

## Care service inspection report

# GAMH Community Support Services

## Support Service Care at Home

St. Andrews By The Green  
33 Turnbull Street  
Glasgow  
G1 5PR

Inspected by: Tony Clarke

Type of inspection: Unannounced

Inspection completed on: 17 February 2014



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## Service provided by:

Glasgow Association for Mental Health

## Service provider number:

SP2003003727

## Care service number:

CS2008181251

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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                  | 5 | Very Good |
| Quality of Management and Leadership | 5 | Very Good |

### What the service does well

The service seeks to bring out people's strengths in their recovery from mental health issues.

This helped them to regain control over their lives, and to be engaged in groups and wider society. In many cases this brought about very good improvements in people's lives.

We found the service to be responsive to the suggestions and contributions of people using the service, and staff told us in discussion and through questionnaire returns that they felt very well supported and valued.

The service had very good procedures to allow people to measure and to judge their progress and the outcomes of the support they received.

### What the service could do better

The service was trialling a way of including the views of service users in staff appraisal.

Some people responding to our questionnaire survey told us that they were not familiar with how to make a complaint.

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

The service was implementing a new system to measure the success of support for individual service users. This had been developed together with another support agency.

Self directed support had been implemented well in the service. Although complex for the service to manage at this early stage, we heard of situations where people's choices and lifestyle had considerably improved using this arrangement for support.

## **Conclusion**

Many of the people using the service told us that the service had helped them to avoid problems in their lives.

They also told us that they were surprised by their own abilities which the service helped them to bring out.

We were impressed by the commitment and enthusiasm of staff in promoting people's recovery and wellbeing.

## **Who did this inspection**

Tony Clarke

# 1 About the service we inspected

In the Annual report on its service, the Board states:

'GAMH exists for public benefit by promoting the mental health and wellbeing of the people and communities of Greater Glasgow.'

The service used research studies which showed that mental health recovery was assisted by supporting people to be have control in their lives, to be connected with others, and to raise their confidence and self esteem.

They achieved this through supporting a wide range of health promoting social, creative, and outdoor pursuits from which people could freely choose. Many of the activities had been suggested by service users themselves. Group support was available in community meetings. Individual support was also available to people using the service, either directly at home by arrangement, or by telephone contact.

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 - Grade 5 - Very Good**

**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 0845 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

We made visits to the office HQ to meet with the manager and staff, and to survey the policies and procedures of the service.

We also visited, by arrangement, two community service centres, one in Partick and the other in the South area of Glasgow.

We met and spoke with a volunteer, four support workers, with the self-directed support supervisor, the manager, the Carer support co-ordinator, and area managers.

We met with 10 people using the service, and attended a meeting of the Music Group.

We inspected the following documents held in the service:

- Statement of aims and objectives
- Support plans, written agreements, reviews and participation policy and records
- Medication and finance policies and records
- Risk assessments
- Schedule of activities
- Minutes of service user, carer and staff meetings
- Minutes of self assessment focus group
  
- Staff rota
- Training and recruitment policies
- Staff supervision, appraisal and training records
- Spot checks, client feedback forms.
  
- Audits, surveys and quality assurance documents
- Accidents, Complaints and incident records
- Self assessment document
- Insurance certificates
- Registration certificate.

### **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.firelawscotland.org](http://www.firelawscotland.org)

## **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.

This covered all relevant areas of strength and development. However, we thought a more concise self assessment would have been helpful, together with more emphasis on evidence for specific outcomes and on areas for development.

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

In discussions, several service users told us that their support worker and the service in general was a lifeline for them. They told us that they could contact their support worker at any time. We repeatedly heard people's stories of being helped to recover from a difficult lifestyle to a fuller and more rewarding life.

In the questionnaire returns:

Two people felt that the staff did not always have time to carry out the agreed support. Another person said that changes in staff could mean it takes a while for the new staff to understand some situations.

However overall the feedback we received was very positive, and there was a good return rate of the questionnaires we sent out.

