

# Inverclyde Centre Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Service no:**  
CS2004078039

## About the service

The service is part of the Inverclyde Housing Options and Homelessness Advice Service (IHOHAS) which is currently based in the Inverclyde Centre, a hostel setting providing emergency accommodation. The service sits within the structure of Inverclyde Council's Health and Social Care Partnership (HSCP). It has been registered with the Care Inspectorate to provide a housing support service since 2004. Inverclyde Housing Options and Homelessness Advice Service provides support to people in the Inverclyde area who are seeking housing options advice, homelessness prevention activities and providing the statutory duty to assist those households who find themselves homeless or at risk of becoming homeless.

People affected by homelessness are able to access the service where staff will discuss their needs with them. They may need help finding accommodation but not wish any help from the housing support service, as a result the registered service only supports a proportion of the people who approach the service. At the time of the inspection the service was supporting 54 people, some of whom were living within the Inverclyde Centre.

The service is in the middle of a programme of change where the building, the Inverclyde Centre, is downsizing to the point it will close, replaced by alternative accommodation in the community. At the time of the inspection there were only 17 bedsits opened within the Inverclyde Centre. The service is transitioning to a Housing First and Rapid Rehousing Transitional Planning model.

For people who wish the support of the service they are offered flexible support depending on individual need.

## About the inspection

This was an unannounced inspection which took place over two days by two inspectors from the Care Inspectorate. The inspection visits started at 10:00 on 6 September 2023 and ended at 17:30 on the 7 September 2023. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaint information, information submitted by the service and intelligence gathered throughout the year. To inform our evaluation we:

- spoke with six people who use the service
- spoke with management and staff
- observed practice
- reviewed documents.

## Key messages

- Rules within the Inverclyde Centre, designed to keep people safe, restricted individual freedom.
- The plan to close the accommodation in the Inverclyde Centre and replace it with modern community based accommodation was a positive development.
- People were meaningfully involved in planning their support.
- Staff were very good at developing relationships with people.
- Leaders were approachable which gave people who use the service confidence in them.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good because several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the experience of the people who use the service.

Staff built constructive relationships with people who use the service. They were able to do this because people viewed them as supportive, non-judgemental, and caring. People told us - "I have a support worker who is fantastic, she's really got to know me." We saw interactions between staff and people who use the service which were warm and friendly. As a result of the positive relationships, people were supported to attend appointments and support groups which benefited their health. Someone who uses the service told us - "I wasn't ready to engage at first but now I do, and they directed me to services which can help."

The service has built successful connections with outside health professionals such as G.P.s, opticians and dentists who now visit the Inverclyde Centre on an outreach basis. The initiative has been meaningful because of the amount of people who have engaged with health professionals, some for the first time in a while. This has had a positive impact on their health. Someone who uses the service told us "I stopped drinking with the help of my alcohol nurse," another person told us - "They put you in touch with people who can help you."

Similarly, the service has strong links with advocacy and support groups who visit the Inverclyde Centre regularly and speak with people about the types of support they can offer. People told us that they have engaged with groups they have been put in touch with, both inside and outside the Inverclyde Centre, which they found have had a positive influence on their life. People told us "Team Challenge, The Haven, and Your Voice all come in but iFit are my go to group."

People told us they are given clear advice when they speak to staff, but the service could improve the written information it provides. While everyone receives a copy of the Welcome Handbook when they are first interviewed by staff this needs updated to reflect the current service model. The service should consider involving people who use the service in deciding what to include in any updated information leaflets.

There are restrictions on individuals' freedom of movement within the Inverclyde Centre. While these have been risk assessed the rules have been applied uniformly to keep staff as well as people who use the service safe. The service recognises within its change programme that people would have less restrictions within their own tenancies than within a communal living environment.

While the provider has an infection control policy, this was generic and heavily focused on Covid 19. It could be improved by including scenarios staff and people who use the service may find themselves in, within and outside of the Inverclyde Centre and what action should be taken. The service should also consider creating an infection control champion to lead on updating and maintaining their policy.

