

Trust Housing Association Ltd - Branch Six**Service name**

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Service address

12 New Mart Road

Edinburgh EH14 1RL

Type of care service

Housing Support Service

Provider name

Trust Housing Association Ltd

Service number

CS2004056400

Date of inspection

29 January 2007

Type of inspection

Announced

Care Commission OfficeStuart House Eskmills Musselburgh
EH21 7PB Tel No: Lo-call 0845 600 8335**Period since last inspection**

13 months

Introduction

Trust Housing Association, Branch 6 - Housing Support Service was first registered with the Care Commission in July 2004 to provide a Housing Support Service to older people living in sheltered housing developments.

The service consists of 5 developments at Edinburgh, 2 developments at Alloa, 1 development at Tillicoultry and 1 development at Skye. The operational hours of each of the developments vary according to the needs of the tenants and all tenants have access to an emergency alarm call centre.

Trust Housing Association's Mission Statement is To provide quality housing and related services for older people and others in need.

Since the last inspection Trust Housing Association have appointed a new manager for the service and a request to alter the developments within the service was granted by the Care Commission.

Basis of Report

This announced inspection was carried out by one Care Commission Officer (referred to in the report as the Officer) over a period between November 2006 and January 2007.

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 officer which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirement etc.

This service was required to have a MEDIUM level of support that resulted in an inspection based on the inspection themes, the core standards for the inspecting year and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

The report is based on:

Pre inspection contact with the manager to discuss the inspection process.

Consideration of the content of Pre Inspection material completed by the manager prior to the

inspection.

The National Care Standards Housing Support Services and in line with the policy of the Care Commission against 4 pre determined core standards.

Standard 2 - Your Legal Rights.

Standard 3 - Managing and Staffing Arrangements.

Standard 4 Housing Support Planning.

Standard 6 Choice and Communication.

One sheltered housing development at Tillicoultry and one hybrid sheltered housing development at Alloa were visited during the inspection. The core standards were divided between the 2 developments.

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002. Scottish Statutory Instrument 114 (SSI 114).

Individual meeting with 1 tenant and informal contact with 2 tenants.

Consideration of the content of 22 tenant questionnaires that were completed and returned to the Care Commission (44 were issued).

Discussion with 2 coordinators and contact with 3 staff.

Consideration of the content of 20 staff questionnaires that were completed and returned to the Care Commission (22 were issued.)

Examination of selected records and documentation, including:

- Accident and Incident Records
- Support Plans
- Staff Training Records
- Policies and Procedures

Action taken on requirements in last Inspection Reports

No requirements were made following the last inspection.

Comment on Self-Evaluation

The purpose of the Self Evaluation Form is to assist the provider of a service judge the quality of the service against the National Care Standards being inspected.

Prior to the inspection, the manager completed and returned the Self Evaluation form within the agreed timescales. The officer was advised that the document was completed in consultation with development coordinators and showed evidence that the future development of the service had been considered. The self evaluation was used as a basis for further discussion during the inspection.

View of Service Users

The Care Commission mailed a total of 44 questionnaires to a random sample of tenants across the developments, asking their views of the service. Twenty two questionnaires were returned directly to the Care Commission.

Eighteen of the returned questionnaires indicated satisfaction with the service while 4 indicated dissatisfaction.

Nineteen questionnaires stated staff were professional, polite and respectful while 3 did not complete this section.

Eighteen questionnaires indicated that staff had the knowledge skills and experience to meet their needs, while two questionnaires indicated they did not. Two did not complete this section.

Twenty one questionnaires confirmed that tenants knew how to make a complaint while one did not complete this section. Three questionnaires indicated tenants were unhappy with the way complaints were managed but the officer was unable to pursue this as the returns were anonymous.

Direct comments included:

Some need a lot of help which they get from our caring warden.

No complaints.

Staff are wonderful

"Well looked after."

"I love living here and can't speak highly enough of the staff who are excellent."

"Communication between Trust head office staff and tenants could be improved. When there are issues at a development it would be helpful if someone from head office came and spoke to tenants."

One questionnaire raised concerns around issues related to parking and one raised concerns related to vandalism, both of which were outwith the Care Commission remit. However the officer was advised that Trust Housing Association are trying to resolve these matters.

View of Carers

Relatives were not involved in this inspection.

Regulations / Principles

National Care Standards

National Care Standard Number 2: Housing Support Services - Your Legal Rights

Strengths

Nineteen tenant questionnaires identified that tenants were in receipt of a written agreement detailing the housing support arrangements. Housing support plans detailed the core housing support service provided and these were signed and dated by tenants.

