

Care service inspection report

West Lothian Council - Housing & Building Services

Housing Support Service

West Lothian Council
West Lothian Civic Centre
Howden South Road
Livingston
EH54 6FF
Telephone: 01506 281355

Inspected by: Rose Bradley

no

Type of inspection: Unannounced

Inspection completed on: 16 September 2011



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Service provided by:

West Lothian Council

Service provider number:

SP2003002601

Care service number:

CS2004073877

Contact details for the inspector who inspected this service:

Rose Bradley

Telephone 0131 653 4100

Email enquiries@scswis.com

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		N/A

What the service does well

This is a well organised service which strives to meet the needs of a very diverse group of people. The service is delivered by well trained and committed staff. We saw that staff tried hard to deliver a person centred approach to what can at times be a hard to reach client group. We saw that service users were encouraged to express their views about the service and that these views were taken seriously and acted on.

What the service could do better

The service could be improved if all staff received regular planned support and supervision.

The training records would benefit from recording staff induction dates or links to where the information is held.

The participation strategy could be further developed if the recording of service user involvement in staff induction and influence on staff training was more evident.

What the service has done since the last inspection

Since the last inspection the service has developed Fare Share protocols which are routinely shared with service users.

Staff have continued to encourage service users to express their views about the service and the provider has acted on these suggestions. Service users are involved in delivering workshops to other service users and staff about being involved in developing the service. Service users take part in staff recruitment.

The restructuring of the service is almost complete and team leader posts have been appointed.

The homeless newsletter has continued to be developed and provides very useful and easy to read information.

Conclusion

This is highly developed housing support service and staff continuously try to improve the overall service delivery. The service is delivered by experienced and well trained staff who put service users needs at the centre of what they do. We saw that service users value and appreciate this service.

Who did this inspection

Rose Bradley

no

1 About the service we inspected

West Lothian Council - Housing and Building Services (referred to in the report as "the service") was first registered with Social Care and Social Work Improvement Scotland on 1 April 2011, to provide a Housing Support Service.

The service is operated by West Lothian Council (referred to in the report as "the provider" or "the council") and provides short term support to people living in their own homes and in temporary and emergency accommodation including hostel accommodation. Should longer term support be required, the service accesses an appropriate source.

Currently the service consists of three teams: the community based housing and support team and housing needs team which both deal with the management of crisis situations arising from homelessness and the Emergency Accommodation Team which provides emergency accommodation at three hostels located at Bathgate, Livingston and Blackburn, and also a family unit.

The service has a clear set of Aims and Objectives one of which is "Housing Support Services are practical services that assist people to maintain independent living in the community."

The service is undergoing a restructuring of services to help meet government objectives which have a focus on early intervention and prevention of homelessness. This means that the community based housing and support team and the housing needs team will become one team. When the restructuring is complete the manager will submit to us an application to vary the conditions of registration. The service restructuring is addressed in more detail in the body of the report.

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 - N/A

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.scswis.com or by calling us on 0845 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 the report after an inspection that took place at the service between the 6 July 2011 and the 16 September 2011. The inspection was carried out by Social Care and Social Work Improvement Scotland Inspector Rose Bradley.

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

- The service's most recent self assessment and annual return
- A sample of service users' personal plans/support plans
- Staff training records
- Minutes of staff, resident and focus group meetings
- Complaint, accident and incident records
- Observation of staff practice (while at three hostels and during service users meetings)
- Observation of staff interaction with service users and fellow workers (while at three hostels and during a staff meeting)
- Observation of Fair Share food allocation
- Consideration of audit and consultation methods
- Consideration of service users' care standards questionnaires returned to us prior to the inspection
- Consideration of service users' comments
- Consideration of staff comments and the content of 30 staff questionnaires
- Consideration of the National Care Standards, Housing Support Service
- Attendance at the service user focus group
- Attendance at a staff meeting of the housing needs officers
- Attendance at a management meeting for the Emergency Accommodation Team
- Unannounced visits to two hostels at Quentin Court and Hopetoun Street and at a family unit

