

# Care service inspection report

Full inspection

## Share Scotland - Glasgow Housing Support Service

6b Moorpark Court  
33 Dava Street  
Govan  
Glasgow



HAPPY TO TRANSLATE

Service provided by: Share Scotland

Service provider number: SP2003002639

Care service number: CS2003053749

Inspection Visit Type: Unannounced

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          | 6 | Excellent |
| Quality of staffing                  | 5 | Very Good |
| Quality of management and leadership | 5 | Very Good |

### What the service does well

The provider has board of trustees which consists of family members of the people it supports. The trustees are offered training so that they can make informed decisions on issues which are put to them. The board is heavily involved in the development of the service.

### What the service could do better

The service should consider how they can take a more outcome based focus to the self-assessment that they send to the Care Inspectorate each year. They should include in this more feedback from stakeholders such as community nurses, social workers etc.

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

The service has provided more communication training to staff during the last year to help improve the support that they can offer individuals with additional communication needs

## Conclusion

This service is thought highly of by the people who use it and their relatives. Staff and management came across well when we interviewed them displaying knowledge and empathy for the people they support. There were two recommendations made in the last inspection report, both of which were met.

# 1 About the service we inspected

Share Scotland Glasgow provides support to adults with complex learning and physical needs in the community, within their own accommodation either living alone or within larger units with other service users. The service currently supports individuals across Glasgow and West Dunbartonshire. Each unit has a dedicated staff team which provides an individualised care package to each service user.

The organisation is committed to providing a service that develops alongside the individuals it supports. It not only strives to meet their current needs, but also offers people an environment in which they can experience new opportunities, meet new people and face new challenges'.

## 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 6 - Excellent**

**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 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

The inspection was carried out by one Inspector; on 29 January, 5 February, 8 February and 11 February 2016. We gave feedback to the Registered Manager, the Managing Director and the Regional Coordinator on the 11 February although we also consider phone calls made after this meeting on the 17 February 2016.

Prior to the inspection we posted out 22 Care Standard Questionnaires to the service to distribute to people who use the service, we also sent out 20 staff questionnaires. We received 15 questionnaires back from service users and 15 back from staff. Questionnaires offer individuals the chance to feed into the inspection process and do so anonymously if they wish.

Before the start of the inspection an Inspection Volunteer assisted the inspection process by telephoning four relatives of people who use the service to ask their experience of the service. An Inspection Volunteer is a member of the public who has experience of receiving a service either personally or via a friend or family member.

During the inspection we visited three sites where Share supports people; two in Alexandria and one in Glasgow. We spoke with four service users in their flats; in Glasgow we met more service users but due to communication difficulties we were not able to have a discussion with them. We did however observe how staff interacted while supporting people.

During the inspection we had individual discussions with a range of people including:

- four service users
- four relatives
- two service managers
- one depute service manager
- one community psychologist
- one community pharmacist
- the managing director
- the registered manager
- four care practitioners
- one volunteer care practitioner.

We carried out a review of a range of policies, procedures, records and other documentation, including the following:

- support agreements
- service users' reviews and pre-review planning meetings
- care Plans
- risk assessments
- service user meeting minutes
- evidence of the service advocating on behalf of service users
- evidence on health related training
- evidence of quality monitoring of staff
- staff development records
- training records
- team meetings minutes
- induction records
- examples of Staff supervision
- examples of Staff appraisals
- team meeting minutes
- provider's participation policy
- local service user participation strategy
- newsletters
- management meeting minutes

- management training records
- complaints/compliments records
- quality framework
- quality assurance checks.

## **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 completed self-assessment document from the manager. We were satisfied with the way they completed this. The management team identified what they thought the service did well, some areas for development and any changes that were planned.

We discussed how the management team should look to improve this assessment prior to submitting it next year. A self-assessment should include more examples to highlight the impact that the service has made, particularly what the outcomes have been for people using the service under each heading. A good self-assessment should also include some feedback from stakeholders such as social workers, care managers, district nurses, psychologists etc. which would support the grading within the self-assessment.

