

# Care service inspection report

## Orkney Blide Trust

### Housing Support Service

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Type of inspection: Announced (Short Notice)

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## Service provided by:

Orkney Blide Trust

## Service provider number:

SP2004006667

## Care service number:

CS2004073219

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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

Orkney Blide Trust provides housing support for people who have mental health problems. Orkney Blide aims to support service users to live as independently as they can in their own homes whilst assisting with their recovery.

Those contributing to our inspection process told us they thought the service was "second to none" and that they were acquiring new life skills which had a positive impact on their mental and physical wellbeing.

The service also provides wider support programmes where service users can access a 'Clubhouse' which offers a range of meaningful activities. They can also contribute as volunteers to all aspects of running of the service.

### What the service could do better

The provider needed to widen the scope of its current stakeholder involvement and further develop the contents of its evaluative surveys. Arrangements to provide feedback about the outcomes of these surveys should be made available to the service's stakeholders.

The provider needed to further develop its quality assurance arrangements and provide evidence of the outcomes of its auditing practices.

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

The service continues to both consolidate and further enhance the numerous projects that are available to service users.

Among the activities on offer are a creative writing group, textile group, music, sports connections, health walks, a well-established gardening group and a busy café facility.

The service had carried out a series of planning days for members of staff, board directors and service users. The outcomes of these sessions will be used to further develop the services currently available.

### **Conclusion**

Service users indicate high levels of satisfaction with the care and support they receive from Orkney Blide Trust.

A wide range of complementary services are also provided and these attract high levels of active participation.

We found members of staff were focussed and motivated to ensure that service users were well supported.

# 1 About the service we inspected

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 was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

- **A recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service, but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- **A requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

The Orkney Blide Trust is a registered charitable voluntary organisation, which provides housing support and a drop-in service to adults with mental health problems. This support is provided in their own homes and within the centre, where the drop-in service is open every day of the year. In addition, they have a Clubhouse service, where the aim is to have members fully involved with all the work of the service, from the day-to-day running to the strategic direction of the service.

Orkney Blide Trust is registered as a housing support service which operates from premises in central Kirkwall. The premises provide office space, a kitchen and preparation area, a cafe area, a sitting room and meeting rooms, as well as an attractive and productive garden. There is also an outreach service and an 'Out and About' programme, as well as focus groups such as creative writing and photography in response to the interests of the service users.

The aims of the charity are 'to promote, in partnership with other agencies, mental wellbeing in the community of Orkney through active personalised support focused on recovery, which encourages individuals to participate in, and contribute to, society on equal terms'.

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](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

We wrote this report following a short notice announced inspection which we carried out on 15 and 16 January 2015. We provided feedback to the service's director at the end of the inspection visit.

As requested by us, the provider sent us an annual return and self assessment form.

In this inspection we gathered evidence from various sources, including relevant sections of policies, procedures, records and other documents.

We looked at the following:

- \* Participation policy & service user questionnaires.
- \* Complaints policy.
- \* Sample of service users' personal support plans, including records and reviews.
- \* Staff supervision, appraisal & training records.
- \* Minutes of meetings.
- \* Care Standards Questionnaires.

We spoke with the following people:

- \* Registered manager.
- \* Support worker.
- \* Service users.

### 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)



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

### **The requirement**

The service to ensure that complaints are fully investigated within 20 days and the complainant informed of any actions that are to be taken.

This in order to comply with: SSI 2011/210 18 - (3) The provider must ensure that any complaint made under the complaints procedure is fully investigated.

Timescale: Immediately on receipt of this report.

### **What the service did to meet the requirement**

The service's complaints policy has been amended and updated to comply with this requirement.

**The requirement is:** Met - Within Timescales

### **The requirement**

All service users should have a personal plan created within 28 days of receiving the service.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) - a provider must make the proper provision for the health, welfare and safety of service users.

Timescale: Immediately on receipt of this report.

### **What the service did to meet the requirement**

The provider has ensured that all service users have an appropriate personal support plan.

**The requirement is:** Met - Within Timescales

## **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.

A fully completed and comprehensive self assessment was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development.

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

We issued eight Care Standards Questionnaires (CSQs) and four were returned to us. The following views were offered:

"My support worker and I get along well, and although I don't have longer than an hour a week it is a help to me so that I can get out and about."