Discussion with various people including:
the service manager
service development officer

homeless development officer
homeless service manager
learning and development officer
team leaders
service users
support workers
tenancy sustainment officers
housing needs officers
one housing allocation manager
acting unit manager

The outcomes of the inspection were discussed with the manager, homeless services manager, prevention assessment and support manager and housing allocation manager on the morning of the 16 September 2011.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

Following other regulatory activity the following two recommendations were made:

Recommendation

The service should develop a protocol for the Fare Share donations, including how they will ensure consistency in the standard of food storage expected to meet food safety requirements. They should check with the Fare Share community food network that the protocol meets their expectations, including situations where the service would withhold food from residents.

National Care Standards Housing Support Services Standard 3 Management and staffing

Action taken on recommendation

A protocol was developed in consultation with Fair Share. A copy of the protocol is given to each service user and displayed in each room of the hostels. Support staff discuss the protocol at the initial meeting with the service user to make sure they understand the Fair Share system.

This recommendation had been implemented.

Recommendation

The service should provide residents with information on the Fare Share community food network, including details of circumstances which would result in the donated food not being given to a resident. It should be made clear in the letters to residents that failure to clean the fridge, cooker and microwave to an acceptable standard could result in them not receiving the donated food.

National Care Standards Housing Support Services Standard 6 Choice and communication.

Action taken on recommendation

We saw that all service users were issued with a standard letter detailing the standards of hygiene and storage expected if using the Fair Share system.

This recommendation had been implemented.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the manager. The service provider identified what they thought they did well, some areas for development and any changes they planned. The content was good and the managers' assessment of the quality of the service mainly corresponded with our own findings.

Taking the views of people using the care service into account

We issued a total of one hundred Care Standard Questionnaires directly to the service for distribution across all the teams within the service. A total of twenty four were completed and returned directly to us prior to the inspection. We also spoke with or had contact with twelve service users. The content of questionnaires and direct service user comments showed they were all satisfied with the service provided. Service users spoke positively about the quality of service and the professionalism and helpfulness of staff.

From Questionnaires we saw that seven service users were not aware of the complaints procedures and twelve were not aware that they could complain directly to us. This is discussed in Theme 1, Quality Statement 1.

Direct comments included:

"The staff took on board my comments and needs"

"Very helpful and supportive in a time of need"

"Excellent service"

"The staff are helpful and if I have any problems they are there to support me. I would like to thank staff" (staff names were provided)

"I have no complaints only respect and admiration for them (staff) all as their work can be hard and sometimes thankless"

"I feel they (staff) go beyond their duty of care and at times I don't know where I would be without them"

"The support is brilliant"

"I think the service has been great. The staff have been nice and helpful"

"Staff are very approachable"

"The staff have to work on their own due to shortages which can leave them under stress trying to cope with more than one thing at a time" We checked with the manager who confirmed that while staff do work on their own at times this is not due to staff shortages but is the normal working arrangement.

Taking carers' views into account

No relatives were interviewed as part of this inspection.

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

Overall 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

The service used excellent methods to encourage service users to participate in assessing and improving the quality of support provided.

The provider had a participation strategy which outlined their commitment to service user involvement in developing the service. Staff were made aware of the customer service policy and the participation strategy during their induction to the service. Staff who spoke with us were familiar with the provider's commitment to service user involvement and how to promote this.

All service users were issued with an occupancy agreement and an information pack. There was a complaints procedure which contained information about how to complain to us. Copies of this were included in the information pack. All information was available in alternative formats and languages.

A number of methods were available to enable service users to express their views of the service. These included: service users' meetings, focus groups, participation in devising their own support plans and reviewing the support provided, individual meetings, newsletters, verbal comments and satisfaction surveys.

Service users had identified staff called keyworkers who were responsible for coordinating their support and with whom the service users could discuss any support issues. Service users were offered the opportunity to work with their keyworker to devise and agree the level of support that would be provided to them. Service users were offered the opportunity to have a representative present at all meetings.