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

We had the opportunity to speak with four service users individually during the inspection. We also sent out 22 care standards questionnaires from which we received 15 replies, due to the level of disability that people who use this service have most of these were completed on their behalf by their relatives. We observed how staff worked with service users, which they did in a respectful and friendly way.

Feedback about the service was positive. We have included further comments and views from people using the service within the body of the report.

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

Some of the 15 care standards questionnaires which were returned to us had been completed by relatives of service users, all of which were positive about the service. We also spoke with four relatives on the telephone; one of whom was also a board member. We looked at the feedback that the service had received from the questionnaires that they had sent to relatives and carers earlier in the year. The comments we saw were mostly very positive.

## 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: 6 - Excellent

#### 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 was excellent at involving service users and their relatives in the assessment and development of the service which they receive. We arrived at this conclusion because we found comprehensive evidence of regular service user and carer involvement which used a range of existing and new methods to support people to influence the development of the service. We considered the following information in grading this statement:

- personal care plans
- records of meetings with the people who use the service
- an independent assessment of the provider's readiness to provide a personalised service
- care standards questionnaires returned from people who use the service and their relatives
- board meeting minutes
- interviews with service users
- service user information pack
- the provider's participation strategy
- newsletters
- the service's own questionnaires, returned by; service users,

relatives and stakeholders.

The ethos of the involving service users and carers is at the heart of the service with the organisation having been started in 1984 by a group of parents of young people with complex learning and physical needs. It is still the case that the board of the service has several parents on it. We have spoken with relatives who sit on the board in the past and they told us that they had had training around issues like governance in order to help them to make informed decisions on the board. Over the last year lawyers have given board members training on board succession to help them make decisions on changes at board room level.

In recognition that the service is managing budgets for the people they support on a daily basis the service sends service user's next of kin financial statements on a quarterly basis. This allows families to raise any financial issues they wish quickly and allows them to be part of how decisions are made regarding budgets for their family member. It also reduces the risk to service users of financial exploitation.

We viewed the questionnaires that were returned to the service from service users and their relatives. The service used the same grading scale that the Care Inspectorate use, i.e. between one and six. The vast majority of service users and relatives gave the service six for all their answers.

The Managing Director wrote to relatives to thank them for taking the time to complete the questionnaires. Where any less positive comments or low scores had been entered he wrote to the person concerned and an action plan was drawn up to try and address the issues raised. We visited one service user because they had raised a negative comment within their questionnaire; they confirmed that the management team took their comment seriously and resolved the issue for them.

Last year the provider invited the development manager from a large outside provider to evaluate how prepared they were as an organisation to deliver a personalised service to the people they supported. It is unusual for providers to invite other (potentially rival) provider's to do this but we think that this open approach to the evaluation of the service is healthy for the service's

development. We saw the subsequent report produced by the other provider. They wrote that Share Scotland was an organisation "rooted in person centred practice."

Over the last year the provider has gone back to the external development manager to ask for advice on how their new outcome focused care plans are developing, we noted that they received constructive feedback which the service has taken on board.

There was evidence that people had two care reviews a year which meets the service's legal obligation. Judging by the minutes of the meetings we sampled service users and their relatives appeared to be encouraged to discuss a range of issues during review meetings. These meetings led to an action plan which identifies who was taking forward the various outcomes from the review.

The management team were able to provide examples where they had sought advocacy support for service users where there were issues which were contentious. We visited three different houses during the inspection and had the opportunity to speak with four service users. Due to the varying levels of communication difficulties service users had, the number of direct statements we received was limited. Some service users although they were able to understand our questions were only able to answer clearly yes or no to them. What people told us in relation to this statement included:

"They ask what I think about new staff."

"I'd give it 6 out of 6."

Most of the Care Standard Questionnaires which were returned to us had been completed by relatives of people who use the service. In addition prior to the inspection we were able to talk with four relatives of people who use the service on the phone. Comments we received in relation to this statement included.

"We get letters giving us information and asking us what we think."

"As a relative I am made to feel very welcome, the kettle is always on."

"I am regularly kept informed of any issues."

