

Inspection report

Link Living - Midlothian and East Lothian Housing Support Service

Unit 3
McSence Business Park
32 Sycamore Road
Mayfield
Dalkeith EH22 5TA

Inspected by: Philip Hacking
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 22 October 2007

Service Number

CS2004073734

Service name

Link Living - Midlothian and East Lothian

Service address

Unit 3
McSence Business Park
32 Sycamore Road
Mayfield
Dalkeith EH22 5TA

Provider Number

SP2004004684

Provider Name

Link Living

Inspected By

Philip Hacking
Care Commission Officer

Inspection Type

Announced

Inspection Completed

22 October 2007

Period since last inspection

12 months

Local Office Address

South East Region
Stuart House
Eskmills
Musselburgh
East Lothian
Tel: 0131 653 4100

Introduction

Link Living Midlothian and East Lothian are registered to provide Care at Home and Housing Support. The service was registered with the Care Commission in July 2004. The Midlothian service office is located in Mayfield, Dalkeith and provides care and support to service users across the Midlothian and East Lothian area.

The service operates throughout the day and during evenings and weekends by a staff team of twenty seven and this also includes administration support.

The service states in the aims and functions of the service that 'it values people's strengths and capabilities, helping them build lives they want'.

Basis of Report

The announced inspection was carried out by Philip Hacking, care Commission Officer over three days from Monday 22 October to Wednesday 24 October 2007.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Evaluation Form

The service submitted a self-evaluation form as requested by the Care Commission.

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus area(s) and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection process

Staff at inspection

Service Manager

3 Team leaders

9 Support Workers

Evidence

Training plan and staff training records

Induction programme

Service user support plans

Risk assessment procedures and records
Incident/accident recording systems
Child protection policies and procedures
Policies and procedures linked to the protection of vulnerable adults
Complaint recording systems
Record of staff qualifications
Quality assurance methods and records including support reviews and exit interviews
Discussion with 10 service users
Discussion with 2 relatives/carers via telephone

Inspection Focus Areas and associated National Care Standards for 2007/08

Inspection Focus Areas (IFA's) and associated National Care Standards for 2007/08

Protecting People
Child Protection
Restraint
Adult Protection
SSSC Codes of Practice and Staff Training

Standard 3- Management and Staffing Arrangements
Standard 8- Expressing your Views

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

The provider has confirmed that requirements made over the preceding inspection year through Link Living services concerning human resources policy and procedures in safe recruitment have been fully addressed.

A further audit of the provider's safer recruitment files will be undertaken in December 2007.

Comments on Self-Evaluation

The self evaluation document was completed to a high standard. It comprehensively outlined the strengths as well as identifying areas the service planned to further develop in relation to ongoing training for staff. The service had recently undergone a review of support and some of the comments from that report are incorporated in this report.

View of Service Users

A number of individuals were spoken with either in their own home or on the telephone

during the course of the inspection process. It was apparent from both individual conversations with service users and from information obtained from the review of support report that people felt well supported by staff.

Some of the individual comments were:

'I have a good support worker and they are easy to talk to'.

'So far I have nothing but praise to give the staff who support me'.

'It is annoying when staff do not turn up on time and I don't get told if it is a change of staff member.'

'If I had something to complain about- I would go straight to the team leader'.

'I have not had a review for a while'.

'I really am happy with everything and I would not want to change anything.'

'We have been talking with staff about possibly going on holiday with my support worker which would be good, as I have never been away before.'

'I feel that I get a good service but sometimes staff do not turn up.'

'I know what staff write about me and I have a copy of my support plan and I am happy with the way we decide what happens during support time.'

'I do not know what I state I would be in had it not been for the ongoing support that Link Living have given me.'

View of Carers

Three relatives were spoken with in relation to the support provided by Link Living staff to their relative. Two relatives said that they felt that Link Living staff were supportive and had good insight in relation to the support needs of their relative. They also advised that staff were approachable and professional.

One relative said that they felt that some support staff do not turn up on time and that their relative does not always receive a phone call to tell them if there is a change of staff providing support.

Overall the comments received were positive and indicated satisfaction with the Midlothian service.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

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

Strengths

Not all the elements of this standard were assessed at this inspection.

The inspection Focus Areas (IFA's) were:

Protecting People

Child Protection

Restraint

Adult Protection

SSSC Codes and Staff Training.

Protecting People- Child Protection

Child Protection policies and procedures along with supporting information and guidance for staff were in place. This was included in staff induction programme. Staff spoken with during the inspection demonstrated an understanding of their roles and responsibilities in relation to child protection issues. They were aware how to implement child protection procedures if required. Staff also confirmed that they were aware of policies and procedures in relation to the protection of children.