There was a quality assurance system and service users were sent or given satisfaction surveys to allow them to express their views about the quality of the service. A selection of satisfaction surveys were carried out including, annual

surveys, exit surveys and random telephone surveys. Exit survey were not completed until service users had stopped using the service to ensure their views could be expressed without worry about consequences. Staff offered assistance to complete surveys. Service users had been consulted about the questions asked in the surveys and the forms had been amended to incorporate their views.

The outcomes of surveys were collated and analysed in a comprehensive way. Clear action plans were devised and progress in meeting the objectives was regularly reviewed. We saw that the surveys directly influenced the provider in their approach to developing the homeless services in West Lothian. The outcomes of surveys were shared with service users through newsletters, the council website and service users meetings and focus groups.

Service users who lived in hostels were given the opportunity to attend monthly meetings to discuss their views about living there. There was also a focus group where service users could become more involved in developing the overall housing support service. We saw that the provider had seriously listened to this groups views. As a result of service users views, the service leaflet was now in a more colourful design and an easy to read question and answer format. Comments had also resulted in support workers now discussing the information pack in detail with service users two weeks after the packs were issued to them.

The focus group had been involved in tenant led inspections of the homeless service. The provider had devised a clear action plan to address the recommendations the service users made as a result of the inspections. The focus group had received the Francis Nelson Award for tenant participation in recognition of their work in tenant led inspections. The group have also met with the Housing Regulator to discuss homeless services. The group had provided some workshops to staff and other service users about being involved in developing the service. The group has been consulted about the Scottish Social Housing Charter and the new housing allocation policy. Service users who spoke with us expressed pride in their achievements as part of the focus group.

The provider's homeless newsletter gave prominent information about the focus groups, the purpose, how to join and free transport to meetings. Information about what had changed as a result of service users comments was also detailed.

Service users told us that they were involved in the staff recruitment process and devised interview questions and were part of the interview panel.

From the content of the service user care standard questionnaires returned to us we could see that they felt the service asked their views about how things and listened. We found that the provider had shown commitment to working with what can at times be a hard to reach group to increase service users say in how the service develops.

Comments from service users and staff and examination of systems and documentation showed the service had taken into account the National Care Standards, Housing Support Service, Standard 8 - Expressing Your Views.

Areas for improvement

From the content of twenty four care standard questionnaires we saw that seven service users were not aware of the complaints procedures and twelve were not aware they could complain to us. (see recommendation 1)

We saw that at times the regularity of service user meetings at hostels could be affected by poor attendance, lack of interest or because the service users who lived there changed. The manager stated that staff would continue to promote the meetings and encourage service users to attend. Progress will be monitored at future inspections.

There was a core group of six or seven service users who regularly attended the focus group. There was evidence that the service was constantly trying to encourage more service users to become involved both by adverts in the newsletter and support workers accompanying service users to their first meeting. Six new members were present at the meeting we attended. The manager advised that staff will continue to promote the benefits of the focus group and encourage membership. Progress will be monitored at future inspections.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the the manager continues to raise service users awareness of the services complaints procedure and service users right to complain directly to us.
This is in order to meet the National Care Standards, Housing Support Service, Standard 8.1 - Expressing your views

Statement 5

We respond to service users' care and support needs using person centered values.

Service strengths

We found that there were excellent systems in place to show that the service responded to service users support needs using person centred values.

We saw that the service was currently being restructured with a focus on early intervention and prevention of homelessness. The service felt this would increase their capacity to deliver a person centred approach and help prevent people becoming homeless and potentially lessen crisis situation.

All staff who spoke with us during the inspection demonstrated a sound understanding of person centred values and the need to treat people as individuals.

We saw that housing officers who were usually the first point of contact for service users, often in crisis situations, strive to find emergency accommodation suited to the individual's circumstances.