Some comments included:

- I have been able to get a flat on my own, I am more assertive, and have been out on walking and cycling activities.
- I would probably be in the gutter without this service.
- I am getting out now, and getting my life back since getting support from

GAMH The service involves me in my personal plan and keeps my information safe.

- (Carer) My relative is able to get out now and have a social life, makes friends and enjoys activities. Before GAMH my relative never went out of the bedroom.
- (Carer) The support helps me very much in my role as carer, and I can attend groups for support also.

### **Taking carers' views into account**

These were included in the above questionnaires.

### 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 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 organised a service user forum monthly and weekly. Also we saw evidence of a forum to allow participation and involvement in the self assessment as part of the annual inspection. We saw minutes of people's comments on each of the quality statements which could be inspected.

We saw records of weekly participation meetings: these included information sharing, and joint planning of activities. The purpose was to increase opportunities to take part in the community, and in the development of the service.

The service implemented a participation policy which included general outcomes to show how well it was being implemented. Social inclusion was seen as an important part of the participation and involvement promoted for service users, as well as involvement in improving the quality of the service provided. The service employed a participation development worker to promote this external and internal participation policy.

The service responded to people's suggestions for development, Reminiscence and the History project were examples of this.

Carer forums, service centre forums, Individual care reviews, 'Hear Me' consultation events, Scotia meetings (a partnership managed club to promote employability for its members), Members Council and housing support forums were given as participation opportunities.

Special interest support groups were supported competently and professionally: for

example, the music group was supported by workers who were qualified and experienced and the booklet from the 'Our Histories' project had received funding to be published professionally.

We saw outcomes from the above, including the service's intention to continue its information and support around financial inclusion and welfare benefit reforms. Voting rights for service users as part of a Membership Council of GAMH were also discussed to strengthen participation and activities such as walking, cycling and education groups were consulted upon.

The service used a very good procedure to measure the effectiveness and outcomes of support. This involved the service user in themselves rating their feelings about their own progress at reviews. We noted that this procedure was used more regularly in Southern part of the service.

Outcome based care planning was used in self-directed support, and was highly beneficial for service users. It helped to increase choice and it ensured a personalised approach to support and care. Self directed support was a different method of providing support in terms of funding and organisational delivery. Some complexities of operating and funding the new system had been resolved, and a separate team delivered this support effectively.

There was a clear focus on improvement and recovery as the aim of support. Each person's support plan was concise, and focussed on the recovery process. We saw very good outcomes achieved through working towards agreed goals, and service users told us about other good outcomes in the questionnaire returns. Several people told us that the service was a lifeline for them, and that they did not know where they would be without having the support of GAMH.

The service had worked together with another service provider to develop an 'Individual recovery outcomes counter' (IROC) procedure. This was a method for combining experienced outcomes with a self-grading of outcomes by service users. It was planned to implement this over the coming year, to extend the existing similar outcomes measurement procedure used by the service.

A detailed Service centre introductory pack was available with a wide range of information about the service. This included information about the complaint procedure and information about accessing advocacy.

## Areas for improvement

The forums for self-assessment were very good, and would be even more effective if service users were encouraged to express more areas where they thought the service could develop.

We were not clear from the evidence we saw how overall service participation outcomes (as given in the participation policy of the service) would be measured. This could be considered by the service as a quality development measure.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

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

### Service strengths

Many activities and projects provided by the service were intended to enhance people's overall wellbeing and their health. These included:

- 'Keys to learn', a project providing educational opportunities
- A gardening project and 'Roots to Recovery' provided service users with information, advice and outdoor working and activities
- Support for people who needed it in maintaining their own tenancy
- Walking and cycling groups
- Various regular support meetings, including a men's support group, a women's support group, a minorities support group and an older person's support group
- Gym work
- Creative art and music projects which boosted self esteem and confidence
- Help in dealing with bureaucracy.