## Areas for improvement

The service should try to increase the amount of feedback that it receives from external stakeholders such as social workers and community nurses. Comments or statistics from stakeholder's feedback could strengthen the self-assessment that the provider sends to the Care Inspectorate each year.

We discussed with the management team that other similar sized services have successfully used service users from other services to help carry out peer reviews as part of a quality assurance exercise and this may be something which could benefit this service.

The provider should familiarise itself with the Autism Strategies for the various local authorities that it works in.

The Provider has developed its Quality Framework to include service users and family members who are interested in playing a part in improving the quality of the service. For example some families will check how budgets are being managed or how mileage is recorded in their relative's vehicle. The management team could provide more examples of how this has led to improvements in the service within the self-assessment that it sends to the Care Inspectorate each year.

## Grade

6 - Excellent

**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

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in all learning disability services. We have asked providers to complete a self-assessment as well as answering a number of specific questions during the inspection which explore health outcomes for people with a learning disability. The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the Keys to Life and Winterbourne View findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview.

These are our findings;

Staff were using person centred values that promoted independence and choice for people using the service and we found that the performance of the service was excellent. We came to this conclusion after observing staff interacting with people using the service. We spoke to staff and people who use the service as well as some of their relatives/carers on the telephone, we also reviewed support plans, and interviewed a community psychologist and a community pharmacist.

Staff receive a range of training including; moving and assistance, administration of medication, hearing aid awareness, epilepsy and values. Staff told us that additional training would be sourced if individual service user's support needs required it. For example staff had Midazolam training so that they could support someone who may require this to be administered.

The service has worked closely with various professionals from the community learning disability team to build up individual support plans. For example they are working with a community psychologist and the local Brain Injury Team to help staff understand how and why someone behaves the way that they do. We

spoke to a community psychologist who said that management and staff of this service were very good at seeking advice appropriately and following the advice when it is given.

Staff are familiar with their role in protecting service users and ensuring issues like those that happened in Winterbourne View are not repeated in this service. Staff were aware of the governments enquiry into Winterbourne View as this was covered in supervision and in team meetings.

At last year's inspection we discussed the need for staff who support individuals with communication issues to receive additional training. The management team arranged for all staff who support someone with additional communication needs to receive training in Intensive Interaction from one of the recognised experts in this field and also receive training in Total communication training. Training was also organised for staff supporting individuals with PEG feeding systems from the company who supply the equipment which meets the recommendation we made in the last inspection report.

Since the last inspection care plans have become more outcome focused, i.e. they contain more details about what someone wants to get out of an activity as opposed to just recording what activity someone wants to do.

We saw clear evidence that the service is willing to have difficult discussions with social work departments and family members where they feel they have to advocate on a service user's behalf. An example would be how they continued to offer some support to a service user who became ill and was in hospital despite not being funded to provide on-going support.

The provider has been working with young people in the West Dunbartonshire area as part of a transitions project to help young people prepare for leaving school. One of the main aims of this project has been to increase the young person's confidence to use more community resources to help raise their expectations and break down barriers in the community. This project was initially extended due to the positive feedback that it received; although unfortunately it is due to come to an end later this year.

Staff told us that they felt supported by the manager; they had an awareness of the provider's whistle blowing policy, but said they felt able to speak openly about any issues. People using the service told us that they felt able to raise any worries or concerns with any of the staff or management team. This meant that people could raise issues before they developed into problems, they felt that they could influence how the service was provided and feel their contributions were valued.

During the inspection we spoke with 4 people who use the service, what they told us in relation to this statement included:

"I wouldn't change anything about the service."

"I remind staff when I've to take my medication."

Most of the Care Standard Questionnaires which were returned to us had been completed by relatives of people who use the service. In addition prior to the inspection we were able to talk with 4 relatives of people who use the service on the phone. Comments we received in relation to this statement included.

"She has come on leaps and bounds." (As a result of the support provided)

"It's a wonderful service, she has her own room but also the company of others in the flat which she likes."

"Staff understand her."

"We continue to be impressed by the care and attention to detail provided by the staff."

### Areas for improvement

The provider is trying to find a computer system which will help staff more easily evidence the link between the outcomes that people wish to achieve and the inputs and the action plans put in place to help them support the individual to achieve this.