The service maintains an appropriate record of accidents and incidents involving people who use the service. However the service had not notified the Care Inspectorate of incidents it should have. Regulated service are expected to notify the Care Inspectorate of accidents and incidents so we can offer advice and decide if further action is required. We shared notification guidance with the leadership team and were told this would be built into quality assurance audits to ensure appropriate notifications are made. (See area for improvement one.)

### Areas for improvement

1. The provider should ensure that they inform the Care Inspectorate of any accidents and incidents and follow the guidance on making notifications.

This is to comply with the Health and Social Care Standards.

"I use a service and organisation that are well led and managed" (HSCS 4.23), and also the good practice guidance; "Records that all registered care services (except childminding) must keep and guidance on notification reporting." (Care Inspectorate 2012)

### How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore evaluated this key question as very good.

The service had a strong, appropriate rationale behind its change programme; moving towards a Housing First model and a Rapid Rehousing Transition Plan (RRTP). This was well communicated to staff in meetings and training sessions, which positively influenced work practice.

Leaders had put in place a comprehensive development plan for the change programme which was reviewed regularly. This included how information was being shared and how staff felt about the planned changes. We saw a lot of positive work had been undertaken to ensure staff were reassured about the changes. As a result, staff were positive about their work.

There were several effective quality assurance audits put in place by leaders. We could see that appropriate action was taken following each audit to help progress improvements which were then reported on in the following audit. People who use the service told us; "There have been really good improvements in the centre, the support workers are fantastic."

The leadership team was visible around the centre and people who use the service knew who they were and told us that managers were approachable and regularly asked them how they were. We observed management engage meaningfully with people who use the service and as a result people told us they had trust in the leadership of the service.

People feel confident giving feedback and raising concerns because they know this is welcomed and responded to in a spirit of partnership.

The service regularly evaluates people's experiences to ensure that as far as possible people who use the service are provided with the right care and support to their outcomes.

Leaders demonstrated a clear understanding about what is working well and what improvements are needed. They ensure that the needs, outcomes and wishes of the people who use the service are primary drivers for change.

## How good is our staff team?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore evaluated this key question as very good.

People can be confident that staff are recruited in a way which has been informed by all aspects of safer recruitment guidance. The process is well organised and documented so that core elements of the procedure are followed consistently.

To ensure people are kept safe, staff do not start work until all pre-employment checks have been concluded. There is a clear link between the needs of the people who use the service and the skill and experience of the staff being recruited. There were a range of supports in place to support staff retention.

The induction for staff was thorough and had been developed to enable staff to support the needs and outcomes of the people who use the service. There was a comprehensive programme of guest speakers attending team meetings to educate and update staff on the available external services they can access to support clients. This was meaningful input for staff which influenced their practice; people who use the service told us staff were great at helping them make links to appropriate groups.

Leaders were committed to ensuring staff were trained, skilled and knowledgeable to support people who use the service. Staff told us they felt supported and spoke enthusiastically about how training had supported their role.

Staff were clear about their roles and responsibilities with written information they can refer to. We saw examples of supervision sessions which were supportive to staff and constructive in their exploration of practice. Minutes were not taken during team meetings, this is a lost opportunity because good minutes allow staff to reflect on what was discussed and inform staff unable to attend, about what was discussed.

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good because several important strengths taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on the experience of the people who use the service.

People benefit from dynamic person-centred care plans which they write with support staff. Outcome Star (the name of the care plan used) supports people to see the journey they are on, and the progress they are making. People who use the service told us; "I couldn't remember doing the first one but when I did the second one, I could see how things had moved on for me in the right direction." Another person told us "I've done the Outcome Star and it was helpful."

People are fully involved in decisions about their current and future health support needs. Their plans and wishes for their life in the future are also fully considered. People told us, "They talk to us about what we are comfortable with, what we want help with, nothing is forced on us."

People benefit from receiving well-balanced support which is flexible to their needs. People told us, "I get a bit extra help if I'm struggling and they will step back a bit if I'm in a good place."

Some people were less clear what was recorded in their Outcome Star, or as above, they couldn't remember doing the first one. The service could improve the effectiveness of Outcome Star by using it more frequently during support work. This would help reinforce links between the plan people agreed and the support they receive.

