

Hayfield Care at Home Services Housing Support Service

215 Fielden Street
Glasgow
G40 3TX

Telephone: 0141 556 1424

Type of inspection:

Unannounced

Completed on:

30 August 2018

Service provided by:

Hayfield Support Services with Deaf
People

Service provider number:

SP2004006901

Service no:

CS2010273746

About the service

Hayfield Care at Home Services is a combined housing support and care at home service for deaf adults with additional difficulties, including mental health issues, learning disabilities and physical disabilities. Most people using the service live within a modern apartment block in the East End of Glasgow.

Support offered to people reflects their particular needs and can be flexible. There is always a staff member available. All of the service users' flats have been specially adapted to provide visual alarms and communication.

The aims and objectives of the service are "All about stimulating personal independence helping individuals to fulfil their potential to communicate and interact. To develop the social and domestic skills they need to live a more active, self reliant, happy and independent way of life."

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

People were generally happy with the service. They told us how they were active members of their community and could give us examples of how they were encouraged to exercise choice and control in their life. Comments included,

"I meet people all over the place."

"I like to go out, go to the caravan, trips, go to the pub, massage, bowling."

"I have no worries. I have told staff if I have a problem."

Self assessment

The service was not required to submit a self-assessment as part of this inspection process.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

People told us that they loved living in their flats. They felt safe and secure living next to their friends, with support from staff if needed. They described a happy life because they could make their own choices with increased independence. We witnessed positive interactions between staff and people which created a warm, friendly and mutually respectful atmosphere.

People should expect social care services to provide them with the opportunity to maintain and develop interests and participate in activities that matter to them.

In Hayfield Care at Home Services people were showing increased independence and were closely connected to their local community and the deaf community at Hayfield. They were encouraged to make informed choices about how they lived their life, even if this meant an element of risk. For instance, at the time of inspection, some people were planning a weekend trip together to Ayr to see the Scottish International Airshow. This was an event that previously would have involved staff support. We also noted that since the last inspection more people were taking responsibility for managing their own medication. Consequently, we found that positive risk taking was commonplace.

It is important that people are fully involved in all decisions affecting their care plan and the running of the service to ensure that they feel valued and receive appropriate support. Staff were competent in sign language and were now using other forms of communication more confidently, such as visual aids. As proficient communicators, staff and managers ensured that people were involved in all conversations and had a voice. We could see that people were central to decisions regarding their care and support, holidays and how they spent their time or chose their daily routines.

People should be confident that their health needs are well supported. We found that a high priority was given to health care, attending medical appointments and following treatment plans. Good partnership working with a range of medical professionals was noted with regular reviews of health needs. This included, GP, dentist, optician, chiropodist and attendance at clinics for specific medical concerns.

Management were visible role models and were viewed by everyone we spoke with as supportive and approachable. Staff described an open culture where they would be confident to raise any issue of concern with managers. This was important as it meant that keeping people safe from harm and reporting poor practice was actively encouraged by how the service operated.

The aims and objectives had been revised since the last inspection to be specific to this service rather than organisational in nature. This development made it easier to focus on the specific outcomes delivered and the challenges faced by those living here. In general, we found a range of quality assurance systems in place to promote appropriate standards of care and support. For instance, people who used the service were involved in the supervision, appraisal and recruitment of staff. This was commendable as it meant that people could have confidence in those providing their care and support.

What the service could do better

Support plans were appropriately detailed, but there was scope to make them more accessible and outcome focused in line with the review process. Managers advised this was actively being looked at. We also asked that plans to introduce anticipatory planning and hospital passports were now taken forward to help plan people's care in the future and during hospital admissions.

We suggested that the manager develop a user friendly version of the new Health and Social Care Standards for the deaf community and encourage discussion at service user forums on the document's implications for service delivery.

We had some concerns about the escalation in incidents for one person. Managers acknowledged that they ought to have taken a more proactive response to tackling growing concerns over the person's changes in circumstances. The manager assured us that they were giving immediate attention to the points raised.

We found the overall management of medication to be of a satisfactory standard, but we noted some inconsistencies in medication records. We discussed with the manager the benefits of a more robust medication audit tool to pick up on discrepancies.

Strong leadership skills promote good care and support and people's confidence in a supportive working environment. With this in mind, we encouraged the manager to introduce the Scottish Social Services Council 'Step Into Leadership' programme, or equivalent, for her workforce.

A previous recommendation to provide a service improvement plan specific to this service was not yet met and is repeated (See Recommendation 1). This was important to demonstrate the service's priorities for continuous improvement and involving all interested parties in the process.

A recommendation to introduce formal direct observation of staff practice, which would support a reflective culture and lead to better outcomes for people, was also unmet (See Recommendation 2). In general, staff would benefit from more opportunities to reflect on their practice in relation to good practice guidance which informs and influences their work (See Recommendation 3).

We noted that supervision had not been as regular for some staff this year. Managers were keen to get this back on track. Refresher training for staff was another area for improvement.

The service had not been making all the required notifications to the Care Inspectorate with regards to some significant incidents (See Recommendation 4).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. In order that people can benefit from a culture of continuous improvement, a service improvement plan should be devised which is specific to the service provided rather than solely focused on organisational performance.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

2. Managers should ensure that staff receive direct observational/spot checking support so that tenants can always be assured of consistent and professional staff conduct and practice.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

3. In order that people can be confident in the workers who support them, managers should ensure that staff have the opportunity to reflect individually and at regular team meetings on their work practice and take account of best practice guidance, including the new health and social care standards.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes (HSCS 3.14) and, I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

4. In order that people are protected by appropriate reporting of significant incidents, the manager should ensure that the Care Inspectorate is informed about all notifiable events.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected (HSCS 4.18).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
28 Sep 2017	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
19 Jul 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
17 Jul 2015	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
17 Jul 2014	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
21 Aug 2013	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
17 Oct 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
7 Jun 2011	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

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