One of the people we spoke with said that one of their outcomes that they wanted to achieve was to find part time employment; we suggested to the management team that they consider looking into job coaching to support this outcome.

The management team could consider human rights training such as found at [Scottishhumanrights.com](http://Scottishhumanrights.com) as part of staff development.

### Grade

6 - Excellent

**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 was very good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- participation plan
- staff training
- discussions with service users and relatives
- minutes from care reviews
- interviews with staff.

Service users have had the opportunity to be involved in the recruitment of new staff. Some service users that we spoke to said that they had enjoyed this experience. The service has encouraged people to become involved at a level that they feel comfortable with. For example some people are happy just to meet candidates when they arrive for their interview and speak with them informally, others wish to sit in the interviews and ask their own questions.

Some families had also been involved in the recruitment of staff for their relative and there was evidence that if family members were not happy with a particular candidate their feelings were taken into consideration.

Service users are sent staff rotas so that they are aware of what staff will be supporting them on different days.

Some service users who received funding for enough support hours to have their own staff team had been able to recruit their own staff team. We recognise that this is more difficult when staff support several different people.

There is an expectation that key workers complete a monthly summary along with the person they support to look at how their month has been and where the person is able to discuss it they support people to set their goals for the coming months. As mentioned under quality theme 1 - statement 1 key workers have been supported to make these meetings more outcome focused than they previously were. This came across in our discussions with staff and also in the paperwork that we sampled.

Review records showed that people who used the service could give their views about the quality of staff at review meetings. Service users are able to request different key workers if they wish.

If the standard training offered to staff does not cover someone's individual needs then the provider would arrange for staff to be given specific training that will. We came across evidence of this.

## Areas for improvement

The management team are changing the paperwork used in staff and management appraisals and in probationary reviews to better capture the views of service users and their carers.

The provider should continue to offer relatives the opportunity to get involved in staff recruitment providing appropriate training to support this process.

See also quality theme 1 - statement 1 for general areas for improvement in relation to participation.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

### Service Strengths

We found the service's performance in the areas covered by this statement was very good. We concluded this after considering the following:

- interviews with service users and their relatives
- interviews with management and staff
- staff induction procedure
- samples of staff supervision and appraisal minutes
- staff meeting minutes
- returned care standards questionnaires.

Staff told us that they receive regular supervision. We sampled minutes of staff supervisions and annual appraisals and found that they were of good quality in that they encouraged staff to reflect on their practice and identify areas for their own development and that of the service.

Staff told us that they felt supported within their work and that it was a good team to work in. Managers were viewed as being hands on and staff were clear about their expectations of them. We noted that in some of the appraisals we sampled staff wrote they wanted to work for the company because of the positive reputation they had heard about from the senior management.

We sampled the managements quality assurance checks on the various services, these commented on things like the language used by staff within daily records and communication books to ensure that it was positive and respectful.

The community psychologist that we spoke with described the culture within the service as being very open and supportive of staff and that management clearly wanted to make improvements to the service.

The service has an induction programme for new staff which involves shadowing experienced staff until they feel comfortable to work unsupervised. We spoke with one fairly new worker who stated she felt like she received good support from everyone in the staff team and told us how the Scottish Social Service Council's codes of practice was one of the first things that they covered during induction.

Staff told us that they had received training in adult support and protection and about the core values of care, like respect, equality and diversity. We looked at staff meeting minutes, staff supervision notes and appraisal records and saw that reflection on practice and discussion took place.

Team meetings have a discussion around an area of best practice guidance each time to try and ensure that staff are aware of developments in the field of learning disabilities. As previously stated; staff displayed a good understanding of 'Keys to Life,' when we spoke with them. Staff have individual team meetings so that the meetings are more focused on the service users that they were supporting so that they could have more in-depth discussions. Service users and their families are invited to take part in team meetings when the meetings are about them.

During the inspection we spoke with four people who use the service, what they told us in relation to this statement included:

"I like the staff here because they are happy."  
 "I'd give the service 10 out of 10."