A carer's support project was in operation, in association with the local authority. Separate carer groups were supported, including a Minority communities group, several carers groups, and a young carers group. The aim of this project was preventive, to avoid a mental health crisis by sustaining natural support in the community. Several people told us in the questionnaire responses that they found this very helpful in their role as carers.

A wide range of other activities were available, including smoking cessation, advocacy information, managing stress, 'Our Histories', and a music group.

Many of the service users told us that a basic, but very important achievement for them was getting out every day. They told us that this helped them in dealing with the harmful effects of isolation. Additionally, working together with other people was enjoyed and people found this helpful also.

Questionnaire returns confirmed that all of the above resources were found to be very helpful by service users in their recovery process.

## Areas for improvement

The service stated that access for physical disability was being developed, with two of three service centres having barrier-free facilities for wheelchair access.

Further development of outcome based support planning was planned, with the self-directed support section of the service leading on this.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service strengths

The service stated that access for physical disability was being developed, with two of three service centres having barrier-free facilities for wheelchair access.

Further development of outcome based support planning was planned, with the self-directed support section of the service leading on this.

#### Areas for improvement

The service intended to strengthen the membership of the central members council, which had an important consultative role with the Board of management of the service.

The service should consider extending the role of service users in staff quality. At the feedback meeting, we were told that the service is piloting a procedure to gain the views of service users and use this in supervision and appraisal.

The involvement of service users in training and recruitment of staff was very good in practice, the Learning and Development Policy (dated 2009) which we were given may need updated with this information.

**Grade awarded for this statement:** 5 - Very 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

We saw a yearly schedule of supervision and appraisal sessions for support staff.

The induction procedure was complemented by a Social Care Association module 'Preparing for Practice' which demonstrated competence and knowledge in best practice, policy, procedures and standards. The service hopes that this can eventually be accredited with the Scottish Qualifications Authority. The service found this module to be very useful in identifying and meeting any gaps in the knowledge of new staff.

There were clear links between staff appraisal and the training strategy, and we concluded that all appropriate training was provided.

There had been joint training with outside relevant agencies, involving child protection, the Homelessness network and Welfare benefits and advice.

Specific training for staff development during the past year included supervision and leadership skills and qualifications for registration of staff with the Scottish Social Services Council.

Many service users told us in person and through questionnaires that the support staff were the most important part of the service for them, and that they could have access to support at any time by making a telephone call. In our discussions with staff, we found them to be well motivated and focussed on helping people with their progress and personal development.

Staff questionnaire returns before the inspection confirmed that staff were very satisfied with the support they received from the organisation, including training and being listened to regarding how the service should be developed.

We saw the whistle-blowing policy in the induction program, which was given to staff as part of the Starting to Work pack. Also prominent in the induction process were codes of practice, adult and child protection policies and procedures, and the general policies of the service.

A staff welfare program in place, including dignity at work, supporting staff's views that they were well supported by the service they worked for.

## Areas for improvement

Exit interviews for staff were given as a strength of this quality statement, but these were not readily available in the service. It would be helpful to use information from this procedure in an annual quality development plan (see Quality Theme 4 - Statement 4).

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

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

Grade awarded for this theme: 5 - Very 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**

Please refer to Quality Theme 1 - Statement 1, which is also relevant to this Quality Statement.

Service users and carers were involved in steering groups set up for most of the support services including Later Life groups, Minority support and Money Advice.

A carers development worker post was developed after the Central Mental Health carers group had carried out lobbying with Glasgow Council. This was a very successful example of participation by carers in influencing the quality of support and management provided.

The Management Board encouraged service users to come to the AGM, and we were told that there had been a very good turn out for this last year. Service users were encouraged to join the Members Council, which gave them opportunities to participate in and be consulted on the workings of the Management Board, and to raise issues which may affect them such as Welfare Benefit reform and Self-directed support.

The service had accreditation as an Investors in People organisation since 2011.

### **Areas for improvement**

The service intended to continue monitoring the effectiveness of forums and other ways of consulting and obtaining feedback from service users.

