident in the management's ability to deal with concerns efficiently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made on 30 May 2022.

Action taken since then

Through sampling complaints records these now detail complaints received, investigation details and actions taken to resolve issues.

This area for improvement has been met.

Previous area for improvement 6

We made this area for improvement following a complaint investigation.

The service shall ensure that all users will receive a service agreement. This should outline the limitations of the service, specifically when the service may be cancelled. Helping people using services to make informed choices and have an understanding of the limitations of their support has a positive effect on their outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I receive proper notice and I am involved in finding an alternative if the service I use plans to close or can no longer meet my needs and wishes" (HSCS 4.12).

This area for improvement was made on 30 May 2022.

Action taken since then

Service agreements had been issued to people using the service and these detailed the scope and limitations of the service.

This area for improvement has been met.

Previous area for improvement 7

We made this area for improvement following a complaint investigation.

Rotas are produced and posted on a Friday within the service. The provider should consider utilising email functions so that all service users can receive their rota consistently as soon as they are produced. The provider should also consider the use of text message and other forms of communication for delivery of rotas in a timely fashion. This will improve the wellbeing of service users and ensure continuity and the ability for service users to advance plan. There had been an agreement in place with the service user that rotas would be provided on a Friday and this did not happen. The service would be advised to have an auditing system in place to ensure that service users' needs are met in terms of timely rota provision.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 30 May 2022.

Action taken since then

A range of methods was used to ensure people using the service and staff received rotas in a timely fashion this included email. People who use the service, relatives and staff shared that for the vast majority of times they received rotas or changes to the same in advance.

This area for improvement has been met.

Previous area for improvement 8

We made this area for improvement following a complaint investigation.

The service should ensure that all occurrence books are audited, including the short term services they provide. There is a review system in place which should be adhered to. The short term services should be subject to review and audit in line with other services provided. This is to ensure that the correct level of support is available for people as their needs or circumstances change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 30 May 2022.

Action taken since then

Through sampling occurrence books, we found that they had been audited by team leaders. See separate area for improvement relating to reviews.

This area for improvement has been met.

Complaints

Please see the following sections of the report - What the service has done to meet any requirements made at or since the last inspection and What the service has done to meet any areas for improvement made at or since the last inspection.

You can also find details of complaints about the service which have been upheld on our website. www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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