

Care service inspection report

Frontline Fife Homelessness Services

Housing Support Service

57-59 Viewforth Street

Kirkcaldy

KY1 3DJ

Telephone: 01592 800430

Inspected by: James West

Type of inspection: Announced (Short Notice)

Inspection completed on: 3 February 2014



HAPPY TO TRANSLATE

Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	12
4 Other information	20
5 Summary of grades	21
6 Inspection and grading history	21

Service provided by:

Frontline Fife Homelessness Services

Service provider number:

SP2004006594

Care service number:

CS2004071634

Contact details for the inspector who inspected this service:

James West

Telephone 01224 793870

Email enquiries@careinspectorate.com

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	4	Good
Quality of Management and Leadership	4	Good

What the service does well

This service provides a lot of different kinds of support to homeless people in Fife. All of these different parts of the service work well. People are asked what they think is important to them and what they want the staff to help them work on. This means people are in control of their own support and they take responsibility for their own progress. People who use the service are happy with the support they receive.

What the service could do better

The service has improved in many areas, but there are still some areas of staff training and care planning that can be improved. Some of the changes, like the work plans and progress records, are still quite new and these need time to become firmly established.

What the service has done since the last inspection

The service has reorganised and managers and staff have spent a lot of time working on this. A lot of improvements have been made, in staff training, in care planning and in measuring quality.

Conclusion

This service provides a valued service to people affected by homelessness. It has made a lot of improvements across different areas and has the structure in place to continue this progress.

Who did this inspection

James West

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

Frontline Fife Homelessness Service provides housing support and accommodation services to people in Fife affected by homelessness. The service is provided to people 16 years and over from Four Home 4 Good centres based in Dunfermline, Kirkcaldy, Leven and Cupar. A Home 4 Good centre is described as a "one stop shop" for people needing advice about housing and homelessness, and they provide a gateway to access appropriate support. Support can be offered through temporary accommodation (the core and cluster team) and/or floating support to people in the community. Frontline Fife also works in partnership with Fife Council to provide a throughcare service to young people in the area who have previously been accommodated.

Referrals are made by people affected by homelessness and by Fife Council. The organisation has been commissioned by Fife Council to provide a 'prevention first' service. This operates through the Home 4 Good centres and encourages people to seek help at an early stage. This proactive approach can be successful at supporting people to deal with their problems before they become homeless.

The aim of the service is to "work closely with other agencies to provide a service that is person centred."

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 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 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 wrote this report following a short notice announced inspection. This was carried out by one Inspector, James West. The inspection took place on Monday 20 January between 11 am and 4.30 pm. It continued the following day, Tuesday 21 January, from 9 am until 2.30 pm. We gave feedback to the manager and the general manager on 3 February 2013 by telephone.

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

We sent 20 care standards questionnaires to the manager to distribute to service users. Twelve service users sent us completed questionnaires. We also asked the manager to give out 15 questionnaires to staff and we received 12 completed questionnaires.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- * three people who used the service
- * the manager
- * the performance manager
- * one coordinator
- * four caseworkers.

We looked at a range of policies and documents, including;

- * the participation strategy, which details how people will be involved in running the service
- * the complaints policy
- * housing support plans
- * review minutes
- * risk assessments

- * consultation meeting minutes
- * survey results
- * service user questionnaires
- * staff training records
- * team meeting minutes
- * progress indicators

We also visited one of the Home 4 Good offices in Kirkcaldy and saw where staff worked, and their relationships with other agencies which shared the building.

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

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

The requirement

The provider should ensure that staff working in the service are appropriately trained for the work they perform. In order to achieve this the provider shall

- * Produce an annual training plan for staff to meet the service's priorities
- * Ensure staff are supervised and appraised at prescribed intervals such that appropriate training and development needs can be identified and agreed.

This is in order to comply with SSI 2011/210 Regulation 15 - A regulation in relation to staff training and competence.

Timescale for completion: Within 6 months of the publication of this report.

What the service did to meet the requirement

The service had produced an annual training plan and there had been a significant increase in the training available to staff. Supervision and appraisal meetings had increased and there was a new process in place for this. Some staff were still lacking training or updates on adult support and protection and this has been made a further requirement.

The requirement is: Met - Within Timescales

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

At the previous inspection 4 recommendations were made:

1. The service should review the Housing Support plans to ensure they contain all the information set out in the National Care Standards.

National Care Standards, Housing Support Services, Standard 4: Housing Support Planning.

The housing support plans have been reviewed to match the National Care Standards. This recommendation has been met.

2. The service should ensure that they have systems in place to keep service users informed about how any issues raised are to be actioned within the service.

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

The service had developed an information pack, to be given to each person when they first began to receive a service, and had also developed a new participation strategy.

