

Trust Housing Association Ltd - Branch Seven**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

CS2004056404

Date of inspection

20 February 2007

Type of inspection

Announced

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

16 months

Introduction

Trust Housing Association, Branch 7 - Housing Support Service was 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 developments at Forfar, Chirnside, Galashiels, Lauder, Inverness and Nairn. The operational hours at 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 two Care Commission Officers, Rose Bradley and Karen Rose (referred to in the report as the Officers) over a period between December 2006 and March 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 meeting 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 Inverness was visited during the inspection.

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

Consideration of the content of 25 tenant questionnaires that were completed and returned to the Care Commission (42 were issued).

Telephone contact with 2 tenants.

Discussion with the manager, 1 coordinator and 1 housing support worker.

Consideration of the content of 21 staff questionnaires that were completed and returned to the Care Commission (28 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 and the content showed 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 42 questionnaires to a random sample of tenants across the developments, asking their views of the service. Twenty five questionnaires were returned directly to the Care Commission.

Twenty five questionnaires indicated that staff were professional, polite and respectful.

Twenty four of the returned questionnaires stated that tenants were satisfied with the service, received the agreed support and knew how to complain. Questionnaires stated that staff had the knowledge, skills and experience to meet their needs.

Twenty three questionnaires stated support plans were in place while one stated the tenant was not sure. This is addressed further under Standard 4.

One questionnaire stated the tenant was dissatisfied with the service, did not receive the agreed support, did not have a support plan or know how to complain. The section asking if staff had the knowledge, skills and experience to meet their needs was not completed. The officers were unable to discuss any of these issues with the tenant as the return was anonymous.

Two questionnaires raised issues regarding repairs which the Care Commission was unable to pursue as it is outwith our remit.

One questionnaire raised concerns that monthly visits did not take place due to staff shortages and this is addressed further under Standard 4.

One tenant who spoke with the officer expressed dissatisfaction with aspects of the service but the tenant was addressing these directly with the manager.

Direct comments from questionnaires included:

"I wish I had moved here years ago."

"This is a happy, well run complex with help at hand if required."

"Excellent service."

"Staff caring and friendly."

"Happy with staff, find them helpful."

"I am very satisfied with the care I receive."

View of Carers

Relatives were not contacted as part of this inspection.

Regulations / Principles

National Care Standards

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

Strengths

Tenants were in receipt of a written plan detailing the housing support arrangements. Housing support plans detailed the core housing support service provided and these were signed and dated by tenants. Tenants could "opt out" of the housing support provision.

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

One tenant questionnaire indicated a tenant was unsure if a written agreement was in place and the manager agreed to ensure that tenants understood the terminology used. Progress will be monitored at future inspections.

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 one staff questionnaires indicated that staff were aware of the policies and had access to them.

Systems were in place to record accidents and incidents. A new complaints policy and procedure had been implemented and a system was in place to record complaints received at the service and monthly statistics were sent to Trust Head Office for auditing purposes. The officer was informed that the service did not provide tenants with assistance in financial management. One staff questionnaire questioned the suitability of equipment for preparing meals and the dining space for the number of tenants receiving meals, but the officer established that Trust were addressing this.

Mandatory training in First Aid, Safer People Handling and Food Hygiene were provided to all staff. Five staff questionnaires indicated that staff did not know if opportunities to gain qualifications were available, but the officer established that information on accessing qualifications had been detailed

in the Trust Staff News Letter, Winter 2006. At the time of inspection a number of coordinators across the service were undertaking the Scottish Vocational Qualification Level 3. Examination of records demonstrated that staff training plans were linked to identified need and had resulted in training which included: abuse and vulnerable adults, managing challenging behaviour, dementia awareness and alcohol abuse.

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

Staff questionnaires indicated that some staff did not refer to the service by the registered name. The manager agreed to address this with staff and progress will be monitored at future inspections.

Staff questionnaires indicated that 1 staff member did not know about the whistle blowing policy. The manager agreed to ensure all staff were familiar with the policy 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.

A written policy and procedure for the management of private support arrangements between Trust staff and tenants was not in place. Trust were addressing this at this time of inspection (see recommendation 1).

The manager agreed to devise written guidance for staff sleepover duty.

The manager highlighted as part of the self-evaluation process that annual staff appraisals required

to be developed and that staff training requirements needed to be reviewed on an annual basis. The need to increase the proportion of staff currently completing Scottish Vocational Qualifications at developments was also identified. Progress will be monitored at future inspections.

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

Strengths

Twenty two tenant questionnaires indicated that support plans were in place. Records sampled at the development 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 were issued with a copy. The support plan documentation covered all elements detailed in this standard and could be transcribed into any language, large print, small print and braille.

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

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.

Tenants could choose to "opt out" of the housing support service and plans.

Areas for Development

One questionnaire indicated a tenant was not sure if a support plan was in place and the manager agreed to ensure tenants understood the term "support plan". Progress will be monitored at future inspections.

One tenant questionnaire indicated visits did not take place due to staff shortages. Examination of records evidenced that visits to tenants were recorded and the officer was advised that staffing levels were always maintained. Staff duty times were being reviewed at some developments to ensure additional staff cover at peak times and 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 2). The manager identified in the self evaluation document that the support plan documentation required to be reviewed and that staff required training on the completion of support plans. Progress will be monitored at future inspections.

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

Strengths

The service introductory pack contained information on tenants rights and responsibilities and the service provision. The content of the pack had been reviewed. Information was available in alternative formats and language.

A confidentiality policy was in place and twenty one staff questionnaires indicated staff were aware of this. Confidentiality was outlined in the booklet *Trust Housing Support Service* and twenty five 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. The manager identified in the self evaluation document that support plans required to be reviewed (see recommendation 2).

The manager identified in the self evaluation that training on abuse and confidentiality was required for all staff on a rolling programme and progress will be monitored at future inspections.

Enforcement

No Enforcement Action had been taken against this service.

Other Information

No additional information was identified at this inspection.

Requirements

No requirements were made following this inspection.

Recommendations

1. It is recommended that the manager devise a written policy and procedure outlining the management of private support arrangements between Trust staff and tenants.

This is to comply with the National Care Standards, Housing Support Service, Standard 3, Management and Staffing.

2. 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