

# Inspection report

## Gowrie Care Limited - Glasgow Housing Support Service

Abbotsford House  
129 Abbotsford Place  
Glasgow G5 9SS

**Inspected by:** Gerry Tonner  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 10 December 2008

**Service Number**

CS2004061956

**Service name**

Gowrie Care Limited - Glasgow

**Service address**Abbotsford House  
129 Abbotsford Place  
Glasgow G5 9SS**Provider Number**

SP2003000083

**Provider Name**

Gowrie Care Ltd

**Inspected By**Gerry Tonner  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

10 December 2008

**Period since last inspection**

13 months

**Local Office Address**Central West Region  
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## **Introduction**

Gowrie Care Ltd (Glasgow) is a charitable subsidiary of Hillcrest Housing Association and the service has been registered with the Care Commission to provide a Housing Support service since 2004. The service offers support to people who are affected by homelessness. Support may be offered to those coming into temporary accommodation and into permanent tenancies. The service works in partnership with Glasgow City Council's Homelessness Service.

The stated aim of the service is as follows; "Gowrie Care Ltd strives to provide excellent quality care and support services. The service is adaptable and sensitive to the needs of individuals and will encourage people to make the most of their lives, offering choices and opportunities for ordinary living. We will work in a collaborative way with other agencies to improve the range and quality of services for people with support needs."

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

Quality of Care and Support - 4 - Good

Quality of Staffing - 4 - Good

Quality of Management and Leadership - 4 - Good

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

The report is based upon an announced inspection which was carried out over one day on 10th December 2008 by one Officer.

Feedback was provided on the day of the inspection to the Manager. The findings and grading was agreed by both as being accurate.

Before the Inspection

The Annual Return

This was completed in advance of the inspection.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission.

Views of service users

These are reflected below.

Regulation Support Assessment

The inspection plan for this service was decided 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.

## LOW

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

Staff at inspection

The following staff were interviewed; -

The Manager

Assistant Manager

Two Support Workers

Evidence

Interviews with Service Users

Interviews with Staff

Two Care Commission Questionnaires returned from Service Users

Three Care Commission Questionnaires returned from Staff

Three support plans and associated documentation

Service User Involvement records

Staff training records

Two staff files

Complaint records

Accident and incident records

Information on Servqual

Policies and procedures

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

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 since last Inspection**

There were no requirements made at the last inspection.

### **Comments on Self Assessment**

This was completed in advance of the inspection and details sources of evidence to support the self assessed grading.

### **View of Service Users**

Three service users shared their views with regards the support received from Gowrie Care (Glasgow). The following is a selection of comments made; -

“Several staff provide the support; they are reliable and are concerned about how my health is and generally how I am doing.”

“When I compare the service with another service provider I feel that there is better support and they are proactive in helping seek a suitable tenancy”.

“They (the staff) are willing to listen to me if I change my mind regarding the support. They provide the right amount of support.”

“I sometimes find that there are different staff who provide my support. I am happy with the service. I think that they are doing everything right.”

“I’m not sure who the Manager is or if there is a Focus Group.”

“I know who my main Support Worker is. Initially I felt there were a number of different staff. However, I’ve got to know them all. I’m not sure who the Manager is.”

There were also two Care Commission Questionnaires completed and returned by Service Users. Both of the questionnaires indicated that overall they were very satisfied with the service provided. Both indicated that they were very satisfied with skills and experience staff have and that the care and support provided was at the level agreed.

### **View of Carers**

There were no carers/relatives available over the course of the inspection.

## **Quality Theme 1: Quality of Care and Support**

**Overall CCO Theme Grading: 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 compiled a folder in advance of the inspection containing evidence to support the self assessed grades.

It is recognised that the service has used a variety of methods to engage with service users.

The service has issued Service User Questionnaires. At the point of the inspection there were twelve completed questionnaires.

A Forum Group has been formulated and there are planned meetings.

The first Forum Newsletter has been published and has been issued to every service user.

Social events have been planned and invites sent to each service user regarding a coffee morning.

The service arranged an Open Day with invites sent to all service users. The title of the event was "Have your say and show us the way". It was noted that there were follow up communications with those service users who attended the event.

The service leaflet has also been produced in Urdu.

A letter provided by Members of the Board indicated that there had been a number of positive comments received from service users with regard the support provided by the service.

### **Areas for Development**

The Servqual quality assurance system which is used throughout the organisation uses two questionnaires; - 'Expectations - what does an excellent service mean to you?' And 'Perceptions - what is your experience of a Gowrie Care service?'

The above measures the quality gap from what is expected and what the individual has received. This system is hoped to be implemented by the service by January 2009.

The Service Information booklet does not list the complaints procedure as part of the "Policies and procedures you should know about".

In relation to the complaints procedure it was noted that an information sheet provided did not list timescales used when investigations are carried out.

Through checking records it was noted that telephone support was provided to some service users due to there being a shortage of staff at a particular period of time. This issue has now been resolved; however, there will be ongoing monitoring in future inspections.

## **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 3: We ensure that service user's health and wellbeing needs are met.**

### **Service Strengths**

Information obtained from interviewing service users supported that staff have been proactive in accessing other relevant supports and services e.g. case workers in Housing Departments.

Accidents and incidents are recorded and link to risk assessments.

Through sampling it was noted that risk assessments are carried out and there is a system in place for ensuring that these are reviewed.

There has been some excellent work carried out by the service to facilitate access to the Southside Regeneration Agency for service users.

