

## Glasgow Association for Mental Health Housing Support Service

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Type of inspection: Unannounced  
Inspection completed on: 2 August 2016

**Service provided by:**  
Glasgow Association for Mental Health

**Service provider number:**  
SP2003003727

**Care service number:**  
CS2004074647

## About the service

Glasgow Association for Mental Health, (GAMH), is a voluntary service which provides a range of supports to adults who are affected by mental health problems and who live in the Glasgow area. An excerpt from the provider's website states that:

"Glasgow Association for Mental Health (GAMH) is an independent Scottish charity that provides more than 2000 hours of community based support every week to people in Glasgow."

The services and opportunities we offer help people who are recovering from mental health problems to live the lives that THEY want to live. We also support Carers of people in recovery, including Young Carers. We work with people in ways that encourage hope (belief that recovery is possible) personal development and self-confidence. If we support you we will recognise that you are the expert in your own life and your own health. You have the right to make your own choices and decisions." (see <http://www.gamh.org.uk/about-us/> accessed on 24/08/16 at 10:50 hours).

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service has been registered with the Care Inspectorate since 1 April 2011. GAMH is registered as a combined Housing Support and Care at Home service. This also includes support for people who use Self-Directed Support, (SDS), budgets to organise their care packages.

## What people told us

For this inspection we received views from 84 out of approximately 200 people who were using the service. Of these, 75 people who used the service shared their views through returned completed care standards questionnaires. We also met with seven service users in a small focus group and visited two other service users individually in their own homes when staff were providing support. Feedback from service users about the quality of the service was consistently very positive. Comments, (paraphrased), from people that we received questionnaires from or spoke with included:

"I was very isolated and now I can speak to people more freely after working with GAMH" (service user).

"As an organisation GAMH support staff, keep staff well-informed and offer training opportunities. Service users benefit from this knowledge base." (staff member).

"I find the support worker for my relative is very knowledgeable and informative. I'm really happy with the support the service offers him." (relative of service user).

## Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider.

The provider identified what it thought the service did well and gave good examples of further improvements in service user participation across a diverse range of client groups. It detailed well the progress with the new service delivery model following restructuring of this last year.

The self-assessment clearly identified some key areas that the provider believed can be improved and showed how the service intended to do this. The provider told us how the people who used the care service had taken part in the self-assessment process and how their feedback directed the development of their plans for improving the service.

### From this inspection we graded this service as:

<b>Quality of care and support</b>	5 - Very Good
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	5 - Very Good

### What the service does well

Service users that completed our questionnaires and that we met were consistent in their views that GAMH, (Glasgow Association for Mental Health), provided support that was very good. The service had a clear focus on service user participation. It was clear that service users were routinely included in planning and reviewing their support needs with strong support from GAMH staff. The redesign of the service in 2015 meant that service users still benefited from focused, person-centred support. The service also continued to be innovative in the different ways that people could engage with the service. Examples included one to one support, group activities, volunteering/befriending and peer support.

Staff who completed our questionnaires, (we received 26 out of 50 back), and that we met were very positive about working for GAMH and the support they received from senior staff. Having highly skilled and motivated staff is likely to have benefits for the people that they support.

We also spoke with external stakeholders who referred clients to GAMH. Staff from three external agencies that we contacted described the service as responsive, very supportive of service users and flexible to service users needs. Everyone we spoke to said they had a good working relationship with staff from the service.

We looked at the service's approach to protecting people from harm and/or exploitation. We noted that there was a comprehensive adult protection policy that was underpinned by relevant staff training. The positive ethos and values demonstrated by staff was also key to protecting people who used the service. It was good to hear that the service was also planning training on child protection matters including child sexual exploitation. Although GAMH only supports adults, staff are working in environments where children live and need to be aware of what to do if they have any concerns about the welfare of children that they meet during the course of their work. Sound staff values and good safeguarding training meant that it was more likely that appropriate action to protect people would be taken should an adult protection concern arise.

### What the service could do better

Any areas for improvement in this report are made in the context of a service that is performing well and that has good insight into what areas of the service could be better.

We discussed how the service could develop the already good personalisation of support plans to further promote person-centred outcomes. This might include, where appropriate for individual service users, writing entries in the first person and the use of one page profiles. A one-page profile is a simple summary of what is

important to someone and how they want to be supported. More information on one page profiles can be found at:

[https://www.scie.org.uk/publications/elearning/person-centred-practice/resource/2\\_creating\\_profile\\_0\\_2.html](https://www.scie.org.uk/publications/elearning/person-centred-practice/resource/2_creating_profile_0_2.html)

and

<http://www.helensandersonassociates.co.uk/person-centred-practice/one-page-profiles/>

The timing of adult protection training for staff should be reviewed to ensure that new staff participate in this at an early stage in their employment. This will mean that staff will have early knowledge about recognising potential adult protection concerns and what to do if they have a concern about someone's wellbeing.

Complaints to the service were low in number and the provider responded quickly and appropriately to any concerns or complaints. However, it was unclear from some complaint resolution letters written by the provider that the complaint had been concluded with agreement from the complainant. The provider agreed to address this in line with their own complaints policy and procedures which detailed that "the written response will invite the complainant to state whether or not they are satisfied with the response" and this should be done within 28 days or the complaint is assumed to have been resolved.

We asked the provider to re-visit the Care Inspectorate guidance on notifications of accidents, incidents and significant events to make sure that we were informed about all occurrences. We noted at this inspection a very small number of incidents that should have been reported to us that hadn't been. The provider agreed to do this. Overall, the number of accidents and incidents were low.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings	
7 Aug 2015	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
30 Apr 2013	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
8 Jun 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
25 Sep 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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