This recommendation has been met.

3. The service should ensure that service users know about the Care Inspectorate and their role in investigating complaints.

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

A new complaints policy and leaflet had been developed since the last inspection, this explained the role the Care Inspectorate played in investigating complaints about the service. Unfortunately it did not give the required timescale and this has now been made the subject of a requirement.

4. The service should ensure effective communication and engagement with staff during key development processes within the organisation.

National Care Standards, Housing Support Service, Standard 3: Management and Staffing Arrangements.

The manager was very clear about the lessons learned on communication from the restructuring and a lot of work, described in this report, had gone into improving the situation. He felt many of the issues related to the speed with which the restructure happened, with some of that being dictated by the requirements of other organisations. This continues to be a work in progress and will be considered again in the next inspection. A staff survey would help to show how far the communication has improved.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

The people who sent us questionnaires were very happy with the service received. In response to the comment:

"Overall I am happy with the quality of care and support this service gives me"

10 people strongly agreed and 2 people agreed.

The people we spoke with were also very enthusiastic about the support they had received. They described big changes in their lives with, volunteering opportunities, preparation for employment and advice on benefits as some of the support they had received.

Taking carers' views into account

We did not speak to any carers or relatives in the course of this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 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 manager showed through inspection that service users and carers were involved in improving the quality of the care and support to a very good standard.

An information pack was provided for everyone who was interested in receiving a service. This meant that people had information available at the beginning on what the service could provide and what was expected from them. This included a complaints leaflet.

The prevention first work, where people could receive support at an early stage, was a useful way of involving people before their problems had developed to a point where it was more difficult to do anything about them.

The service had a participation strategy, which detailed how people could contribute to running the service. This had been rewritten since the last inspection and was in the process of being approved by the board of management.

Questionnaires were used within the organisation to give people a formal opportunity to provide their views on the organisation and the care they received. There were different ones for different parts of the service, including a prevention first exit survey and a temporary accommodation survey.

Frontline Fife helped to coordinate a homeless conference each year. Feedback from this conference was collected and circulated to show how people's views were being used to bring about change.

The housing support plans were developed with people themselves, and the areas to work on were chosen by the people who were receiving the support. This meant that the views of the people involved were at the centre of the service provided.

Areas for improvement

While there was a complaints leaflet available to service users; this did not provide timescales for responding to complaints. The policy did provide timescales, but these did not match the standards in the regulations.

See Requirement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must develop the complaints policy and leaflet to include the correct timescale in which complainants will be notified of the outcome of a complaint.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 18 Complaints

Timescale: Within 1 month of receipt of this report.

Statement 3

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

Service strengths

The manager showed that service users' health and wellbeing needs were met to a very good standard.

Everybody who received a service from Frontline Fife completed a Housing Support plan with their case worker. This plan highlighted the outcomes they wanted from the service and stated how these were going to be achieved. We saw that these outcomes were reviewed regularly, with achievements noted and new priorities agreed as people's needs changed.

In addition to the support plan, everyone had a risk assessment. These were often written in consultation with people themselves and took into consideration the person's previous history and how vulnerable they were.

Staff were aware that the people they supported could be vulnerable, and had been involved in passing concerns to other agencies to make sure that people were

protected. We saw evidence of people using adult support procedures to make sure that measures were taken to protect people from harm.

Throughout the inspection there was evidence to show how Frontline Fife was working with other professionals. The service was complex, with a lot of different strands, and there was a great deal of inter-agency working. Examples of this seen or discussed, included: Social Workers, Local authority contracts department, police, community psychiatric nurses, local addiction services and GPs.

Information we received from questionnaires and from speaking with people who used the service showed that they were very pleased with the service received. Comments included:

'Frontline Fife have been there for me from day one.'

'Everything is good.'

'I'm so grateful for all their help.'

Areas for improvement

Care plans were completed on paper with service users and then scanned to produce a computer file. During the inspection it was not always easy to find all the information relating to each person. It is useful for staff and service users if information is readily accessible. We discussed this with the manager and he was clear that the necessary information was available for the people who needed it.

The service had set a standard of reviewing care plans every three months, and plans inspected had not always met this timescale. We discussed this with several people and they recognised this had not always happened, but said it was still a standard they wanted to aim for. There is an obligation to review plans every six months, and all the plans we inspected were reaching this standard.

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 manager showed that service users and carers were involved in improving the quality of staff to a good standard.

Service users had an opportunity to comment on the quality of staff through questionnaires. The people we spoke with were very positive about the staff they had worked with, and the support they had received from Frontline Fife.

There had been a lot of discussion with people who used the service around what they were looking for in a member of staff, and what questions they would like to be asked at interview. The information that people provided was then used as part of the recruitment process for new staff.