There is a good range of relevant training for support staff.

The Service User Forum sent invites to other service users offering them the opportunity to attend a pantomime.

Through sampling three support plans it was noted that there has been good practice adopted by getting service users to sign off that they are in agreement with the content of support plans and reviews.

In the Individuals' Support Charter it states; - "You have a right to health and social services which meet your individual assessed needs regardless of where you live or your income level."

There was supporting evidence that staff from the service initiated support from the interpreting service for those service users who had this assessed need.

### **Areas for Development**

Through sampling the support plans it was evident that progress is being made in this area. However, there remain issues relating to occasional gaps within records e.g. dating. The quality of the information recorded was variable and examples were shared with the Manager at feedback.

## **CCO Grading**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

**Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading:**

## **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 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**

Several positive comments were received from service users with regards their individual experience of the support provided by staff (see 'Views of Service Users').

Questionnaires have been issued by the service and a summary of the findings has been produced.

Through sampling supervision records it was noted that these are well structured and there is a section which relates specifically to issues with service users.

Review meetings afford an opportunity for service users to comment on the service provided.

There was supporting evidence that some service users' levels of independence has increased and now no longer need supports provided by the service.

It was noted that there is the beginnings of work to involve service users in the selection and recruitment of staff.

### **Areas for Development**

Some of the less positive comments received from service users related to their experiences of having a number of differing staff who provided support and how this impacts in forming relationships with the same.

Whilst the service has produced a questionnaire for service users it is clear that this could be developed more to gain relevant information relating to the quality of staff.

Reviews were in place in each support plan sampled. However, the quality of information recorded was variable.

### **CCO Grading**

4 - Good

### **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**

There were several positive comments received from interviewing staff with regards staff morale and training provided by the service (excluding SVQ training). The training offered to staff includes POVA, Child Protection and Asylum Seekers. There are plans to have training sessions on Substance Misuse and Personal Safety in 2009.

Staff demonstrated a good understanding of the relevant National Care Standards.

Through sampling staff files it was noted that there is a structured induction programme and there are planned supervision sessions which are carried out frequently.

Supervision sessions encourage individual staff members to reflect on their practice and relate the same to the organisation's codes of conduct and related policies and procedures.

The service also uses staff questionnaires to obtain 360 degree feedback which links to appraisal systems for management.

Three returned Care Commission questionnaires which had been issued to staff in advance of the inspection revealed that all indicated that they have accessed relevant training and are supported by Management.

## **Areas for Development**

It was evident that some ground has been lost in relation to staff obtaining SVQ qualifications. At the point of inspection there were no staff currently undertaking the same. However, there are plans for this to be re-activated early in 2009.

## **CCO Grading**

5 - Very Good

## **Number of Requirements**

0

## **Number of Recommendations**

0

## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 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**

It was noted that staff members were involved in the self assessment and grading of the service in advance of the inspection.

It is recognised that there has been the formulation of a Service User Forum and there is planned development of the same.

Questionnaires have been used to service users and staff.

Several positive comments were made from staff members with regards the accessibility and support offered by Management.

Information obtained from staff interviews highlighted that Management actively encourages staff to share good practice at Team Meetings.

Through speaking with service users it was evident that they were aware of who the Assistant Managers are.

### **Areas for Development**

Consideration should be given to how service users could be involved in grading the service.

It is recognised that at the point of the inspection the Service User Forum is still developing.

Some comments were received from service users indicating that they were unclear as to who the Manager of the service is.

### **CCO Grading**

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**

The Manager demonstrated that she was aware of her responsibilities of reporting to the SSSC and the Care Commission any issues surrounding any disciplinary actions against staff members on the grounds of misconduct.

There are regular planned Team Meetings which are well attended by staff.

The service uses a number of quality assurance systems (see Quality Statement 1.1).

### **Areas for Development**

Questionnaires issued to service users could be developed more.

Consideration could be given to devising a questionnaire to obtain feedback from other stakeholders.

At the point of inspection the organisation's Servqual quality assurance tool had yet to be launched.

It was noted that if a suitably robust audit system was used with support plans the deficits identified during the inspection would have been highlighted.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Regulations / Principles**

**National Care Standards**

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

There were four recommendations made in the previous inspection; -

1. The service requires to develop additional information relating to the child protection policy, this should include details of local contacts for reporting purposes e.g. who the social work and police contact would be. This is to comply with National Care Standards; Housing Support Standard 3: Management and Staffing.

The relevant policy was checked and found to be in order. The recommendation has been met.

2. The adult abuse policy/procedure should include details of relevant external agencies e.g. social work and police. This should include the Glasgow City Council inter-agency adult protection procedures when these are updated. This is to comply with National Care Standards; Housing Support Standard 3: Management and Staffing.

The relevant policy was checked and found to be in order. The recommendation has been met.

3. Develop a training plan which should include training in adult and child protection. This is to comply with National Care Standards; Housing Support Standard 3: Management and Staffing.

Through checking training records and interviewing staff this recommendation has been met.

4. Support plans should include all necessary dates and signatures next to assessments and entries. This is to comply with National Care Standards; Housing Support Standard 4: Support Planning.

Through checking support plans it was noted that there has been improvement within this area. There are occasional gaps relating to dating however, the improvements made are regarded as being sufficient for the removal of the recommendation.

## **Requirements**

There were no requirements made at this inspection.

## **Recommendations**

There were no recommendations made at this inspection.

**Gerry Tonner**

**Care Commission Officer**