

Inspection report

Link Living - Fife Service Housing Support Service

West Bridge Mill
Bridge Street
Kirkcaldy KY1 1TE

Inspected by: Andrea Daley
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 23 October 2007

Service Number

CS2004061279

Service name

Link Living - Fife Service

Service addressWest Bridge Mill
Bridge Street
Kirkcaldy KY1 1TE**Provider Number**

SP2004004684

Provider Name

Link Living

Inspected ByAndrea Daley
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

23 October 2007

Period since last inspection

12 Months

Local Office AddressSpringfield House
Laurelhill Business Park
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FK7 9JQ
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Introduction

Link Living Fife is a branch of Link Living, a charitable organisation, that provides a range of support services to people who have faced social exclusion through homelessness, mental health issues, learning disabilities, addiction or multiple needs.

Link Living Fife is registered as a Housing Support service providing supported accommodation for up to 30 people aged 16 - 30 years and a visiting tenancy support service for people aged 16 years and over living in their own tenancies. Support packages are provided on an individual basis, according to need.

The Mission Statement for the service states "Link Living is a listening, responsive organisation. We work in partnership with people, providing a range of support services. We value peoples' strengths and capabilities, helping them to live the lives they want."

The service was registered with the Care Commission on 14 July 2004.

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 33 service users. At the time of writing this report, 8 had been 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

2 x Team Leaders

1 x Support Worker

Evidence

Training plan and staff training and qualification 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

Quality assurance methods and records including service user led evaluation report and support reviews

Discussions with the service manager, team leaders, support worker

Discussion with 11 service users, in person and by telephone contact

The Lay Assessor also spoke with a group of service users

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

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.

Comments on Self-Evaluation

The self evaluation was completed to a very good standard. It gave a detailed account of the strengths of the service and provided a clear focus for development.

View of Service Users

Views were gathered by the CCO through speaking with 11 service users and through 8 service user questionnaires which had been returned at the time of writing this report. Overall, comments from service users were very positive, particularly with regards to staff relationships, manner and attitudes, the support provided and the flexibility of the service. Comments included:

"staff are very respectful, on your level and that's what I like about it"

"extremely happy with the service"

"staff are really good, done more than enough"

"happy with service at the moment, can't fault it"

"Link Living fill a void, they reflect what today's society needs"

"I lead the support and my worker supports that"

"staff help me to help myself"

"staff are cheerful, light-hearted and that lifts you, they accept you whatever way you are"

"staff are so capable, they just have the answer"

Service users also spoke about the positive impact having support had made, they confirmed that review systems enabled the support to be changed or tailored to what they needed. They also talked about knowing how to raise concerns or complaints and said that staff provided them with this information.

One service user was dissatisfied with the service, commenting that "complaints done but never any word back." Contact details were not provided therefore the CCO was unable to explore this matter further with the respondent.

View of Carers

At the time of writing this report, one carer/relative had returned a questionnaire. The CCO contacted this respondent by telephone to discuss the service further. No further action was required at this time.

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 were in place. The staff induction programme covered child protection matters. Interviews with staff and questionnaires returned by them confirmed that they were aware of and knew how to implement these procedures.

Protecting People - Restraint

The service had a policy on restraint which was under review at the time of this inspection. A draft copy was seen and commented on and the service manager was working towards completing this in the near future. There were also related policies and procedures in relation to managing violence and aggression which linked to risk assessment procedures. Staff were trained in and knowledgeable about these areas of practice. Some staff had received training in relation to restraint through qualifications and past employment. Copies of "Rights, Risks and Limits to Freedom" and "Safe to Wander" - Mental Welfare Commission Best Practice Guidance were being circulated around all staff at the time of this inspection. Staff showed some awareness of the different types of restraint and of the existence of good practice guidance, however had still to explore this as a team and discuss any practice implications. A sample of service user files was inspected. These included detailed risk assessments which were reviewed and updated as required. The format would potentially identify any issues that may lead to restraint being considered. As the service's aim is not to use restraint, this assessment would enable staff to identify whether the service was suited to the individual's needs. Incident recording systems and guidance for record keeping were in place. Records of incidents were examined and confirmed that no incident of restraint had occurred within the service.

Protecting People - Adult Protection

The service had policies and procedures in place in relation to the protection of vulnerable adults. The service manager had a copy of and would follow the local interagency adult protection guidelines in the event of any adult protection concerns. No referrals had been

made under the Protection of Vulnerable Adults procedures. A random sample of 4 service user files was inspected and did not highlight any concerns that had been missed. Staff generally knew about adult protection issues and some staff had undertaken training through HNC and SVQ qualifications. Some staff were currently accessing training being organised through another Link Living service. The service was in the process of evaluating this with a view to either developing an in house programme or rolling out this training to all staff in its current format.

Protecting People - SSSC Codes and staff training

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. Staff training and development was evaluated to be a major strength of the service. A full programme of staff training including induction, mandatory and professional development opportunities was in place. Staff had individual job plans and confirmed that training was both planned and received and was responsive to their needs as they arose during the year. Training plans addressed the need for staff to achieve qualifications required in order to register with SSSC. Good progress was being made in supporting staff to do this. Staff discussed the positive impact training was having on the development of their skills, knowledge and confidence in their work. Good systems were in place to evaluate the effectiveness of staff training through supervision, performance review, informal monitoring of practice and feedback from service users at reviews or other contact.