Most of the Care Standard Questionnaires which were returned to us had been completed by relatives of people who use the service. In addition prior to the inspection we were able to talk with four relatives of people who use the service on the phone. Comments we received in relation to this statement included.

"Everything is fantastic I couldn't wish for anything better."  
 "The staff are really great, they are cheery"  
 "The staff do their best and give him great care."

## Areas for improvement

The management team should ensure staff play a more active role in the self-assessment process prior to submitting it to the Care Inspectorate next year.

The management team wrote in their self-assessment that they wish to increase 'soft skills' training to support all staff and managers to enhance the service as part of an increased training and e-learning programme. The outcomes from this programme should be included in the self-assessment submitted to the Care Inspectorate prior to next year's inspection.

## Grade

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

We have graded this statement as excellent due to the work which the management and leadership has carried out and continues to carry out with service users and their relatives. We considered the following information in grading this statement:

- discussions with service users and their relatives
- interviews with management and staff
- corporate plans
- returned questionnaires
- the services aims and objectives
- newsletters
- investors in People report
- external audit of the "organisations readiness for personalisation."

Previously the provider brought in a quality assurance tool called "Checking your progress in delivering personalised services." Last year the service took this further by bringing in an external provider to assess how well they as an organisation were prepared for providing personalised services. Since the last inspection the service has went back to the manager from the external provider to obtain feedback on the progress of their new care plans.

As part of the moving on transitions service, Share Scotland has worked in conjunction with the; West of Scotland's Clydebank College, Skills Development Scotland, Scottish Consortium for Learning Disabilities (SCLD) and the Scottish Transition Forum. The feedback that we viewed from parents and service users was very positive and suggests to us that collaborative work is a real strength of this service.

The training programme for trustees includes; Self Directed Support (SDS), Compliance Obligations and Discrimination Issues and in the last year they have had training on Board succession. These programmes help board members offer informed decisions at meetings.

To mark the 25 anniversary of Share Scotland a few years ago, the provider, with the help of published author Laura Marney, wrote a book called "I love my wee hoose." It is a celebration of a group of families who helped create and develop Share Scotland. We looked at this book which is available on the provider's web site and it has lots of interviews with families and photographs celebrating service user's achievements. The service is currently having their website redesigned to make it more interactive and to include more stories from service users and relatives.

The provider produces newsletters which it sends out to keep service users and their relatives informed about what is happening within the organisation locally and nationally.

The board recognise that they are not as representative as they could be in that most of their members are older males. The board is trying to recruit members from other groups to become more representative.

During the inspection we spoke with four people who use the service, what they told us in relation to this statement included:

"The manager is easy to talk to."

"I'd give them 6 out of 6."

Most of the Care Standard Questionnaires which were returned to us had been completed by relatives of people who use the service. In addition prior to the inspection we were able to talk with four relatives of people who use the service on the phone. Comments we received in relation to this statement included.

"I am delighted with the care I receive in a happy and safe environment."

"It's an excellent service very well run, excellent staff."

"Share Scotland not only provide a service of the highest level, delivered by motivated deeply caring staff members, but continuously strive to find the smallest improvement where possible."

See also quality theme one - statement one for general strengths in relation to participation.

### Areas for improvement

The management team should consider adopting an outcome focus when writing the self-assessment that they send to the Care Inspectorate each year. Currently the management inform us of the inputs people have in terms of participation i.e. the meetings and other communications which go on between management and services users and management and relatives/carers. A better way of demonstrating the quality of the service would be to increase the examples of what has happened as a result of these inputs, i.e. tell us what the outcomes have been.

The management team wrote in their self-assessment that following a four day training event into Self Directed Support (SDS) and the promotion of Individual Service Funds (ISFs) attended by senior management, it intends to work closely with one group of families to pilot a working service that greatly extends their involvement in setting and prioritising outcomes and determining how funding is allocated and spend. We will comment on the progress of this pilot at the next inspection.

The areas for development in theme 1 statement 1 remain relevant for this statement.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

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

### Service Strengths

The service was very good at promoting leadership values throughout the workforce. We considered the following information in grading this statement:

- service improvement plans
- quality assurance information
- interview with staff members
- staff supervision and appraisal meeting minutes
- registration certificate.