Care Commission inspection reports were displayed in communal areas and were available on Trust's web site. Information on how to access reports was included in the booklet 'Trust Housing Support Service' and the officer was informed that copies of the inspection reports were also included in Information Packs provided to new tenants.

Areas for Development

Two tenant questionnaires indicated that a written agreement was not in place. As the questionnaires were returned anonymously the officer was unable to confirm this. The manager stated that agreements were in place throughout the service and he would confirm this with all coordinators.

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

Strengths

Trust Housing Association had a selection of policies and procedures that covered all legal requirements including: staffing and training, whistle blowing, complaints, health and safety and managing risks. Twenty staff questionnaires indicated that staff were aware of the policies and had access to them.

Systems were in place to record accidents and incidents. The officer was informed that the service did not provide tenants with assistance in financial management.

Mandatory training in First Aid, Safer People Handling and Food Hygiene were provided to all staff. Two staff questionnaires indicated that opportunities to gain qualifications were not available, but the officer established that a number of coordinators across the service were undertaking the Scottish Vocational Qualification Level 3. Information on how this would be offered to all staff had

been detailed in Trust Staff News Letter, Winter 2006.

In developments with larger staff teams, staff practice was discussed, monitored and developed through individual supervision and staff meetings. Staff questionnaires and records sampled evidenced that supervision and team meetings took place. As discussed at the last inspection coordinators supervision was recorded. Staff who worked at lone working developments met other Trust employees at the yearly annual conference and met with the named manager on a bi monthly basis. Staff who spoke with the officer stated that the manager was easily contactable outwith these arranged meetings and that they felt adequately supported.

Areas for Development

There was no central point for recording complaints received at the developments (see requirement 1). A new complaints policy had been passed by the board and implementation will be monitored at future inspections.

Staff questionnaires indicated that some staff referred to service by its operational name rather than the registered name. The manager agreed to address this with staff and progress will be monitored at future inspections.

An audit of the service's safer recruitment policies and procedures had 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.

The manager highlighted as part of the self-evaluation process that staff appraisals required to be developed and quarterly team meetings for coordinators needed to be explored. The manager also identified that training in "communication and values" would be beneficial to staff and progress will be monitored at future inspections.

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

Strengths

Twenty tenant questionnaires indicated that support plans were in place. Two questionnaires indicated support plans were not in place but as the comments were anonymous the officer was unable to confirm. Records sampled across the developments indicated support plans were in place, were securely stored and only information pertinent to the service was recorded. Support plans were signed and dated by tenants who could have a copy if they chose. The support plan documentation covered all elements detailed in this standard.

The service carried out a review of the individual's housing support plans three months after taking up tenancy, thereafter the housing support plans were reviewed on an annual basis or earlier if support needs change.

A key worker system was in place in very sheltered developments. In sheltered developments tenants identified the coordinator as the named member of staff with whom they would discuss changes and developments to their support provision.

Areas for Development

The manager identified in the self evaluation document that the support plan documentation required to be reviewed as some tenants felt questions asked were intrusive. Progress will be monitored at future inspections.

Examination of support plans evidenced that details of how staff would carry out the support required was not recorded (see recommendation 1).

National Care Standard Number 6: Housing Support Services - Choice and Communication

Strengths

The service introductory pack contained information on service user rights and responsibilities and the service provision.

A confidentiality policy was in place and twenty two staff questionnaires indicated staff were aware of this. Confidentiality was outlined in the booklet 'Trust Housing Support Service' and twenty tenant questionnaires described staff as polite and respectful of their rights to privacy and confidentiality.

Examination of records identified that only tenant information pertinent to the service was held and

Trust Housing Support Service booklet detailed how information would be used. The officer observed that information was securely stored and access limited to staff. Tenants could access this information on request.

Areas for Development

Support plans did not detail exactly how staff would deliver the support required and there was a reliance on verbally transferring information (see recommendation 1).

Enforcement

No Enforcement Action had been taken against this service.

Other Information

No additional information was identified at this inspection.

Requirements

1. The manager must ensure that a system is in place to record all complaints received at the service. Timescale for implementation: 4 weeks from the publication date of this report.

This is to comply with the Scottish Statutory Instrument 114 regulation 19(3)(f)

Recommendations

1. It is recommended that the support plans be developed to include information not only on the nature of the required support but details of how staff will deliver the support.

This is to comply with National Care Standards, Housing Support Service, Standard 4 - Housing Support Planning.

Rose Bradley

Care Commission Officer