

# Care service inspection report

Full inspection

## Rosshead Housing Housing Support Service

Rosshead House  
Heather Avenue  
Alexandria



HAPPY TO TRANSLATE

Service provided by: Rosshead Housing

Service provider number: SP2010010988

Care service number: CS2010252652

Inspection Visit Type: Announced (Short Notice)

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	5	Very Good
Quality of staffing		N/A
Quality of management and leadership	5	Very Good

### What the service does well

This service had made significant improvements since the last inspection, aided greatly by the effective leadership and management by the new manager.

We were impressed at the improvements that had been made to the service, both in terms of the physical environment and the quality of support for both staff and service users.

### What the service could do better

The service should continue to develop the use of the Better Futures outcome tool to aid with measuring outcomes and meeting needs.

We have made a recommendation at this inspection in relation to staffing levels in the service. The service was fully occupied at this inspection with 10 service users. As staff primarily lone work, we felt that in order to fully meet the needs of service users, ensure their safety and that of staff lone working arrangements needed to be reviewed.

### What the service has done since the last inspection

We were impressed at the improvements that had been made to the service, both in terms of the physical environment and the quality of support for both staff and service users.

Service users were being supported in a more proactive way to address issues that had contributed to their homelessness, and staff were able to access training that was informing their practice.

### Conclusion

The service was working to a very good standard at this inspection. The manager had a clear plan in place to ensure the continued development of the service that needs to be supported by the provider in order to be fully achieved.

# 1 About the service we inspected

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Rosshed Housing is registered to provide a housing support and care at home service to people who have experienced homelessness.

The service aims to provide supported housing for vulnerable individuals who may have a range of support needs such as mental health, drug and alcohol problems, alcohol related brain damage, social support needs and homelessness. Areas of support include:

- a safe and stable environment
- emotional and social support
- assistance with developing life skills and tasks such as completing forms, shopping, cooking and washing
- prompting and reminding on specific tasks
- assistance with accessing other services
- money management and budgeting
- working with service users and external agencies in developing structured support plans pertinent to needs.

From 1 April 2016, the way in which we carry out an inspection has changed. We choose which quality themes and statements are inspected for better performing services, to be more proportionate and targeted in our work. In highly performing services, inspections will consider Quality Theme 1: Quality of Care and Support, Statement 3 - We ensure that service users' health and wellbeing needs are met. We will also look at one other quality theme.

This service is eligible for this type of inspection and based on our knowledge and intelligence of the service we looked at Quality Theme 1, Statement 5 - We respond to service users' care and support needs using person centred values. We chose this based on our knowledge that the service works with a wide variety of people who have a range of needs.

We also considered Quality Theme 4, Statement 3 - To encourage good quality care we promote leadership values throughout our workforce and 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. We chose these themes by taking into account the varying roles within the service and the importance of effective quality assurance to promote positive outcomes for service users.

### 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 5 - Very Good**

**Quality of staffing - N/A**

**Quality of management and leadership - Grade 5 - Very 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](http://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

This report was produced following a short notice announced inspection which took place on 2 and 3 June 2016. Feedback was given to the registered manager on 3 June 2016.

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

During the inspection, we looked at a range of information including:

- Three service user personal plans and risk assessments
- Staff files, supervision, performance review and training records
- Service user handbook
- Medication records and audits
- File audits and actions
- Team meeting minutes
- Accident and incident records.

We spoke with four service users. We interviewed one member of staff and observed their practice and spoke with the service's new domestic worker and the manager.

### 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](http://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.

## Taking the views of people using the care service into account

People we spoke to were very happy with the level of care and support they received. Some of their comments are included under Quality Theme 1, Statement 3.

## Taking carers' views into account

We did not obtain carers' views at 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: 5 - Very Good

#### Statement 3

“We ensure that service users' health and wellbeing needs are met.”

#### Service Strengths

Overall, the service was working at a very good level under this statement. We assess services to be very good when we see performance that is characterised by major strengths. Some examples of strengths we found were:

- Welcome pack information had been updated and provided useful information to service users upon moving into the service. We thought this information was helpful to let people get to know amenities in the local area, transport routes, charitable organisations such as food banks, and health services. This helped people be supported to plan how they would meet any ongoing needs whilst residing in the service.
- The service had developed partnerships with a local bakery business who were offering free food deliveries on a weekly basis. This helped people who may be dealing with financial hardship to have access to free food within the service. This was being managed effectively by the staff so that there was a fair distribution to all service users.
- The service arranged communal meals with service users whenever possible. This helped people come together and share a meal. The service tried to promote service users to get involved in preparing and cooking the meals. This helped people to be less isolated and maintain or develop life skills.