Areas for Development

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

The current draft policy in relation to restraint requires further development. When complete, this should:

- provide staff guidance in relation to the definitions of restraint

- provide an explanation of what would be regarded as minimum and reasonable in a duty of care situation

- include details of staff training

- reference to best practice guidance when stating principles

(see Requirement 1)

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

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. Training in relation to restraint was variable amongst the staff group although personal safety and managing violence and aggression was standard. Training must be expanded to ensure that all staff have training in relation to restraint that is appropriate to the service. This may include awareness raising, policies and procedures, good practice guidance, the legal framework and how this links in with risk assessments.

(see Requirement 2)

The service manager confirmed that it was her intention to continue progress made in

ensuring that all staff received appropriate training in adult protection issues and use of associated policy and procedures. As planned, this should be progressed over the next six months.

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.

There were elements of a Quality Assurance system in place with a real focus on encouraging service users' views and feedback. A user led evaluation of both the Accommodation and Tenancy Support services had been completed since the last inspection. This was reported as a very positive experience for the service. It highlighted many areas where service users thought the service performed well as well as areas for possible development in the future delivery of the service. Findings had already begun to be discussed with service users and changes to practice considered and implemented where appropriate. The service was keeping service users informed of how their feedback was being acted upon by means of a follow up report, meetings and newsletters. Informal and formal complaints procedures were in place. Service users spoken with during this inspection knew how to complain and advised that this had been explained to them by their support workers. Reviews also gave service users opportunities to comment on the quality of service they received. Within the accommodation team, staff had planned some workshops with service users and were trying to further develop residents' meetings as a way of encouraging their participation in the service. Relatives of service users and other workers involved in their support were also able to give views on the service. These were recorded with responses provided or action taken where appropriate.

There were good arrangements in place for staff to provide the organisation with feedback through meetings, supervision, reviews and the staff conference. Their views influenced the service's action plan for future development which linked to the overall Link Living business plan. This gave a focus for the continuous development and improvement of the service. There were some opportunities for management to directly observe and monitor staff practice. This included; joint visits, including support reviews, SVQ assessments and co-operative working (mainly in the accommodation team). Using these methods, managers were able to identify any areas for development and link this into supervision systems. Direct observation was not, however, fully and routinely planned and implemented with all staff.

The service was preparing to take part in The Quality Standards scheme developed through Fife Rights Forum. In many ways the evidence gathered could be directly mapped to the Quality Assessment Framework that will be used by the Care Commission in future inspections of the service.

Areas for Development

The service should continue to maintain and build on their systems for encouraging service user participation in all aspects of the service. As planned the service should implement the Quality Standards scheme as a way of assuring the quality of the service. This should be linked to the Care Commission Quality Assessment Framework where appropriate. 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)."

This part of the report has been compiled by a Lay Assessor. A Lay Assessor is a volunteer, who has experience of being a user of care services or as an informal carer.

"This service, which has been operating for over a year, provides housing support in the form of accommodation with support and also tenancy support. Accommodation with support is provided for around 30 people within a large converted building.

I had a discussion with a group of 6 service users whose length of stay ranged from a few months to nearly 5 years. Each service user I spoke to wished it to be noted that they were very appreciative of the support they received.

Support to the service users is planned according to individual need and review is undertaken on a regular basis by their designated support worker. This 'self designed package of support' ensures that through encouragement and development of the necessary personal skills, future achievement of individual objectives and goals can be accomplished.

The service user's I spoke to were keen for it to be known that their views were listened to and that they were treated as valued members of society. They told me they appreciated being accepted as mature adults 'abiding by society's laws' as one service user put it. This was done by involvement in regular team and service user discussion sessions, and through which they were ultimately more confident people.

Each of those service users were certain that in the near future they would be enabled to move on to tenancy support. They said that changes have been made in the past year which encourages service user initiatives, involvement in decision making and development of communication skills.

The staff were noted to be very fair, consistent and understanding of the service user's individual needs. There is an 'open door' supporting service available for both conversation, dealing with emotional needs and general reassurance. Staff involve service users in the recruitment of new staff and in management meetings. Training is provided for service users to enable them to participate.

I also had the opportunity to talk with 3 service users who receive tenancy support. One service user described their support worker as a 'rock' who will go the extra mile to help. They described an instant rapport with their support worker, placing their trust and confidence in them. Since seeking tenancy support this person told me they are more confident and feel much more valued as a person. Another service user described support

with budgeting issues, shopping, advice and direction given on personal development programmes likely to help when making job applications.

All the service users I spoke to talked of staff supporting them with various practical things such as shopping and support with finance and budgeting etc. They also spoke of staff giving them advice and support with personal issues, which in turn is helping their confidence grow and enables them to get out and about in the community.

In conclusion, I feel that staff are providing an essential service which supports service users to achieve their goals of improved self esteem and personal attainment. Service users told me they received a good service and felt empowered."

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

There were no recommendations made at this inspection.

Andrea Daley
Care Commission Officer