

Care service inspection report

Anchor House Housing Support Service

49 Crieff Road

Perth

PH1 2RP

Telephone: 01738 638475

Inspected by: Averil Blair

Pauline Regan

Type of inspection: Unannounced

Inspection completed on: 22 April 2014



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Service provided by:

Anchor House

Service provider number:

SP2004006041

Care service number:

CS2004061871

Contact details for the inspector who inspected this service:

Averil Blair

Telephone 01382 207200

Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	6	Excellent
Quality of Management and Leadership	5	Very Good

What the service does well

The service supports people who have accommodation in two units, one in Perth and also on an outreach basis. Service users told us that they felt very well supported, and that staff were supportive and caring, as well as "good at their job".

What the service could do better

The service should ensure that all risk assessments are kept up to date and reflect up to date issues such as self harm.

What the service has done since the last inspection

The service continues to provide very good quality support to people who use the service. The service has encouraged staff to attend training and actively seeks out opportunities for staff to develop their skills.

Conclusion

During the inspection people who used the service told us that they felt the staff supported them well and, that they had been able to build up good relationships with them. Service users told us that staff had supported them to manage a range of issues such as, debt management and housing. We saw that the accommodation provided was of a good standard and that service users were encouraged to look after their environment.

Who did this inspection

Averil Blair

Pauline Regan

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Anchor House Housing Support Service provides a Housing Support service to adults in the Perth area. The organisation runs two supported accommodation units and also provides an outreach service to people in their own homes.

The service has a mission statement; 'To support vulnerable people irrespective of their sex, ethnic origins, gender, physical mental ability who may have an alcohol or drug dependency'.

The support is provided according to individual assessed need and the Aims and Objectives are to provide, 'a comprehensive range of needs led services, which includes; accommodation, tenancy support and social economy services to those that experience homelessness, disadvantage and exclusion'.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 6 - Excellent

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

The inspection was unannounced and took place over two visits to the service, on the 16th and the 22nd April 2014 by Averil Blair and Pauline Regan, Care Inspectorate. The service submitted a completed annual return and self assessment prior to the inspection as requested by the Care Inspectorate. Feedback was given to the Manager and Senior staff on the 22nd April.

During the inspection, evidence was gathered from a number of sources, including;

- discussion with the Manager and staff
- examination of a range of records, such as policies and procedures
- a sample of personal plans of people who use the service, including risk assessment paperwork
- a sample of staff files
- training records

We also talked with people who used the service, both within the units, and those who used the outreach service. The Care Inspectorate sent out questionnaires to residents and staff prior to the inspection to gather their views about the service, and we also spoke with some staff who had completed these.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make

during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service had submitted a self assessment to the Care Inspectorate as requested, prior to the inspection. This gave details of supporting systems and documentation but did not clearly evidence how this resulted in positive outcomes for service users.

Taking the views of people using the care service into account

During the inspection we spoke with people who used the service both in person and through telephone conversations. We also received eight completed Care Standard Questionnaires with comments. All service users spoke positively about the service and the staff, and made comments such as "the service looks after me and the staff are supportive", "the staff are very reliable people and very pleasant" and "the support I have had from all members of staff has been top quality".

Taking carers' views into account

We did not speak with any carers during this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was able to provide excellent evidence in support of this statement.

The service gives new service users a "Customer Handbook" which gives them information on a range of issues such as; policies and procedures, complaints, what is expected from tenants and what tenants can expect from the service. This information makes it clear that people who use the service can expect a service which aims to meet their needs and, listens to how they want to be supported. The handbook also informs service users how they can be involved in the development of the service, such as, taking part in tenants meetings and commenting on their own support during reviews. Service users we spoke with during the inspection confirmed that they felt that the opportunity to speak frequently with their key worker helped to make sure that they received appropriate support.