An area of development was the Membership Council (see Service strengths, above), which was a very important measure to ensure that people had their say in decisions which affected them. The service would like to extend it to people who might be more isolated.

**Grade awarded for this statement:** 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

Please refer to Quality Theme 1 - Statement 1, which is also relevant to this Quality Statement.

A focus group had been held by the service to help with the self-assessment prior to our inspection. This was facilitated by people external to the delivery of the service. This was a very good measure, and helped us to have a realistic view of the quality of the service.

Self-grading on a range of health issues was used at care reviews to give a numerical outcome of progress. This was not always recorded, and we were told that this may be because service users had declined to complete the questions. In some files we saw that this had been recorded in the file.

A joint development with another Mental Health support service, had resulted in a new framework for measuring outcomes. This was to be introduced over the coming year. (Refer to Quality Theme 1 - Statement 1).

The service actively sought the views of service users through a questionnaire service evaluation, carried out yearly. This involved service users, carers and people who refer to the service. A service evaluation had been carried out for the year 2012/2013, involving 54 service users, 23 carers and 28 referring professionals. The overall results showed very high satisfaction with the quality of the service.

In the evaluation, feedback was requested on a detailed set of quality outcomes to measure the quality of the service. Boosting confidence, taking up new activities, increased wellbeing and mental health recovery all received more than 75% agreement as outcomes of receiving the service.

The organisation is a member of Quality Scotland, and participates in appropriate training and information events.

The service gave an evaluation by the contract management of the local council as a further quality measure. The most recent report was said to demonstrate that service users were 'overwhelmingly positive' about the quality of support they received, and particularly about the quality of their support staff.

The service achieved a volunteer friendly award from the Glasgow volunteer centre for its support and training to those volunteers who assisted in the work of the service.

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## Areas for improvement

In 13 out of 142 questionnaires returned to us, respondents were not sure about the complaint procedure for the service. See Recommendation 1.

There was an audit carried out regularly of each care file. These recorded required changes, and in some cases we saw that the space for manager's signature, or follow up date and signature was not filled out. The manager should ensure that this procedure is operating effectively and consistently. See recommendation 2.

While the service evaluation was very worthwhile, and positive in its outcomes, we thought it would have been of even further help if it identified further opportunities where the service may have been able to develop and improve its quality.

The service should consider an overall annual quality improvement plan, and focus its evaluations and surveys on asking open questions on how the service could improve.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 2

## Recommendations

1. The service should ensure that all service users are informed about the complaint procedure, and that the written information about the complaint procedure is updated as needed. Recording informal complaints and their resolution would be helpful in taking forward service user feedback.

National Care Standards, Support Services -12.2, Expressing your views

2. Audits of care files should be completed and recorded in accordance with the procedure of the service.

National Care Standards, Support Services - 2.4 management and staffing arrangements.

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

No additional information.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

|   |               |
|---|---------------|
| <b>Quality of Care and Support - 5 - Very Good</b>          |               |
| Statement 1   | 5 - Very Good |
| Statement 3   | 5 - Very Good |
| <b>Quality of Staffing - 5 - Very Good</b>                  |               |
| Statement 1   | 5 - Very Good |
| Statement 3   | 5 - Very Good |
| <b>Quality of Management and Leadership - 5 - Very Good</b> |               |
| Statement 1   | 5 - Very Good |
| Statement 4   | 5 - Very Good |

## 6 Inspection and grading history

| Date        | Type        | Gradings  |
|-------------|-------------|---|
| 9 Nov 2012  | Unannounced | Care and support 5 - Very Good<br>Staffing 5 - Very Good<br>Management and Leadership 5 - Very Good |
| 4 Oct 2011  | Unannounced | Care and support 5 - Very Good<br>Staffing 5 - Very Good<br>Management and Leadership Not Assessed  |
| 14 Apr 2010 | Announced   | Care and support 5 - Very Good<br>Staffing 5 - Very Good<br>Management and Leadership 5 - Very Good |

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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