

Bellrock Close Housing Service Housing Support Service

2 Bellrock Close
Glasgow
G33 3HU

Telephone: 0141 7662580

Type of inspection: Unannounced
Inspection completed on: 30 June 2017

Service provided by:
Scottish Veterans Housing Association
Limited

Service provider number:
SP2004005816

Care service number:
CS2013320732

About the service

Bellrock Close is registered with the Care Inspectorate to provide a housing support service. The service provides transitional support with health and wellbeing; education, training and employability and future housing needs.

The service is available to armed forces veterans and ex merchant mariners or reservists and supports up to thirty people within the self contained flats at Bellrock Close. The accommodation is of a high quality with excellent on site facilities which include a gym, IT suite, training kitchen and café and extensive gardens.

The service is owned and managed by Scottish Veterans Residences, a registered charity.

At the time of this inspection the service was at full capacity with a waiting list.

What people told us

During this inspection visit we met with five of the veterans being supported by the service. Comments were generally positive about the service that they had received and they were complimentary about their keyworkers and managers. We received further positive feedback in the completed questionnaires that were returned to the Care Inspectorate.

One of the people we talked to felt that there were areas where the service could do better. We discussed this with the registered manager at feedback.

Self assessment

We did not ask that the provider submit a self assessment document prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

The veterans we spoke with told us about the positive difference that this service had made to their lives. People said that they were looking forward to moving on to their own tenancy, starting a new job and generally continuing to build their confidence and self-esteem.

There were opportunities to comment on the service being provided at the quarterly peer facilitated residents meetings and at review meetings. The provider also carried out surveys as part of their quality assurance, the results of these were available. Minutes of the residents meetings provided evidence that issues raised had been addressed. This demonstrated that feedback can effect change at this service.

Support plans were person centred, outlining the support that people indicated they needed to achieve positive outcomes. These were regularly reviewed. The introduction of an outcome measuring tool will further enhance the way that goals are recorded and capture the progress that people have made.

People we spoke with told us that support meetings were now taking place frequently and generally offered on a weekly basis. However there was no contingency to provide this level of support during times of keyworker absence or annual leave.

Whilst risk assessments that we looked at identified hazards and control measures to minimise the risks presented, some of the risks were not clearly defined. This meant that it would be difficult to evaluate that interventions were effective.

The service continued to work well with partners in health and veterans charities and this had contributed to the positive outcomes that we heard about.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

The veterans we spoke with generally described the staff team in positive terms and some spoke about the commitment and positive attributes of their keyworkers. Productive and trusting relationships had developed and this helped to contribute to good outcomes for people.

We observed positive interactions between staff at all levels and veterans and most people we spoke with said that they felt that staff treated them with respect. The manager should continue to look at the values that are underpinning staff practice.

Staff had attended alcohol and drug awareness training and said that this had been interesting and relevant. This also helped them to be more empathetic when supporting people with addictions.

It is essential that the provider continues to promote workforce development that takes account of the particular social, emotional and health issues for people being supported by the service. This will equip staff with the skills they need to be able to work effectively with people. We identified some gaps in knowledge and the manager was not able to evidence that all staff had received adult support and protection training.

Staff had taken part in a development day since our last visit. This had been independently facilitated and aimed to help improve relationships within the team.

We found that staff were more positive about each other. Changing the team culture and dynamics and promoting effective team working will be an on going process.

We made the manager aware of a behaviour that was undermining the motivation of the team and should be addressed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

A record of management team meetings had been introduced, however the frequency of these had slipped and we were unable to see the most recent minute. Likewise we saw that supervision of the senior support workers and ancillary staff had not happened as often as it should have. This meant that there was not regular opportunity for staff to reflect on their practice and discuss concerns in a formal setting.

Frequent planned formal support and supervision will help to promote a more positive culture and instil confidence in staff by demonstrating that they are valued. We noted that supervision of the support workers and housing assistants was more regular.

Audits of care plans had been introduced and needed to be more robust to ensure that actions to address improvements identified were being followed up. Effective auditing is key to promoting staff accountability and good governance.

Veterans we spoke with said that the manager was accessible and it was evident that she was knowledgeable about their needs. There was good management support for activities and opportunities for social inclusion were promoted. The breakfast club for example helped to promote social interaction and reduce isolation.

There were plans to carry out peer audits across all services. This will help to identify good practice and areas for improvements. People who use this service should be able to contribute to this if they wish.

We concluded that there had been many improvements at the service since our previous inspection. The on going support of an independent consultant will provide an impartial assessment of areas that still need further development. This includes help to find solutions to improve effective communication.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The service must demonstrate that it has systems in place to ensure that the needs of the individual resident are regularly assessed, monitored and adequately met. In order to do this the management team must:

- Implement effective quality management systems
- Ensure that support plans effectively target areas that will obstruct positive outcomes.
- Ensure that risk assessments accurately reflect the risks identified through the course of assessment, support planning and review processes.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of residents.

This requirement was made on 15 June 2016.

Action taken on previous requirement

Quality management systems had been introduced and the quality of information within people's files had improved.

Met - within timescales

Requirement 2

The provider must ensure that staff are adequately skilled for the work that they do. In order to do this the manager must:

- Conduct a training needs analysis that takes account of the needs of people using the service and staff skill and knowledge.
- Develop a training strategy and training plan, setting specific measurable and achievable goals.
- Demonstrate that staff are able to articulate how learning and development informs practice.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

This requirement was made on 15 June 2016.

Action taken on previous requirement

The provider had sourced training for staff that reflected the needs of people using the service and future training was planned.

Met - within timescales

Requirement 3

Internal quality assurance systems must effectively identify any issues which have the potential to impact negatively on the health and wellbeing of people using the service and ensure that these are timeously addressed. In order to achieve this, the manager must ensure:

- Systems for monitoring the quality of service delivery and whether this meets contractual obligations, such as reviews and support meetings are implemented in accordance with corporate policies.
- All current quality assurance arrangements are reviewed and developed to ensure that they are systematic, effective and integral to service provision.

This requirement was made on 15 June 2016.

Action taken on previous requirement

Audits had been introduced and reviews and support meetings were taking place regularly.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
15 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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