We saw that service users who received the housing support service had a support plan based on assessed need. Twenty four care standard questionnaire returned to us showed that service users were aware of their support plan and felt the agreed support was provided. We saw that staff regularly reviewed the content of support plans along with service users who could chose to have a representative present. Interviews were held in private and information sharing protocols were in place to ask service users agreement about which information could be shared and with whom.

The service operated a named worker system which meant that each service user had a designated person called a keyworker to discuss their support with. Staff could tell us which residents they were keyworker to and could speak confidently about person centred care and the content of support plans. From sampling service users files we saw that keyworkers had regular documented contact with their key service users. We saw that the keyworker approach was flexible and meeting times were arranged mainly to suit the service user.

We saw that a range of information was provided to service users verbally or through newsletters and posters. Information included how to register with a General Practitioner, how to access dental care and other healthcare professionals. The service was working in partnership with the NHS to provide healthcare to the service users. We saw that staff supported service users to access all of these services. We saw that staff had good contact with social services, police, benefit agencies and other housing support providers.

From sampling service users files we saw that staff supported service users to access accommodation, rent payments and furnishing a home. We saw that service users were supported, if they wished, to join groups that would help prepare them to maintain a tenancy. Cooking groups, how to manage finances and pay bills and how to get along with neighbours were just some of the groups offered. Options were also available to support service users if they wished to take up college or pre-employment courses. Literature about all of the groups and training opportunities was widely displayed at hostels, in the newsletter and in public buildings.

We saw that consideration had been given to making children at the family unit welcome at the service during what could be a stressful time for the child. We saw that a sleep-tight pack which contained a bedtime story book, toiletries and blanket were given to all children to keep.

We saw that the level of support provided to each service user varied with circumstances and was largely dependant on whether the service user wished to participate or not.

From the content of care standard questionnaires and service users comments we found that service users valued the service and felt it had helped them greatly.

Areas for improvement

Some staff who spoke with us expressed frustration about the limited housing stock available and felt that at times this restricted how they could fully support homeless people. The provider was aware of the impact of available housing stock and was looking at various options and was in discussion with private landlords to increase housing options. Staff and service users were aware of this.

The manager stated in the self assessment form that when the restructuring of the service was completed they would reevaluate the service to assess the impact on individuals experience. We will monitor progress at the next inspection.

From examination of residents files we saw that records of some meetings to discuss the support had still to be signed by the service user. Staff explained that at times it was not always practical to get signatures following meetings but that they tried to get these as soon as possible. (see recommendation 1)

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that staff continue to encourage service users to sign the records of meetings and support plans as evidence of agreements. The reason should be detailed if signatures cannot be obtained or there is a delay. This is in order to meet the National Care Standards, Housing Support Service, Standard 4, Housing support planning.

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

A number of very good methods were used to ensure that service users could participate in assessing and improving the quality of staffing in the service.

In addition to the strengths identified in Theme 1, Quality Statement 1, service users views about staff skills were sought through satisfaction surveys, random telephone calls, reviews of support and the focus group and participation group. Outcomes were analysed and used to identify staff training and performance issues.

Service users were involved in staff recruitment. We saw that service users devised interview questions and were supported to developing interview skills. Service users had delivered some workshops to staff about being involved and consulted in developing the service.

The service had sustained this level of service user involvement over a prolonged period and were very strong here.

Areas for improvement

While survey outcomes were analysed and used to inform staff training, it was less clear which training had resulted from this. It was less clear how service users were involved in staff induction or the development of the induction process. We will make a recommendation that the manager develop this aspect of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Recommendations

1. It is recommended that the manager continues to develop service user involvement in assessing the quality of staffing at the service, particularly to recording involvement in staff induction to the service and staff training.

This is in order to meet the National Care Standards, Housing Support Service, Standard 8.1 - Expressing your views

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The service had a number of very good systems in place to ensure a professional, trained and motivated workforce which operated to National Care Standards, legislation and best practice.