"I enjoy my visits from the Orkney Blide Trust support worker."

"The service provided by Blide Trust through housing support I can honestly say is "second to none". The manager and support worker are very hands on as well as the other staff too. You are always made to feel a valued member i.e we are encouraged in all aspects to contribute (not coerced) but encouraged which does have a positive impact on your mental and physical wellbeing. I have been trained to work at the Blide Trust to better my own wellbeing through healthy living - education - support. I am learning new skills which I thought were past me. What a service. I feel alive."

We met with a number of service users over the course of the inspection visit. Those we met spoke positively about the service. It was clear that they had good relationships with the manager and members of the staff group who were always encouraging them to participate in the service's many activities.

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

There were no carers present during the 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**

We found the service's performance to be good in the areas covered by this quality statement.

We concluded this after we spoke with people using the service, sampled personal support plans and relevant documentation.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Orkney Blide Trust continues to have in place arrangements which allow service users to participate in assessing the quality of care and support provided.

Its introductory pack provides a guide to the service, details about what housing support entails, an information leaflet about the Care Inspectorate and a copy of the service's most recent inspection report.

The previous inspection report had required the provider to devise personal plans for each service user and we could see during the current inspection that this had been acted on. Personal support plans were reviewed regularly and at least every six months.

Written agreements which clearly define the service provided had also been developed since the previous inspection.

The service's complaints policy, as previously required, had been updated to indicate that any complaint received would be fully investigated within 20 days of receipt.

Regular newsletters - 'Blide Blether' - encouraged suggestions and ideas from the readers, as well as contributions towards the newsletter.

The service was devising an 'action plan' which identified a series of areas for development following three recent designated planning days.

We looked at the results of its latest survey and noted the comments:

"It is very good."

"I am able to go to Blide, make do-able goals and work on my confidence and self-esteem."

"I don't think it could be any better."

Taking all of the above into account we concluded that the provider had good arrangements in place to involve and include its stakeholders in contributing to the ongoing improvement of the service.

### **Areas for improvement**

The provider needed to widen its current survey arrangements by including its own staff and allied professionals. Their views and suggestions - together with feedback from service users - about ways in which the quality of care and support, the service's staffing and its management and leadership could be further improved should be sought.

Once collated the feedbacks should be shared with the service's stakeholders and a 'you said, we did' action plan devised and implemented.

The provider needed to devise a participation strategy which outlined how it intends to engage with all of its various stakeholders to seek their views and suggestions about ways in which the quality of care and support could be further improved. **(See Recommendation 1)**

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The provider needed to devise a participation strategy which outlined how it intends to engage with all of its various stakeholders to seek their views and

suggestions about ways in which the quality of care and support could be further improved.

National Care Standards, Housing Support Services: Standard 8 - Expressing Your Views.

### **Statement 3**

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

### **Service strengths**

We found the service's performance to be very good in the areas covered by this quality statement.

We concluded this after we spoke with people using the service, sampled personal support plans and relevant documentation.

The very good grade applies to performance characterised by major strengths.

We sampled five support plans for service users. We could see that reviews were held on a regular basis and staff ensured that any changes to the planned care were then transferred to the care plan. Where able, service users were encouraged to sign the support plans following the review. Each personal plan specified what days the support was to be provided and for how long.

Audits had been introduced to ensure that personal plans were kept up to date and continued to reflect service users ongoing care needs.

Various healthcare professionals were involved with Orkney Blide Trust when needed; such as GP's, community nurses and local care managers.

Checklist risk assessments had been completed for each service user within their individual personal plans. Within the Care Standards Questionnaires (CSQs) that were returned to us, all agreed that overall, they were happy with the quality of care the service provided.

The provider also had a 100% response from service users saying that staff had enough time to carry out their agreed support and care.

Taking all of the above into account we concluded that the provider had very good arrangements in place to ensure the health and wellbeing of service users. In coming to this conclusion we recognised the wide range of benefits associated with complementary services included in the wider Orkney Blide Trust portfolio all of which actively contributed to service users overall health and wellbeing.

## **Areas for improvement**

The provider should continue to monitor and maintain the very good standards of care and ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

**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: 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

The findings in this section are similar to those reported on in Quality Statement 1.1.

We found the service's performance to be good in the areas covered by this quality statement.