The service has supported staff to progress their careers with a number of the staff having started work in the service at a lower grade and then being promoted, this includes the registered manager of the service. When staff are promoted they are given the opportunity to access additional training to assist them in their new role.

Staff told us that they have frequent meetings with management and that they are encouraged to voice their opinions and that their opinions are valued.

Share has been awarded additional funding through the Voluntary Sector Development Fund to continue with its vocational management training programme. The provider has also developed a 'portfolio management' system to develop and promote the skills of its most senior managers within the organisation. Managers that we interviewed were positive about the support that they had received from the organisation and presented as confident and knowledgeable.

The Managing Director of the service has enlisted the help of an experienced retired Chief Executive Officer from a national organisation to assist him by providing a mentoring service and help with some long-term organisational planning issues.

As previously mentioned the provider has used external consultants to help Share develop a revised 'outcome based' supervision tool to be used with staff. We sampled supervision and appraisals of staff and found that they were thorough providing very good reflective support.

Share continues to offer some staff the funded opportunity to embark on further SVQ training at level four in both management and care to enhance their skills and fulfil the organisation's commitment to succession planning. As mentioned above managers that we spoke to presented themselves and the organisation well.

Service managers meet at least every second month with managers taking it in turns to take the minutes. We sampled these minutes during the inspection and took the view that service development was seen as being very important within the organisation which was backed up by comments that we received about managers from various sources.

## Areas for improvement

While the feedback we received was very good about the quality of the service the management team still have a bit of work to do to improve the consistency of the written work within care files particularly with the change to recording outcomes for service users.

The management should be more explicit in the self-assessment that they send to the Care Inspectorate about how support staff have been involved in the self-assessment process. Some staff we spoke with felt that they had contributed ideas to the assessment others were unsure if they had or not. It is important to involve as many staff as possible in the self-assessment to get a rounded view of where the service is at as well as giving staff a chance to say what improvements that they would like to see the service make.

## 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

1. The provider should consider how staff who have not received additional communication training such as 'total communication' and 'intensive interaction' can access these courses.

**This recommendation was made on 05 January 2015**

The provider has arranged for all staff to receive training in Intensive Interaction and Total Communication. This recommendation has been met.

2. Staff who support people to manage a peg feeding system should be assessed as being able to do so by someone suitably qualified prior to assisting service users themselves with the system.

**This recommendation was made on 05 January 2015**

Training was provided to staff who support someone who uses such a system by the company who supplies the equipment. This meets this recommendation.

3. The service should ensure that monitoring sheets within care plans state clearly why something is being monitored, for how long, and when staff would be required to take action.

## This recommendation was made on 05 January 2015

In the care plans that we sampled the reason behind something regarding an individual being monitored was clearer however management should continue to check that monitoring of any personal matter is always justified. This recommendation is met

## 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                  |               |
|-------------|--------------------------|---------------------------|---------------|
| 5 Jan 2015  | Unannounced              | Care and support          | 5 - Very Good |
|             |                          | Environment               | Not Assessed  |
|             |                          | Staffing                  | 5 - Very Good |
|             |                          | Management and Leadership | 5 - Very Good |
| 30 May 2013 | Announced (Short Notice) | Care and support          | 6 - Excellent |
|             |                          | Environment               | Not Assessed  |
|             |                          | Staffing                  | 5 - Very Good |
|             |                          | Management and Leadership | 5 - Very Good |

|             |                          |  |   |
|-------------|--------------------------|--|---|
|             |                          |  |   |
| 14 Jun 2012 | Announced (Short Notice) | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 6 - Excellent<br>Not Assessed<br>5 - Very Good<br>5 - Very Good |
| 20 Jan 2011 | Announced                | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 6 - Excellent<br>Not Assessed<br>Not Assessed<br>Not Assessed   |
| 22 Sep 2009 | Announced                | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 6 - Excellent<br>Not Assessed<br>5 - Very Good<br>5 - Very Good |
| 16 Dec 2008 | Announced                | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>Not Assessed<br>5 - Very Good<br>5 - Very Good |

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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