

Care service inspection report

Full inspection

Dundee Survival Group Housing Support Service

100 Foundry Lane
Dundee



HAPPY TO TRANSLATE

Service provided by: Dundee Survival Group Charitable Company Limited

Service provider number: SP2004006773

Care service number: CS2004076256

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

This is a very high quality service that puts service users at the heart of what it does. This inspection saw evidence of very good service user involvement, and personalised flexible support which most of the people using the service appreciated.

What the service could do better

The service has gone through significant change since the last inspection. A new manager has now been appointed and the staff team are keen to improve systems which demonstrate the very good outcomes for the people using the service.

What the service has done since the last inspection

Since the last inspection, the service had introduced a number of new developments such as the development of the 'Engagement project' which acts as a pathway for service users to have a voice and assist with assessing, evaluating and improving the quality of the service and homelessness in general.

Conclusion

Dundee Survival Group provided a high standard of care and support against the Quality Statements considered during our inspection. The service should continue to build on strengths and take forward areas for improvement. Service users told us that they had found the service to be vital in allowing them to move on, and that staff were professional and caring and encouraged them to learn new skills.

1 About the service we inspected

Dundee Survival Group is a housing support service provided by a local voluntary organisation.

The service provides emergency accommodation to homeless adults who require support while participating in a rehabilitation programme. The service is provided to both men and women, with habitually about three-quarters of service users being male. Most service users have problems with alcohol and/or substance misuse, and many have associated health issues.

The service is provided from purpose-built premises within walking distance of city centre amenities.

Accommodation is offered in single-person rooms where cleaning, heating and laundry are all provided, or in fully-furnished, self-contained flats. Support staff are available during waking hours, and security staff provide a secure environment on a 24-hour basis.

Support is offered on an individualised basis according to support plans which are made in consultation with service users. The service has well-established links with housing providers, health and social services, and many other agencies.

Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

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 following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

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

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.

This report was written following an unannounced inspections of the service which was carried out over several visits between 25 and 31 January 2016 by one Care Inspectorate inspector.

We gave feedback to the manager and senior staff on 8 February 2016.

As part of the inspection, we took account the annual return and self assessment forms that we asked the provider to complete and submit to us.

Before the inspection, we received 14 completed questionnaires which asked "How satisfied are you with this care service?"

During this inspection we gathered evidence from various sources, including the following:

We spoke with:

- People using the service
- The manager
- Principal senior support officers
- Support officers

We looked at:

- minutes of Involvement and liaison meetings involving service users and staff
- accident and Incident records
- complaint records and follow-up actions
- service user support plans and risk assessments
- training records and training plan
- policies and procedures of the service
- registration certificate
- insurance liability certificate

The service provided inspection evidence folders which were helpful in providing a range of information about the service.

All the above information was taken into account during the inspection process and was used to assess the performance of the service in relation to a number of Quality Statements.

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.firescotland.gov.uk

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 Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self-assessment process. The self assessment should be updated to reflect current developments.

Taking the views of people using the care service into account

We received 14 CSQs from service users and relatives. Of these 14 agreed or strongly agreed that they were overall happy with the level of care and support provided.

Comments included: "DSG has saved my life. Thank you for the support."

"I don't want to move. I have honestly come on leaps and bounds. I am more independent than I was before moving in."

"I would just like to say that the staff in this building are great. They actually take the time to get to know you personally. I have never met a more happier and honest and the most friendliest bunch of staff. Thank you."

During the inspection we spoke formally with six service users and informally to six service users in the lounge. Everyone was positive about the support they received from staff. They knew who their keyworker was and said they could speak to the about anything and advice would be offered.

Some comments included: "My keyworker is really helpful. I am not good in the morning so she arranged all my appointments for the afternoon."

"I am getting the support I need. I don't like going out and my keyworker has offered to come with me."

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: 4 - 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's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were excellent in this area.

The service identified some of their strengths as: "We consider it important to know the views of our service users; staff and stakeholders so that we can learn what they think about Dundee Survival Group's service delivery and performance. In doing so we learn what we are doing well, where we can learn and what we need to do to improve the quality of care and support provided by Dundee Survival Group. We involve service users and stakeholders in assessing and improving the quality of the care and support we provide."