As part of the inspection we sampled some service user files, specifically looking at support plans, risk assessments and reviews. We could see that people who used the service had frequent opportunities to comment on their support. This included regular meetings with their key worker and six monthly reviews of their service. In some cases, the level of support was changed following these meetings. Records showed that a variety of associated health professionals were involved in supporting people who used the service. This meant that they could seek advice and support from a range of professionals such as specialist housing workers, GPs and specialist nurses.

The service encouraged people who had accommodation within their units to attend regular tenants meetings. This meant that they had the opportunity to discuss issues relating to communal living such as acceptable behaviour, and use of the kitchen

areas. Minutes of these meetings recorded topics discussed and we could see that these were considered as development areas for the service. One example of where changes were made as a result of tenants meetings was, the introduction of a housekeeping checklist for one of the units to ensure that communal tasks were completed.

Although people who used the service told us that senior staff were easily accessible, the Manager had identified specific Manager's surgery times, usually on the same day as tenants meetings, so that service users could approach him directly.

The service made use of "exit questionnaires", these were questionnaires given to service users when they ceased to use the service. We saw that those which had been returned spoke positively about the service and did not make any suggestions for improvements.

Although there had been no changes to the staff team since the last inspection, the service was able to show that service users had been involved in discussions about the person specification for support workers, and had been able to describe the skills and talents of an 'ideal' support worker. At the last appointment of staff, service users had been involved in a 'meet and greet' for prospective staff, and the Manager confirmed that this approach would be considered at any future staff appointment.

Areas for improvement

The service should continue to make use of a variety of methods of seeking comments and suggestions from people who use the service.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service was able to provide us with very good information in support of this statement.

As part of the inspection we sampled some service users' files and looked at information recorded. This included a full assessment of needs completed when a service user first started to receive support from the service. Where service users were local, they were encouraged to remain with their existing GP service, or if they had no local GP they were supported to sign on at a local practice. The Homeless Healthcare Team supported service users to undergo basic health checks and were able to make relevant referrals to appropriate services such as; GPs, physiotherapy, occupational

therapy, dental services or optical services. Younger people who used the service could also access the 'Young Persons Health Worker'.

We could see that the service had good links with appropriate health professionals and encouraged service users to follow any health plans they had adopted. For one service user we saw that the service had worked with the occupational therapy service to ensure that appropriate aids and adaptations were available. All service users were given information on how they could access the local Live Active Scheme, which gave free access to all Perth and Kinross Council Leisure facilities in order to promote healthy lifestyles. Staff had good knowledge of other sources of support for service users, for example, we saw that staff were able to make a referral to a local food bank for one service user. Staff supported service users to have a healthy diet and, encouraged them to take part in informal basic healthy cooking sessions run by staff.

Service users had support plans which outlined how the service would support them. Service users told us that they knew what was in these plans and had been involved in their compilation. They also said that staff went over the content on a regular basis to make sure that it remained relevant. Support planners also identified any risks and, how these would be managed. All support plans were seen to be signed by staff and service users. Staff completed detailed contact sheets or reach service user and, these contacts were reviewed on a monthly basis.

The service had an illicit substance free environment. This was made clear to all service users when they started to receive support from the service, and this was formally recorded. Staff had received training to allow them to test for specific substances, and service users were aware that they could be tested at any time or, when they appeared to be under the influence of drugs or alcohol. We saw clear records of this in service users' files, along with signed agreements of when this would be carried out as part of a regular check.

Areas for improvement

We saw one example of a support plan where a service user had stated that he had had suicidal thoughts, and the service had, as a result completed a risk assessment which showed how they would support him. However, we also saw in another support plan that a service user had thought of self harm and previously had suicidal thoughts where no risk assessment had been completed and, there was no clear guidelines for staff to use in order to support this person. Given the nature of the service, it is important that where staff are aware of this situation that they clearly identify how staff will support service users with this issue.

The service had a drug and alcohol free environment, and although staff confirmed that they had not found evidence of illicit drugs stored on the premises, and that they worked closely with the local police service. We signposted them to further good practice information on this issue.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

Areas for improvement

See Quality Theme 1 Quality Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The service was able to provide excellent evidence in support of this statement.