We concluded this after we spoke with people using the service, sampled personal support plans and relevant documentation.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

#### Areas for improvement

The provider should widen its stakeholder involvement to include a survey of its own staff and allied healthcare professionals.

Stakeholders' views about ways in which the quality of the service's staffing could be further developed should be sought and, where appropriate, action plans drawn up to implement improvements.

**Grade awarded for this statement:** 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

We found the service's performance to be very good in the areas covered by this quality statement.

We concluded this after we spoke with people using the service, sampled personal support plans and relevant documentation.

The very good grade applies to performance characterised by major strengths.

The provider was committed to having a professional, trained workforce and both staff were found to be motivated and dedicated to caring for service users.

All staff were aware of the need to be registered with the Scottish Social Services Council (SSSC). The registered manager was in the process of gaining an appropriate place on a course to gain his SVQ Level 4. The other member of staff had completed their SVQ Level 3 and HNC in Social Care.

Staff spoken with confirmed that they had ongoing training which included the following:

- \* Assist (Applied Suicide Intervention Skills Training).
- \* Confidence to Cook.
- \* Elementary Food Hygiene.

Staff indicated that they were able to access external courses which were provided by the local authority, health board and other local agencies.

We found established systems for supervision on a formal and informal basis. Staff worked with a "high degree of autonomy". Staff reported "great peer support".

The following comment was offered from our discussions with staff:

"I think it is an excellent place to work. The service is tenacious for people who are not able to engage - we don't give up on folk."

The manager indicated that they had good support from the Chair of the Board and the support worker stated that the manager had an open door approach. Staff felt listened to.

All staff had access to regular team meetings. We found staff opinions were encouraged and staff felt well supported by the management team. Staff interviewed indicated high levels of morale at this time.

Taking the above into account we concluded that the performance of the service in relation to this quality statement was very good.



### **Areas for improvement**

The provider should continue to monitor and maintain the very good standards of staffing and ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

**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: 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

The findings in this section are similar to those reported on in Quality Statement 1.1.

We found the service's performance to be good in the areas covered by this quality statement.

We concluded this after we spoke with people using the service, sampled personal support plans and relevant documentation.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

#### Areas for improvement

The provider should widen its stakeholder involvement to include a survey of its own staff and allied healthcare professionals.

Stakeholders' views about ways in which the quality of the service's management and leadership could be further developed should be sought and, where appropriate, action plans drawn up to implement improvements.

**Grade awarded for this statement:** 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

We found the service's performance to be good in the areas covered by this quality statement.

We concluded this after we spoke with people using the service, sampled personal support plans and relevant documentation, including quality audits.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

The service evidenced a good approach to quality assurance. The manager provided evidence to show that it involved service users and staff in evaluating all aspects of the service's operation.

We found the manager was effective in the use of the self assessment process as it provided opportunities for the service to reflect on their overall quality of the provision and identify ongoing areas for improvement.

The service issued regular service user questionnaires to service users; these were used to inform the future improvement to the service. They were also used to record the feedback, ratings and quality of the service from a service users' perspective.

Service users and staff had regular meetings which were used to identify improvements to the service.

The service had regular board meetings throughout the year which monitored the development of the service. The board had several service users who were fully active and involved in the future direction of the service. It had recently undertaken three planning days to look at ways to further develop the service. These had been led by an independent facilitator. The outcomes of these sessions were being used to work up an action plan for future developments.

We could see from an examination of the personal support plans that some auditing was being carried out to ensure that they were being kept up-to-date and that they were consistent in their delivery of care and support.

Taking all of the above in to account we concluded that the quality of the service's quality assurance arrangements were good.

### **Areas for improvement**

The provider needed to further develop its quality assurance arrangements and audit practices to better evaluate the performance of the service. The service's quality assurance framework should be rigorous in identifying any areas for improvement and implementing action plans to address these.

The service's manager is conditionally registered with the Scottish Social Service's Council (SSSC) and following some difficulty sourcing a training provider now hoped to achieve the necessary qualification for full registration by the end of 2015.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 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

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

## 6 Inspection and grading history

Date	Type	Gradings
5 Feb 2014	Unannounced	Care and support 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good
10 Jan 2013	Announced (Short Notice)	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership 5 - Very Good
12 Aug 2011	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
5 Aug 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - 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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