The service had good systems in place to make sure that service users were able to participate in assessing and improving the quality of the service they received. These included:

- The service had in place a Service User Involvement policy that outlined the range of methods available to support people to give their views. The strategy acknowledges the rights of service users and their families to be involved in assessing all aspects of the quality of the care and support provided. This meant that people felt confident and supported in sharing their views and we saw many examples of this throughout the inspection.
- All new service users were given leaflets, which provided a range of information including the standard of service people could expect which helps people to understand the service they are considering signing up to. The leaflets also explained how to make a complaint either to the service or to the Care Inspectorate and encourages people to do that.
- Service users had their case reviewed every six months or sooner if needed by the service. These were important opportunities for service users and families to have their say on what worked well and what could be improved in relation to the care and support provided by the service.
- The service used the Outcome Star, which allowed service users to be fully involved in identifying their support needs. This also identified any area of risk and how the service user would be supported to minimise this risk.
- Service users and key workers had regular meetings which gave them the opportunity to comment on the service, and information from six monthly reviews was collated to provide information on the quality of service provided.
- Complaints accidents and incidents were in good order which demonstrated the services commitment to the health and wellbeing of the people using the service. We noted a new incident policy and form had been produced to ensure harm reduction measures for service users and staff.

- The service had developed an Engagement Project, based within the service. Staff had been seconded to develop this, and encourage service users to be more involved in planned activities and opportunities to further develop the service. We saw from the meeting minutes that service users had evaluated activities.

- 'Do you need to talk?' was developed as part of the engagement project and gave service users the opportunity to discuss any concerns they had.

This is a good service that helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach. The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity however, more evidence in this area is needed. See areas of improvement.

Areas for improvement

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "Collate feedback and put into practice recommendations which will further enhance service user and carer involvement provided by the service."

At the time of inspection, we noted there had been a change in the management structure of the service. We felt this had affected the some of the recording systems of the service.

We saw that the service used a variety of methods to get feedback from service users as stated in the 'service user involvement' policy. However, we noted service users meetings were irregular and it was not clear how service user and stakeholder feedback is influencing service development.

Grade

4 - Good

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's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were excellent in this area.

The service identified some of their strengths as: "Service user contact form identifies service users GP and other health service involvement. Where there is no existing involvement, arrangements are made by support staff so that the service user can be registered with a local GP and other relevant primary health care services to meet their health needs. The organisation has strong links with primary health care services. GP clinics are held fortnightly within the unit. Any service user can have a consultation with the visiting GP."

We found the service had a very good level of evidence in relation to this quality statement. These are some examples of the strengths:-

- Support plans showed that these contained detailed and important information about each individual and their support needs. We noted all the support plans we looked at were accurately completed and in very good order.
- Service users receive comprehensive information on Dundee survival Group, and other services which may be beneficial to them.
- Service users were very involved in the completion of an initial assessment of their support needs. Service users and staff agree where support would be beneficial, and the accompanying action plan identifies how support will be provided. We saw that the risk assessment process had recently been updated to protect service users and staff.

- Service users complete an outcome star assessment, which has an inbuilt review programme, and we could see that staff followed this up with service users. This system identified positive outcomes that the service user would like to work towards and how they intend to do so. This was reviewed on a regular basis and actions amended as required.
- Staff had good knowledge of associated services, which may be supportive to people who used the service on their move to independent accommodation including making direct referrals to the Health and Homeless Outreach Team, who provided a range of health services to people who did not have a permanent address.
- Regular meetings between service users and their identified key worker were held as frequently as daily or more normally on a monthly basis.
- Staff received training to allow them to support service users with a variety of issues such as substance abuse.
- Staff in the Engagement Project were also aware of the health needs of service users and were able to support service users to develop coping skills and knowledge of health issues.
- Staff attended a wide variety of training related to health and wellbeing, which supported their practice on a day-to-day basis and ensured service users, received the appropriate care. This included, Nutrition, Infection Control, Adult Support and Protection and Moving and Handling. This helped service users build their confidence in staff and their abilities.
- There was clear guidance in place for staff in relation to reporting Adult Support and Protection issues. Staff spoken with were very clear about what they should do if they had any concerns.

We found well-trained, skilled, knowledgeable staff, able to respond to a range of health issues that affected people using the service.

This meant that staff were aware of the needs and preferences of each service user and the support offered was sufficient to meet the person's needs. The service demonstrated very good evidence in relation to this statement.

Areas for improvement

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "Provide staff training that will underpin staffs' further understanding of service users' health and wellbeing in relation to homeless people with multiple and complex health care needs."

We would encourage the service to adopt a more human rights based approach. This will help to ensure that people were not discriminated against and their human rights are protected and that their care and support uses person-centred values.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

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.

Areas for improvement

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

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "The safety and well-being of service users and the aims and objectives of the organisation is the key to the organisations staffing arrangements. We have duty schedules in place to allow for a more than adequate skills mix within the staffing arrangements through the presence of staff at all levels within the organisation."