The service continued to ensure that all staff received a comprehensive induction and, although there had been no staff appointments since the last inspection, students on placement had also taken part in the induction process and felt well supported. All staff had access to the service's policies and procedures and other good practice documents, and had the opportunity to become familiar with them. Staff described the process of identifying training needs, which included discussion during supervision, and regular updates to training. Records were maintained of all training attended by staff, along with dates when this training should be refreshed.

Training was accessed from a range of training providers, including; a local housing service, the local authority, NHS, and specialist providers. This included training on the use of 'legal highs'. Staff were able to describe other training they had been able to attend such as; adult support and protection, welfare reform, the introduction of

Self Directed Support and mental health awareness. Staff could also access training through the internet. Minutes of monthly staff meetings showed that issues relating to good practice were discussed. Senior staff carried out supervision with support staff and records were kept of topics discussed. The standard agenda items included service user issues, training and development, and any general issues relating to the smooth running of the service.

We spoke with staff, and students on placement, as part of the inspection. They told us that they felt well supported by senior staff and, that they felt comfortable seeking advice on practice from colleagues and senior staff. All felt that the service appropriately involved service users in their support and also in the development of the service.

Areas for improvement

The service had access to a variety of training, some of which was required to be refreshed at identified intervals. The service should be able to evaluate training to ensure that it remains relevant to the service, and seek alternative training where training ceases to meet the needs of the service.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

Areas for improvement

See Quality Theme 1 Quality Statement 1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service was able to provide very good evidence in support of this statement.

As a small service the Manager stated that he felt the service was able to respond quickly to comments made by service users and professionals about the service. The service made good use of tenants meetings to seek comments from service users on the service they received. We could see where issues had been discussed at tenants meetings which resulted in action by the service. One such issue had been where tenants had complained to staff about visitors coming to the service throughout the day and, disturbing other service users. This was discussed at a tenants meeting and an agreement was reached that there would be set visiting times, and that visitors could only be in communal areas unless agreed by staff for specific reasons.

Service users we spoke with during the inspection told us that they felt the service looked favourably on any suggestions made by service users. They told us that if they

had any suggestions they would speak with their key worker or with the Manager, or bring it up at a tenants meeting. They were confident that if they made a complaint this would be dealt with promptly and professionally. All knew who to make a complaint to, as did those service users who responded to the Care Inspectorate Care Standards Questionnaires.

Senior staff carried out audits of service users' files on a monthly basis, which allowed for the identification of actions. These were returned to key workers for action, and were reviewed at the next audit. The service had identified how it would monitor the quality of service delivery in its Mission Statement.

This identified five main areas:

- training and development
- annual appraisal of staff,
- supervision of staff
- monitoring of staff commitment and motivation
- regular inspection by bodies such as, the Care Inspectorate and the Supporting People Team of the Local Authority.

Areas for improvement

Although the service had submitted a self assessment as requested to the Care Inspectorate prior to the inspection, this could be more outcome focused. The service was advised to review the content of the self assessment and evidence how service users were involved in the self assessment of the service and how action by the service ensured positive outcomes for service users.

As commented on in the last inspection the service received satisfaction questionnaires when service users left the service. Although we could see that the service monitored any comments made on an individual basis and took action if appropriate, this did not allow for overall analysis.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Staffing - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
21 May 2013	Unannounced	Care and support 6 - Excellent Staffing 6 - Excellent Management and Leadership 5 - Very Good
20 Dec 2011	Unannounced	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership Not Assessed
10 Nov 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ہے بایں تہ سرد می ہونابز رگی دی روا ولکش رگی دی رپ شرازگ تاعاشا ہی

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ی رځ ا تاغل بو تا قی سن ت ب بل طلا دن ع رفاو تم روشن م الا اذه

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Telephone: 0845 600 9527

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Web: www.careinspectorate.com