- The personal plans were based around risk assessments and the Better Futures support needs matrix. This helped staff to work with service users to agree needs and promoted self-reflection and awareness from service users about their level of need. We saw that risk assessments detailed control measures in order to minimise risks to people.
- There was very good liaison with other professionals for example with addictions services and housing. We observed staff providing support to service users to clarify information and make adjustments to arrangements for medication that helped people manage their needs.
- We saw some examples of outcomes for people. These included securing permanent housing, having skills and confidence to maintain their accommodation, feeling safe, and keeping in control of their addictions.
- The service was offering more social activities to service users. There had been movie and games nights recently, and a bingo night. People had really enjoyed these and commented that these were a good way to get people together.
- We saw that reviews were taking place to ensure that people were making progress and to look at any further action that needed to be taken to aid this. We noted that further support was offered to people to help address any issues that were preventing them from moving on.
- The service had recently made improvements to its system for returning of medication to the pharmacy. We saw that people were being supported with medication where this was needed. Each room had a safe that people could use to store medication and personal belongings securely.

People who used the service told us their views. Their comments included:

"I have been made to feel really safe and welcome since I came here. The staff and manager are lovely people and I feel they really care."

"Yes it's good here, probably the best homeless unit I have been in and I've been in a few. The staff are all great, can go to them about anything and they do their best to try and help you."

Overall, this meant that the service was performing to a very good standard in ensuring people's health and wellbeing needs were met.

### Areas for improvement

The service should continue to work on developing the use of Better Futures in order to maximise how effective the support is in helping people meet their outcomes. This will enable the service to regularly review and update the support needed and the achievements made.

We advised the service to hold copies of the most recent prescriptions along with medication administration records for those service users that were receiving medication support. This would help the service to be effective in checking that medication provided by the pharmacy was correct as per the prescription.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 5

“We respond to service users' care and support needs using person centered values.”

### Service Strengths

The service was working to a very good standard under this statement. We assess services to be very good when we see performance that is characterised by major strengths. Some examples of how the service was meeting people's needs using person centred practice were:

- The service had accessed advocacy services via Shelter Scotland to ensure better outcomes for a service user around housing. This had helped address a unique situation by using specialist knowledge to get the best possible result.
- The service was trying to promote and develop service users' skills. We saw that one service user had been encouraged to share their cooking skills with others, and plans were underway to start a peer cooking group that could help build confidence and skills of all people involved.
- Support plans and risk assessments were written in a person centred way. People signed these documents and were involved in agreeing how they scored themselves in terms of their support needs. This demonstrated that people had been fully involved in agreeing their support.
- Staff displayed a very respectful approach to service users. We observed a staff member dealing with a challenging situation on their own, and were impressed at how they used interpersonal skills and remained calm in order to ensure their own and others' safety.
- We saw that the service had responded to views expressed by service users in their satisfaction questionnaires. These included comments about the decor of rooms and common areas, and people told us they had been pleased with the improvements that had taken place because they had a say in them. This had helped people feel valued and listened to.

- People were able to express preferences for individual keyworkers and the service tried to meet this where possible. The staff team is small and had been split into two core teams in order to help ensure there was consistency. However, we saw that where there were special circumstances and requests to allocate a key worker outwith the core team the service accommodated this. This could be about how well people "clicked" or around preferences for a male or female worker. This helped show that the service was striving to embed person centred principles.

People's views were very positive. One person told us they felt the service had been "a lot better lately, there's been some really good changes." Service users we spoke to felt valued and respected, and told us they felt that the service was always trying to meet their needs and had their best interests at heart.

Overall, the service achieved a very good standard in meeting people's needs by using person centred practice.

### **Areas for improvement**

We picked up on the language used within one personal plan that we thought could have been better. In particular this was around the use of one word to detail safety measures in the use of a lighter where the word "confiscated" was used. We discussed this with the manager who explained this was inaccurate and agreed to rectify this immediately.

We had observed staff lone working for a few hours on the second day of the inspection. We noted that there had been a challenging situation that had been managed well by the staff member, but that could have easily escalated to something more serious.

In addition to this, there were other matters that related to service users' support needs that the staff member had to respond to. We could see how difficult this was for the staff member to manage, and whilst we recognised that all service users' immediate needs were met, it highlighted the difficulty within the service of planning effective proactive support with service users when the service is often staffed by lone workers.

We have made a recommendation about staffing levels in the service in order to ensure that adequate assessment has been made about staff numbers required to meet the needs of service users and the safety of staff and service users, and that those staff numbers are provided. (See recommendation 1)

### Grade

5 - Very Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. At the time of the inspection, staff lone worked within the service for the majority of the time. When the manager is working in the service they should be supernumerary unless in exceptional circumstances. This should support the ongoing development and improvement within the service.

