

Community Service Housing Support Service

Pavilion 6a,
Moorpark Court
35 Dava Street, Govan
Glasgow
G51 2BQ

Telephone: 01414 401 309

Type of inspection:
Unannounced

Completed on:
8 June 2023

Service provided by:
Mainstay Trust Ltd.

Service provider number:
SP2003000175

Service no:
CS2004077238

About the service

Community Service is provided by Mainstay Trust Limited and is registered to provide a housing support and care at home service to people with a range of disabilities in their own homes and in the community.

The office base is in the Govan area of Glasgow and it provides a city-wide service. The building is over two floors and consists of a reception area, an office space on the upper floor and The Hub on the ground floor which offers facilities for people who experience support. There is a computer suite, kitchen, small breakaway rooms and a large open space that is used for a variety of activities. The toilet and changing facilities provide equipment suitable for the needs of people who use the service.

Mainstay Trust's overall objective is: "To create an environment where individuals can achieve their full potential and achieve the best day possible for every person we support." Their aims include "To provide a structure of support which will assist and encourage individuals to gain both skills and confidence to lead to a more autonomous and independent life."

At the time of the inspection, 23 people were experiencing support.

About the inspection

This was an unannounced follow-up inspection which took place on 8 June 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with two staff, the registered manager and the director.

Key messages

- The management team had made good progress with meeting the requirement made at the previous inspection.
- Quality assurance systems had been developed.
- The management team had a better overview of the current needs of people using the service and what was in place to keep them safe and well.
- Staff were reporting any concerns in relation to the protection of individuals.
- There were better planned and structured supports which helped staff fulfil their role.
- Staff recruitment followed best practice.
- Improved methods had been used to capture and use people's views to shape the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our leadership?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

We completed a follow-up inspection to measure the action taken in response to an outstanding requirement made at the previous inspection.

Please see the section of this report entitled What the service has done to meet requirements made at or since the last inspection for further information. Based on our findings, the requirement is now met.

We re-evaluated the service from grade 3 - adequate to grade 4 - good.

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

Requirements

Requirement 1

By 2 June 2023, the provider must ensure that quality assurance processes are carried out competently and effectively, and in a manner which achieves improvements in the provision of the service. To do this, the provider must ensure:

- a) Internal quality assurance systems are effectively identifying any issue which may have a negative impact on the health and welfare of people supported. This includes but is not limited to support plan audits, care reviews and risk assessments are up-to-date and accurately reflect the needs of each person and detail support in place to meet identified needs.
- b) Any adult support protection incident is reported to the Care Inspectorate and reinforce each staff member's responsibilities in reporting.
- c) Regular staff observations, staff meetings and a programme of regular planned staff supervisions are in place. All staff have up-to-date training relevant to the needs of people being supported.
- d) Recruitment of staff adheres to best practice guidance.
- e) People who use the service, their relatives, staff and other stakeholders are involved with the ongoing improvement and development of the service.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 27 March 2023.

Action taken on previous requirement

Good progress had been made by the management team since the last inspection.

Support plans had been audited, redesigned and risk assessments updated. This meant support plans reflected the current needs of people being supported and directed staff on how support should be provided. The management team planned on developing a tracking system to ensure each support plan remained relevant to each person's needs.

Adult support and protection incidents had been appropriately reported and staff understood their role and responsibilities in connection with this.

Staff had benefited from regular planned supervision sessions through the management team developing a training matrix. The management team had used both face-to-face sessions and technology to help staff access supervision. Informal supervision sessions had been introduced and content recorded.

Reports were provided and helped the management team monitor training undertaken or due to be completed by each staff member. Additional training had been included in the programme which had been shaped by the current needs of people in receipt of support.

The recruitment policy and procedure had been re-developed since the previous inspection. Through sampling, we found that robust pre-employment checks had been carried out. This is important for keeping people safe and protected.

The views of people using the service were sought in relation to individual support provided. As well as other methods to shape the service, for example the recruitment of staff. A programme of team meetings had been developed and will provide opportunities for staff to share their views on aspects of the service.

Met - within timescales

Complaints

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

Detailed evaluations

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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Dundee
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