Protecting People- Restraint

The service had a policy on restraint which was under review and in draft format at the time of the inspection. There were also related policies and procedures in relation to risk management and managing violence and aggression. Staff had received training and were knowledgeable about personal safety guidance and procedures. Detailed risk assessment procedures and records were in place. These were reviewed and updated as required, highlighted any issues specific to individual service users and considered measures to reduce any identified risks. The Service Manager reported that no incidents of restraint had occurred within the service. The service understood that any incident of restraint would require to be fully recorded.

Protecting People- Adult Protection

The service had policies and procedures in place in relation to the protection of vulnerable

adults. The service had a copy of the local Inter-Agency guidance in the event of any adult protection concerns. It was apparent that staff were aware that they had responsibilities in relation to adult protection, specific mandatory training planned for November 2007 for all staff should ensure that they are fully informed about new legislation, policies, procedures and guidance.

Protecting People- SSSC Codes and staff training

A significant strength of this service is in the clear emphasis which is placed on staff training and development and the support given to staff to continue to develop skills and knowledge as well as to obtain relevant qualifications. The service had a comprehensive learning and development policy which set out how the training needs of staff would be identified and met within the organisation. Plans were progressing in supporting staff to meet the requirements of the Scottish Social Services Council in the future. A detailed induction for new staff was in place which identified individual training needs linked to personal and professional developments and to enable staff to understand and meet service users' differing needs. Staff spoke very positively of the training and development opportunities that exist with the organisation.

Areas for Development

The policy on restraint required some further development to explore the definitions of restraint, to clarify staff responsibilities and duty of care, to include details of staff training and practice issues including risk assessment and support planning, if this was appropriate. The policy should also refer to best practice guidance 'Rights, Risks and Limits to Freedom'- Mental Welfare Commission 2006 and 'Safe to Wander'- Mental Welfare Commission 2003. (see Requirement 1)

The recording format for risk assessment should be further developed to include specific reference to restraint to clearly show that this is being considered as part of the initial risk assessment procedures.

Whilst staff have received training on dealing with challenging behaviour and personal safety issues, current training programmes, including induction, do not specifically cover restraint. Induction and ongoing training should be expanded to ensure that staff have training in relation to restraint that is appropriate to the service. (see Requirement 2)

As identified in the self evaluation document, the service should progress with the provision of medication training for staff. As planned, all staff should access training in relation to adult protection later in the year.

National Care Standard Number 8: Housing Support Services - Expressing Your Views

Strengths

Not all the elements of this standard were inspected. On this occasion the focus was on Quality Assurance.

The provider held an Investors in People Award. Good practice was seen in the many ways that the provider sought to involve service users in all aspects of the organisation.

At a local level it was apparent that there were elements of a robust quality assurance

system in place with various ways of seeking service users' feedback on the quality of service they received. This included support reviews, complaint procedures and staff exit interviews.

There were positive arrangements in place for staff to provide the organisation with feedback through meetings, supervision and reviews. There were some opportunities for management to directly observe and monitor staff practice through visits, support reviews and through Scottish Vocational Qualifications (SVQ) assessments.

Areas for Development

The service should continue to draw together aspects of existing good practice to develop a clear and robust system of monitoring and evaluating the quality of the service being provided. Systems to ensure the regular direct observation of staff practice should be further developed and implemented for all staff.

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

The Care Commission Officer discussed with the Service Manager the 'Regulating for Improvement' project- a development which will significantly change how the Care Commission will regulate services from April 2008. It will mean better information, more involvement with people who use care services and their carers, and the introduction of clear gradings which will help people make more informed choices about the care services they want to use.

The Service Manager and the Midlothian Team have begun to familiarise themselves with the information and briefings that are available on the Care Commission website.

Requirements

1. The provider will review and develop their policy in relation to restraint.

This is in order to comply with: SSI 2002/114 Regulation 4 (1) (a)(c)- a requirement that providers shall make proper provision for the health and welfare of service users.

Timescale: 12 months from the date of receipt of this report.

2. Staff should receive appropriate training, assessment and record keeping associated with restraint relevant to the needs and nature of the service.

This is in order to comply with: SSI 2002/114 Regulation 13 (c) (i)- a requirement that a provider shall., having regard for the size and nature and needs of service users ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale: 12 months from the date of receipt of this report.

Recommendations

No recommendations were identified at this inspection.

Philip Hacking

Care Commission Officer