There are several valuable quality assurance systems used within the service which relate to direct support work. Outcome Star could also be utilised more effectively within quality assurance work as this can highlight the quality of discussions taking place during support work.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

To ensure that people's needs are met the provider must put in place the following action by the 1st December 2018: Every person using the service must have a detailed personal plan and appropriate assessments, including risk assessments which are dated, signed, regularly reviewed and informative to staff. Reviews must take place at least every six months with each person using the service.

This ensures care and support is consistent with the Health and Social Care Standards:

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15). "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change" (HSCS 1.12).

It also complies with:

Regulation 5(1) and 5(2)(b) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 4 June 2018.**

#### Action taken on previous requirement

Everyone who uses the service has a care plan in the form of Outcome Star. This is a care planning tool which covers ten key areas of life that an individual may wish support with. It was clear that the people who use the service are identifying where they are in their own journey and this is reviewed regularly within running notes on the social work computer system SWIFT.

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The provider should improve the way it consults with people who use the service. All people using the service should have the opportunity to be involved and regular feedback should be used to improve and develop the service.

This is to comply with the Health and Social Care Standards: I can be meaningfully involved in how the organisations that support and care for me work and develop (HSCS 4.5). I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership (HSCS 4.7). I am supported to give regular feedback on how I exercise my care and support and the organisation uses learning from this to improve (HSCS 4.8). I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

**This area for improvement was made on 4 June 2018.**

#### Action taken since then

People were positive about how the service consults them. In addition to being asked their opinions regularly questionnaires had been distributed by the provider to people who use the service. Feedback was generally positive, more so from people living in community based flats.

This area for improvement has been met

#### Previous area for improvement 2

To continuously improve the quality of the service provided the manager should ensure that regular and effective auditing takes place.

This is to comply with the Health and Social Care Standards: I use a service and organisation that are well led and managed (HSCS 4.23). I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

**This area for improvement was made on 4 June 2018.**

#### Action taken since then

The service had improved over the last year and frequent audits about various aspects of the service captured the improvement journey well.

This area for improvement has been met.

#### Previous area for improvement 3

The provider should ensure that staff who are required to do so register with a professional body.

This is to comply with the Health and Social Care Standards: I use a service and organisation that are well led and managed (HSCS 4.23).

**This area for improvement was made on 4 June 2018.**

#### Action taken since then

Staff have registered with the SSSC and leaders keep record of this.

This area for improvement has been met

#### Previous area for improvement 4

The provider should ensure that they inform the Care Inspectorate of any accidents and incidents and follow the guidance on making notifications.

This is to comply with the Health and Social Care Standards. I use a service and organisation that are well led and managed (HSCS 4.23).

**This area for improvement was made on 4 June 2018.**

#### Action taken since then

Staffing and management within the service had changed completely since the last inspection. Current management were unaware of their responsibility regarding notifications to the Care Inspectorate. The guidance was shared with the management team.

This area for improvement will be repeated under our key question one in this report.

#### Previous area for improvement 5

The provider should review with staff how they can assist staff to overcome the I.T. difficulties in order to make recording and accessing records easier for staff.

National Care Standards 3 Housing Support Services - Management and Staffing Arrangements.

**This area for improvement was made on 26 April 2016.**

#### Action taken since then

During the Covid Pandemic all staff were provided with laptops to be able to work remotely. Staff are now able to access I.T. systems to access records whenever required.

This area for improvement has been met.

#### Previous area for improvement 6

The provider should review with staff how they can improve the amount of time they have available to focus on support issues with service users as opposed to housing issues.

National Care Standards 3 Housing Support Services - Management and Staffing Arrangements.

This area for improvement was made on 26 April 2016.

## Action taken since then

The service was redesigned over the last year. Support staff are now employed by the service. Staff are able to meaningfully organise their time to respond to the needs of the people using the service. Previously if people had housing support needs these were met by commissioning external providers to deliver the support.

This area for improvement has been met.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.1 Vision and values positively inform practice	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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