

**Link Living - Falkirk Service****Service name**

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**Service address**Watling House  
Callander Business Park

Falkirk FK1 1XR

**Type of care service**

Housing Support Service

**Provider name**

Link Living

**Service number**

CS2004061281

**Date of inspection**

28 August 2007

**Type of inspection**

Announced (short notice)

**Care Commission Office**Springfield House Laurelhill Business  
Park Stirling FK7 9JQ Tel: 01786 406363**Period since last inspection**

12 months

## **Introduction**

Link Living supplies Housing Support services to people in their own tenancies throughout Falkirk Council area. The service is funded through Supporting People. The service aims to promote social inclusion through an involving, person-centred service which aims to give people back control of their own lives.

The service provides to people over the age of 16 years at risk of becoming homeless. The service is developing packages of support to meet the individual needs of service users.

## **Basis of Report**

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.

Views of service users

Questionnaires were sent to 30 service users. Of these, 5 were completed and returned to 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 areas

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

Team Leader

6 Support Workers

User Involvement Co-ordinator

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

Discussions with the manager, team leader, support workers and user involvement co-ordinator

Discussion with 5 past or present service users, in person and by telephone contact.

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

Protecting People: Standard 3 Management and staffing arrangements

Child Protection

Restraint

Adult Protection

SSSC Codes and Staff Training

Quality Assurance 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](http://www.infoscotland.com/firelaw)

### **Action taken on requirements in last Inspection Reports**

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.

### **Comment on Self-Evaluation**

The self evaluation document was completed to a high standard. It gave a comprehensive account of the strengths of the service as well as identifying areas the service planned to further develop in relation to ongoing training for staff, support for staff to obtain qualifications where required and completing a service user led evaluation of the service.

### **View of Service Users**

In addition to the 5 service users spoken with during the inspection, 5 service users returned questionnaires giving their views on the service. Service users spoken with as part of the inspection expressed a high level of satisfaction with the service provided. They expressed satisfaction with communication from the service and spoke highly of individual staff, the way support is planned and provided and how this had had a positive impact on their lives. They advised that they were able to raise any issues with the service and staff team and were confident that any issues would be

addressed quickly. Service users' views on the service included:

"working relationships are quite outstanding"

"very friendly staff"

"I am supported to reach targets"

"extremely happy with the service"

"staff are very responsive and flexible, they get to the point right away"

"everyone here listens to you, that's what makes them special really"

From questionnaires, all respondents indicated that they were either satisfied or very satisfied that staff treated them with respect and had the skills to meet their needs. All were equally either satisfied or very satisfied that they got the support and care that was agreed. Two respondents indicated that they didn't know if the service had a complaints procedure, however it was confirmed that this was part of an introductory pack for service users. Respondents were satisfied or very satisfied overall with the service. Comments included:

"maybe at the stage it is too early for me to answer various questions, but the way I've been spoken to and treated I am very happy with"

Other comments have been included in the context of the report where relevant.

### **View of Carers**

No feedback was obtained from carers.

## **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 elements of this standard were assessed at this inspection. On this occasion the focus was on Protecting People, sub-sections - 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 the staff induction programme. Staff spoken with displayed an understanding of their roles and responsibilities in relation to child protection issues. They knew how to implement child protection procedures if required. Staff also confirmed by way of questionnaires that they were aware of the provider's 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 form at the time of this inspection. There were also related policies and procedures in relation to risk management and managing violence and aggression. Staff had received training in the latter 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. It was reported that no incident 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 and would follow the local interagency adult protection guidelines in the

event of any adult protection concerns. Whilst 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 particular strength of this service lies in the emphasis placed on staff training and development and the support given to staff to continue to develop their skills and knowledge as well as to obtain relevant qualifications. A detailed Learning and Development policy was in place which set out how the training needs of staff would be identified and met within the organisation. A Support for Qualifications policy also set out how the organisation planned to support staff to meet the requirements for registration with SSSC in the future. Plans were progressing steadily to support all staff to obtain relevant qualifications, with only 4 existing staff still to do so. An induction programme was in place for new staff, whilst an annual training plan included both mandatory and non statutory training for all staff. All staff had personal development plans in place which identified their training needs linked to personal and professional development and to enable them to understand and meet service users' needs. Staff spoke very highly of the learning and development culture of the organisation. Good systems were in place to evaluate the effectiveness of staff training including the impact on their practice and performance review. The service retained a team of skilled and experienced staff. Service users' spoke highly of staff skills commenting, "staff are so knowledgeable, they know what they're doing" and "staff are so pleasant, very professional and thorough."

### **Areas for Development**

The provider's child protection policy does not make reference to Local Authority guidelines and should be amended accordingly.

The manager was given information regarding Protecting Children and Young People - Framework for Standards and was advised to obtain a copy for reference and guidance.

The policy on restraint required further work 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 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 service did not have copies of 'Rights, Risks and Limits to Freedom' - Mental Welfare Commission 2006 and 'Safe to Wander' - Mental Welfare Commission 2003 best practice documents and staff were unaware of this guidance. The manager was given details on where to

obtain this guidance which the service should refer to in its policy and use as a basis for decision making in respect of restraint. (see Recommendation 1)

The recording format for risk assessment should be 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. Planned use of restraint was not applicable to the service at this time and there had been no need for staff to receive direct physical restraint training. Induction and ongoing training must, however, be expanded to ensure that staff have training in relation to restraint that is appropriate to the service. This may include awareness raising, policies and procedures, good practice guidance and the legal framework. (see Requirement 2)

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

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

### **Strengths**

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

The organisation 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, from board level to staff recruitment and training and user led evaluations of services.

At a local level, there were elements of an internal quality assurance system in place with various ways of seeking service users' feedback on the quality of service they received. This included support reviews, exit interviews and complaint procedures. The service was currently in the process of carrying out a user led evaluation of the service focussing on what difference support made to people's lives. A clear development plan and service path was in place, service users' having contributed to this process. There were good 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 joint visits, including support reviews and through SVQ assessments, although this is not routinely planned and implemented with all staff.

**Areas for Development**

At a local level, the service should draw together aspects of existing good practice to develop a robust system of monitoring and evaluating the quality of the service provided. Where it is not already the case, service users' feedback and views should be compiled to draw out themes or issues that may lead to an improvement focus. This would include findings of the user led evaluation of the service when complete. This should link to action and development plans. Systems should also be developed to evidence how feedback from service users and where appropriate their carers or other representatives is acted upon by the care service. 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 informed the manager of 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 manager was advised by the Care Commission Officer to familiarise themselves with the information and briefings that have been made available at [www.carecommission.com /Care Services/Regulating for Improvement/Information for Service Providers](http://www.carecommission.com/Care%20Services/Regulating%20for%20Improvement/Information%20for%20Service%20Providers)."

## **Requirements**

1. The provider will review and develop their policy on 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 and ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances. Timescale for implementation - 12 months from the date of receipt of this report

2. Staff must 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 of the service, the statement of aims and objectives and the number 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 for implementation - 12 months from the date of receipt of this report

## **Recommendations**

1. The provider will obtain and implement best practice guidance including Rights Risks and Limits to Freedom and Safe to Wander - Mental Welfare Commission Best Practice Guidance.

**Andrea Daley**  
Care Commission Officer