The provider had a selection of policies and procedures which underpinned staff practice. Thirty staff questionnaires which were completed and returned to us showed that staff were aware of the content of and had access to the policies. Examination of team meeting minutes showed that policy content was discussed.

A staff development strategy was in place and addressed the need for staff to achieve the qualifications necessary in order to register with the Scottish Social Services Council(SSSC). The training department were overseeing the registration of staff with the SSSC. The manager was in the process of registering and was currently undertaking a course to obtain the necessary qualifications.

Training needs analysis were regularly completed and training plans devised. There were robust training records. All staff had a training record which showed they had received training which included adult and child protection, health care emergencies and infection control. A range of service specific training was available and included: domestic abuse, drug and alcohol awareness, mental health awareness, safe talk, welfare benefits, security of tenure, eviction intervention and advocacy. Staff Personal Development Plans which addressed continuous professional development were in place and examination of a sample of staff files showed these were discussed in supervision along with work practice issues. New staff received an induction to the service.

We saw that the council had consulted with staff about the service restructuring and that human resources personnel had met with staff to support them through the process. Despite how difficult some staff found the changes to the service to be, we saw that they continued to show a commitment to delivering a quality service. Staff who spoke with us showed a strong commitment to delivering a quality service that met service users needs. Staff demonstrated professionalism and sound knowledge of the legislation that they operated within.

Twenty four questionnaires which service users returned to us showed they felt staff treated them with respect and had the knowledge and skills to meet their support needs.

Comments from staff and service users and examination of systems and documentation showed the service had taken into account the National Care

Standards, Housing Support Service, Standard 3 - Management and Staffing Arrangements.

Areas for improvement

From the thirty staff questionnaires returned to us we saw that four staff did not have a copy of the SSSC codes of practice, four staff had not received planned supervision and nine staff did not feel there were opportunities to gain qualifications. Two staff stated they had not received an induction to the service.

The manager acknowledge that in one section of the service, staff supervisions had not taken place in accordance with the provider's expectation. We saw that a plan had been devised to programme the dates of supervision for each staff member of that particular team for the remainder of the year. (see recommendation 1)

When examining staff training records we saw that information about staff induction to the service was not included, the records were held separately. For ease of information gathering the manager should consider how this information could be linked (see recommendation 2)

We were told that out-with essential and desirable training and qualifications linked to job descriptions, accessing other training and qualification not directly linked to job descriptions could well be restricted. We were told that staff were aware of this.

The manager agreed to check that all staff had a copy of the SSSC codes of practice and notify us of the outcome.

The restructuring of the service had caused uncertainty for some staff whose job descriptions had altered. Because of the restructuring some staff had to attend formal interviews to determine which post they were most suited to. The provider recognised that some staff found this a difficult process and training in attending interviews was provided to support staff in this. We saw that for a time one team leader was covering the management of two hostels. This was now resolved as another team leader had been appointed. The manager was clear that when the service restructuring was complete a reassessment of the effectiveness of the changes would be carried out. We will monitor progress at the next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It is recommended that the manager should ensure that staff supervision is delivered in accordance with the proposed plan. The manager should monitor the supervision plan to ensure that the supervision target dates are met.

This is in order to meet the National Care Standards Housing Support Service, Standard 3, Management and staffing arrangements.

2. The manager should consider options to link staff induction information to staff training records for ease of information gathering.

This is in order to meet the National Care Standards Housing Support Service, Standard 3, Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

4 Other information

Complaints

One complaint has been partially upheld since the last inspection.

Enforcements

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

Additional Information

No additional information was identified at this inspection.

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 SCSWIS 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).

5 Summary of grades

Quality of Care and Support - 6 - Excellent	
Statement 1	6 - Excellent
Statement 5	6 - Excellent
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings
14 Oct 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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هه بایتسد میم ونابز رگید روا ولکش رگید رپ شرازگ تعاشا هی

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Telephone: 0845 600 9527

Email: enquiries@scswis.com

Web: www.scswis.com