There should be an assessment of the level of staff cover needed in the service that takes account of the needs of service users and the level of risk posed to staff and service users' safety as a result of some of the needs people have. This assessment should be used to determine the best possible use of staff resources and additional resources should be provided as needed.

National Care Standards Housing Support Services: Standard 3 - Management and Staffing Arrangements.



## Quality Theme 3: Quality of Staffing

Quality theme not assessed

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

#### Service Strengths

We found the service to be operating at a very good level under this statement. We assess services to be very good when we see performance that is characterised by major strengths. Some of the service's strengths were:

- There were "champion" roles for staff. These were around health and safety and participation. We noted that these roles helped staff to develop their leadership skills, and ensured staff felt responsible for the quality across the service, in conjunction with the management team.
- The manager was sourcing SVQ opportunities for staff. This had helped motivate and value the staff, and contributed to them being more positive about developments within the service.
- There had been a re-evaluation of the job title of the senior support worker and their title was now assistant manager. This re-evaluation had taken into account the duties and responsibilities undertaken by them, and reflected that they had shown commitment to the service and to their own professional development.
- There was a training and development plan in place and we could see that parts of this plan had been completed. There were dates planned for future training events and arrangements had been made to ensure that this would be able to go ahead. We concluded that this had helped staff be motivated and feel valued. Staff we spoke to were very positive about these development opportunities. This made staff more committed to helping the service succeed.

- Staff received regular supervisions. These focused on learning and development and we noted that the discussions at supervision and performance review were encouraging staff to reflect on their practice. This was contributing to the development of an effective, professional and responsible staff team.
- The team had worked together to develop a team contract. This was an agreement about expectations amongst the team for and from each other. This helped the team to work more cohesively and ensured any new members of staff had a clear understanding about the expectations on them from the service and service users.
- One staff member had worked on improving the service user handbook as a development project. This had helped staff build their knowledge about services in the area, and take on some additional tasks to benefit the service.
- There were regular team meetings that staff could attend/access minutes.

Overall, the service was working at a very good level in encouraging good quality care by promoting leadership values throughout its workforce.

### Areas for improvement

The service should ensure that discussion about the National Care Standards and the Scottish Social Services Council (SSSC) Codes of Practice and fitness to practise takes place with staff through supervision or at team meetings. This should be used to help staff prepare for the opening of the register for housing support workers.

There could be more discussion within team meetings about best practice and the development of staff skills and knowledge. We made some suggestions that the manager could refer to. These included:

[www.mwcscot.org.uk](http://www.mwcscot.org.uk)

[www.iriss.org.uk](http://www.iriss.org.uk)

<http://hub.careinspectorate.com/>

[www.ssk.org.uk](http://www.ssk.org.uk)

[www.thedrugswheel.com](http://www.thedrugswheel.com)

**Grade**

5 - Very 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

We found the service to be operating at a very good level under this statement. We assess services to be very good when we see performance that is characterised by major strengths. Some examples of the service's strengths included:

- A range of audits were carried out across the service to ensure quality. These included medication and building audits. These all contributed to making sure that standards were monitored and improved.
- Team meetings took place regularly. The minutes from meetings showed that there was very good discussion about practice issues and the improvement action. This demonstrated how the service consulted with and involved staff in quality assurance.
- The manager had sought feedback from staff about his performance. This was able to be given anonymously if staff wished. The manager intended to use this as part of his ongoing performance review and professional development. This demonstrated the open and honest culture that had been created and that the manager was nurturing amongst the staff team.
- Staff performance reviews included feedback from service users and was based on some observations of practice by the manager. This helped staff to have accurate and constructive feedback on their performance that they could use to help them improve and recognise strengths.
- There was an induction programme for new staff. This was designed to help stage staff learning about the service in a way that enabled staff to learn at an appropriate pace and that could be checked by the management team.

- The service had a development action plan in place. We saw that many of the development actions had been completed or were partly completed. We noted that the plan had been informed by feedback from service users and staff, as well as comments received from stakeholders' questionnaires. This helped ensure the plan was robust and reflective of the expectations of key people.

Overall, the service had a very good range of effective quality assurance systems and processes.

### **Areas for improvement**

We thought that the room checks that were carried out could be more clearly recorded to show remedial actions taken in order to rectify problems.

### **Grade**

5 - Very 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

There are no outstanding requirements.

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

### Previous recommendations

There are no outstanding recommendations.

## 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	
14 Jan 2016	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed Not Assessed
25 Mar 2016	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed 4 - Good Not Assessed
22 May 2015	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate 4 - Good
17 Jun 2014	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good 4 - Good
14 Aug 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good 5 - Very Good
23 Aug 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 4 - Good
1 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate 4 - Good



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