Potential members of staff also had an opportunity to meet some of the people who used the service on an informal basis. This gave an opportunity for people to comment on the staff member before they were offered a post.

Areas for improvement

We discussed ways that people could be more involved in improving the quality of staff with the manager. The organisation saw some potential issues with having people directly involved in interviews, but they were discussing different ways of getting people involved. One possible way of doing this would be getting service users to contribute information on how well they were being supported to use during staff appraisals.

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

The manager demonstrated that there was a professional trained and motivated workforce to a good standard.

Staff members we spoke with were clearly motivated and were interested in providing as good a service as possible. They spoke very clearly about the difficulties people facing homelessness had to face, and the practical ways they could support people.

Staff we spoke with told us that they felt supported and that they had regular supervision meetings with their manager. Of the 12 questionnaires we received from members of staff, 10 of them strongly agreed and two of them agreed with the statement "I have regular individual supervision with my manager." Supervision minutes were detailed and included actions for the member of staff and the supervisor.

At the previous inspection a requirement had been made to make sure that staff were appropriately trained. This has now been met, with a new staff training plan, improved opportunities for training and improved availability of supervision. Staff training records showed that most staff had had regular training in the past year. This included training on the new database and child protection training.

Regular team meetings were in place, and again minutes of these showed that actions were agreed and points raised were acted on.

Staff and managers were aware that staff would eventually need to be registered with the Scottish Social Services Council (SSSC), and many of the staff already had a recognised qualification or were working towards one. The manager was already registered.

Areas for improvement

While staff training had improved since the last inspection, and there was a training plan in place, some staff had not received adult support and protection training and some people had not had refresher training on this for some time. This is important when working with vulnerable people, to make sure that staff understand and use procedures designed to keep people safe.

See Requirement 1.

At the previous inspection staff had just been made aware that the service was going to be restructured. This had caused a great deal of anxiety, and during the inspection people had discussed their worries. These included concerns about having to provide a dual role in working directly with people and taking turns covering a prevention first

service. During this inspection the anxiety seen had reduced, but some of these concerns were still there. Some people still felt that the dual role was not suitable, and some people were concerned that there seemed to be anomalies in how this had been implemented.

Overall people recognised that it had been necessary to restructure, and it had been done with the best interests of the service and service users in mind, even though they did not agree with the decisions made. The manager and development manager said they were planning a new staff survey. This would provide an opportunity for staff to make their views known and would help the manager work out what the continuing concerns were, and how these could be addressed.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that all staff undertake training in supporting and protecting adults from harm, and that individual staff members receive updated training, to take account of any changes to legislation, local policies and reporting arrangements.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 9(2)(b) Fitness of employees.

Timescale: Within three months of receipt of this report.

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 manager showed that service users and carers participated in improving the quality of the leadership of the service to a good standard.

The questionnaires and surveys used gave people an opportunity to comment on how the service was managed and whether it met their needs. The manager was very helpful in supporting this inspection, by arranging opportunities for the inspector to meet with people who used the service and with members of staff.

Evidence provided at Quality Theme 1, Quality Statement 1 and Quality Theme 3, Quality Statement 1 is also applicable for this statement.

Areas for improvement

We discussed with the manager other ways of involving service users and carers in the management of the service. This could include involving people in recruitment to senior posts, asking for views to be used in a manager's appraisal, and involving people in setting priorities for the organisation.

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

The manager showed that there were quality assurance systems involving stakeholders to a very good standard.

A lot of work had gone into developing quality assurance systems over the months leading up to the inspection and these were providing information which was being used to develop the service. Work done included:

- * a new participation strategy
- * increased staff training
- * increased staff supervisions
- * service user focus group
- * survey and survey results
- * housing support plan audits
- * feedback from conference.

New work plans had been implemented, with a traffic light system of green amber or red to show how targets were being met. This had started with a Senior Management Team plan and a coordinators' work plan had followed. Progress on these plans was reported to the management board so that they had the information to fulfill their role of governing the organisation.

At the previous inspection a lot of concerns were raised by staff about the restructuring taking place. The management team had spent a lot of time thinking about the process and the impact it had made. They had invited a consultant to review the process and structure to help them learn these lessons. This was an example of using information gathered to develop the organisation.

Areas for improvement

While very good progress had been made on developing systems and these were being used to improve quality within the organisation, there were still some areas that could be developed further. An example of that is the staff survey mentioned at Quality Theme 3, Quality statement 3.

Grade awarded for this statement: 5 - Very 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

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
14 Feb 2013	Unannounced	Care and support 4 - Good Staffing 3 - Adequate Management and Leadership 2 - Weak
7 Oct 2010	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
1 Apr 2009	Announced	Care and support 5 - Very Good Staffing 4 - 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.

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0845 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم الا اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com