

Trust Housing Association Ltd - Branch Four B**Service name**

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Service addressWest Regional Office
25 Park Circus

Glasgow G3 6AP

Type of care service

Housing Support Service

Provider name

Trust Housing Association Ltd

Service number

CS2004056390

Date of inspection

26 January 2007

Type of inspection

Announced

Care Commission OfficeCentral West 4th Floor 1 Smithhills Street
Paisley PA1 1EB Tel: 0141 843 4230 Fax:
0141 843 4289 Lo-call: 0845 600 8334**Period since last inspection**

13 Months

Introduction

Trust Housing Association provides a housing support service to 31 older people in its sheltered housing complex in the Pollok area. There are 27 flats in total, 4 are 2 person flats.

Trust provides 24 hour staffing via a sleep-over arrangement and staff working on a shift basis. All Tenants have a Secure Tenancy Agreement.

Basis of Report

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, the nature of notifications made to the Care Commission by the service, action taken upon requirement etc. At the time of inspection, this service was assessed as requiring a low level of support.

The inspection involved one Care Commission Officer carrying out an announced inspection over the period of one day. The Officer visited the complex in Pollok.

The Officer spoke with four service users, one relative, the Project Manager, and one member of staff.

The service was evaluated against the following National Care Standards:

Housing Support Services - Management and Staffing Arrangements

Housing Support Services - Housing Support Planning

Safe recruitment was a theme for this inspection.

Four service user questionnaires and two staff questionnaires were returned. Service user feedback was on the whole positive, although some concern was raised about difficulties service users were experiencing controlling the radiators in their homes.

The Manager stated that she was aware of this issue, and that it had been raised with the provider, and was an on-going issue for consideration.

The Officer examined a range of documentation which included the following:

Staff training records

Staff supervision and appraisal records

Email transmission regarding SVQ strategy

Complaints procedure

Incident reporting procedure

Whistle blowing policy

Incident/accident reports

Support plans

Minutes staff meetings

Environmental risk assessments

Action taken on requirements in last Inspection Reports

There were no requirements from the last inspection, there was one recommendation.

Standard 4 - Currently the service is attempting the implementation of annual reviews of personal plans. This should be undertaken for all service users to meet with this standard.

There was evidence of a review process taking place, in some cases the information gained through consultation was quite comprehensive, and in others information was sparse. There was evidence of a new pro forma being introduced for all Tenants in this respect.

Recommendation Met

Comment on Self-Evaluation

The manager completed the detailed annual return and self-evaluation to a satisfactory standard.

View of Service Users

Views expressed by Tenants were on the whole positive. There was some dissatisfaction expressed in relation to changes being made in service provision without adequate consultation and communication. The Manager stated that there was an awareness of this issue, and there were plans being put into place to improve communication in this respect.

View of Carers

There was one relative available for comment, and her views about the service being provided, and the standard of accommodation, were positive.

Regulations / Principles

National Care Standards

National Care Standard Number 3: Housing Support Services - Management and Staffing Arrangements

Strengths

Individual risk assessments were in place, and up to date. Staff supervision and appraisal had been taking place on a fairly regular basis. There was SSSC code of conduct sheets for staff to sign that they had read and understood the code.

Generic environmental risk assessments were being carried out by the provider's Health and Safety Officer, and staff on an annual basis. There was a whistle blowing policy and an accident/incident reporting policy in place. There was a complaints procedure, which was available in different formats.

Areas for Development

The structured training and development plans were not up to date, and there was little evidence of regular refresher courses being offered to staff. The provider should consider sourcing refresher training courses for staff, and ensure that training courses attended are recorded. The provider should give consideration to developing a strategic view of training, based on the needs of the Tenants they are supporting. This shall be reflected as Recommendation 1.

The complaints procedure in place did not contain contact details for the Care Commission. The provider should ensure that their complaints procedure contains contact details for the Care Commission. This shall be reflected as Recommendation 2.

Safer Recruitment Statement

An audit of the service's safer recruitment policies and procedures has been carried out by the Care Commission and found to be satisfactory.

In discussion it was suggested that the organisation develops a system for rechecking Enhanced Disclosure Checks for staff.

National Care Standard Number 4: Housing Support Services - Housing Support Planning

Strengths

There were support plans in place which included details about preferred choice of name and who should be involved in reviewing support. There was evidence of an assessment process being carried out, as part of the construction of the support plan.

Provision is made within the support plan for including others who should be contributing to an individual's support. There was a built in review process included within the plans.

Areas for Development

The support plans did not contain sufficient details of the housing support service provided to individuals, no specific areas for support had been identified. There were Tenants using the service who had sensory impairments, but there was no reference made within their support plans, as to how the staff and the provider could communicate with them.

There were gaps within the support plans, specific questions were not asked, or not recorded as being asked, in relation to support around communication needs.

The provider should consider including detailed identified areas of support that Tenants require, including support with communication difficulties, within their support plan documentation. This shall be reflected as Recommendation 3.

Enforcement

There is no current enforcement action.

Other Information

None.

Requirements

None.

Recommendations

1. The provider should give consideration to developing a strategic plan of training, based on the needs of the Tenants they are supporting. This is in order to adhere to Housing Support Services - National Care Standard 3.4 - Management and Staffing Arrangements.

2. The complaints procedure in place did not contain contact details for the Care Commission. The provider should ensure that their complaints procedure contains contact details for the Care Commission. This is in order to adhere to Housing Support Services - National Care Standard 3.1 - Management and Staffing Arrangements.

3. The provider should consider including detailed identified areas of support that Tenants require, including support with communication difficulties, within their support plan documentation. This is in order to adhere to Housing Support Services - National Care Standard 4.2 - Housing Support Planning.

Paul MacKenzie

Care Commission Officer