We looked at staff files and spoke to staff and service users about the quality of the staff and found that the service had an enthusiastic and well-trained workforce who were confident in their roles. Good evidence was demonstrated in relation to this statement, which included:

- Training records and staff interviews confirmed that all staff had been through an induction programme when they began work and that this included training such as food hygiene and infection control. Staff told us that they felt the training they received was appropriate to the support needs of the service users.
- The service also provided vocational awards such as SVQ (Scottish Vocational Qualifications). Staff interviewed felt that if they identified a training need it would be addressed if it benefited their work role and improved outcomes for service users.

- Staff demonstrated an awareness of the National Care Standards and could apply them to their work role. All spoken with confirmed they had been given SSSC codes of practice. It was clear from supervision records that the service was active in tackling practice issues. The service had a comprehensive set of policies and procedures that explained expectations of good practice for staff.

- Staff meetings were seen to be constructive and allowed staff to discuss current issues.

- Staff all stated that they felt that they were supported to do their job and the new management valued their ideas. All felt they were part of a team that was supportive.

We sent 10 questionnaires to staff before the inspection and four were returned.

Most staff were aware of the policies and procedures of the service and they had access to training in the last 12 months. Staff said they were able to contribute to the support plans of the service users and all felt overall, the service provides very good care and support to the people who use it. Two staff indicated there were problems with communication in the service and a lack of materials and equipment.

Overall, staff demonstrated a commitment to developing and improving outcomes for people who use the service. The inspector was impressed with the levels of enthusiasm and commitment shown by staff towards the people they support.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Progress to the second phase of registration with the relevant professional body SSSC now that registration for senior staff has come on-line. Review staff qualification for the purpose of registering staff with the Scottish Social Services Council under the housing support categories for workers in housing support services."

We identified several areas for improvement for this statement.

We felt the current supervision process had little focus on improving outcomes for service users. When we spoke to staff about this, they said the new system should encourage a more human rights focus centred on the needs of the people using the service.

There was no annual training plan, which would have allowed the service to design training around issues raised at supervision and contribute to the annual development plan.

When we looked at individual staff files we felt training offered since the last inspection was limited. Staff were keen to attend further training improve their knowledge and skills and develop effective ways to support service users.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - 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.

Areas for improvement

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

Grade

4 - Good

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

In the self assessment submitted by the service the manager had identified the following areas for improvement: "As part of the self assessment process we considered it important to consult with and receive views from service users; carers staff; partner agencies and stakeholders therefore we carry out evaluation exercises using the questionnaire method and meetings with service users to ensure participation in the assessment process which will assist in the drive to deliver a quality service. Service user questionnaires are used to obtain the views of service users in relation to any area of existing and future service provision."

- Monitoring reports to the local authority and Board of Management allowed the service to record a range of information, such as number of service users, an analysis of accidents and incidents, staffing issues and feedback from quality assurance systems.
- The service makes good use of feedback from service users through the Outcome Star process, where reviews gave service users the opportunity to discuss any issues.
- The Engagement Project had given service users the opportunity to comment on various aspects of the service.

However, it needs to be clearer how these systems are influencing service development.

- Files were audited on a regular basis, and records were kept of any actions which were identified. These were followed up to ensure that all files were up to date. We found all the support plans we looked at were in very good order.

- Service users spoken with said that they knew how to make a complaint, and the provider had given them information explaining the services complaints procedure when they first started using the service. How to complain was also discussed as part of service users reviews.

The service has undergone major changes to the management of the service although it was apparent systems had been introduced (such as the new risk assessment process) to ensure a quality service was provided to service users. Some processes such as service user participation had not been prioritised and staff were aware of this. A new manager has now been appointed and was keen to make changes with the staff team. The service demonstrated a good performance in relation to this statement.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Continue to assure quality in our service we need to benchmark ourselves against the standards to assess how well we are meeting the needs of our service users and record these findings."

We identified two areas for improvement.

The manager should ensure that all senior staff should update their knowledge of the Care Inspectorate Notifications process by accessing the web site - Updated guidance on the records and notifications services (except child minding) must make Published: 20 February 2012. The manager advised a training programme in relation to notification reporting was currently being developed.

The provider should ensure it records its improvement activity by producing a service development plan that includes the views of all stakeholders and evidences how feedback has influenced service development.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. There were no requirements made at the last inspection.

This requirement was made on

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. There were no recommendations made at the last inspection.

This recommendation was made on

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
31 Mar 2014	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
4 Feb 2013	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
14 Dec 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	3 - Adequate
25 Jun 2010	Announced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
17 Dec 2009	Announced	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	3 - Adequate

		Management and Leadership	2 - Weak
21 Nov 2008	Announced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	3 - Adequate

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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