

Care service inspection report

Spark of Genius Adult Services

Housing Support Service

Trojan House

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Phoenix Business Park

Paisley

PA1 2BH

Telephone: 0141 587 2710

Inspected by: Scott Morrison

Type of inspection: Unannounced

Inspection completed on: 14 November 2013



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Service provided by:

Spark of Genius (Training) Ltd

Service provider number:

SP2006008009

Care service number:

CS2009229339

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Spark of Genius Adult Services provides a responsive and supportive service to young people who are living in their own tenancies.

The service works closely with young people, families and other agencies to ensure the needs of service users are being met. Each young person has a person-centred, individualised support plan.

What the service could do better

The service should ensure that it formally reviews (and records) each service user's support plan at least every six months.

The service should further develop its formal consultation and feedback systems with service users and other stakeholders.

The service should develop a more robust approach to staff supervision, team meetings and annual appraisal.

What the service has done since the last inspection

The service has developed much of its paperwork and procedures.

The service has enlisted the advice of an independent psychological support unit to further develop its ability to meet the emotional and mental health needs of young people.

Conclusion

The service provides good levels of support to young people and has continued to develop its systems to evidence the outcomes of its work. The service should continue this process of development and improvement.

Who did this inspection

Scott Morrison

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

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

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration.

Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Spark of Genius - Adult Services is run by the organisation Spark of Genius (Training) Ltd. They are registered to provide a small combined Housing Support and Support Service - Care at Home. They provide a range of support to help vulnerable young adults to establish and/or maintain their own tenancies and live independently. The office base for the service is located in the organisation's headquarters in Paisley. They are also registered with us to provide school care accommodation to a range of young people with additional support needs.

The stated aims of the service are:

'to successfully assist young people with their accommodation and life skills, social skills, social networks, personal relationships and self-esteem' and to provide good quality housing support and care services to young people who require those services to enable or maintain their active participation in the community.

At the time we inspected 4 young adults were using the service.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com 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 the report following an unannounced inspection. The service was inspected by Scott Morrison, Care Inspector, on 21 October 2013 9.30am - 4.00pm and 31 October 12.30pm-16.30pm. A further visit took place on 14 November 2013 when feedback was given.

As part of the inspection 1 young person was contacted about their experiences of using the service.

4 care workers, the manager and two external managers from Spark of Genius were interviewed.

We spoke to one social worker who had been the case manager for a young person who had used the service.

The inspection also included: review of organisational policies and procedures; sampling of case files and personal support plans; staff records and personal development plans; sampling complaints, accidents and incident recording/ procedures.

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

- Certificate of Registration
- Insurance certificate
- Complaints/suggestions log
- Quality Assurance Audits
- Questionnaires
- Care plans
- Staff training records
- Staff meeting minutes
- Staff supervision notes
- Self assessment document

Newsletters

We issued 4 questionnaires to young people who use the service. Two completed questionnaires were returned. We also received four completed staff questionnaires.

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

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.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider could more clearly evidence how it has consulted with staff, service users and other agencies in developing its self-assessment. The service could also further develop its outcome-based approach to evidence.

Taking the views of people using the care service into account

'they listen to me'

'they are easy to get in touch with'

Taking carers' views into account

'They worked really well in supporting (young person)...they worked a minor miracle in getting (young person) to accept overnight support'.

'They should be commended for the high service that has been provided and for all their hard work and perseverance in supporting (young person) especially in very difficult circumstances'.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The strengths and areas for improvement discussed under this statement also apply to Quality Theme 3, statement 1 and Quality Theme 4, statement 1.

We found that this service was performing well in the areas covered by this statement. This was concluded after we:

- * Spoke with service users and stakeholders
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

During our inspection we found good evidence of young people's involvement in the development of their support plans and regular reviews of their progress. We were also presented with some evidence of ways that young people were involved in shaping and developing service delivery.

Case files and support plans we sampled evidenced that service users views and opinions were being incorporated into assessments and plans to meet needs. Each young person had a 'Service User Agreement' that was signed by the young person and the service. Whilst this was a brief document, it laid out the expectations of the service and served as a contract between the young person and the service.

Within case files we also found evidence of regular meetings between the service, young people and the local authority 'Throughcare Team'. These meetings were recorded and identified the views of those in attendance.

Spark of Genius has a 'Service User Forum' that is open to all young people who receive a service from the provider. This means that young people are given the opportunity to become involved in the development and evaluation of the wider organisation. We heard that young people from Spark of Genius Adult Services had previously attended the forum. No young people currently attend, but the service continues to encourage service users to become involved in the forum.

We heard how the service has responded to requests from young people to be supported by particular workers. In being able to accommodate such requests the service demonstrated its flexibility in dealing with the views and requests from service users.

The service had a clear complaints procedure and all staff and young people appeared to have knowledge of this. We found a copy of the complaints procedure in each of the service user's care plans we sampled. We heard how the service manager took a 'hands on' approach to dealing with complaints. We were told that complaints/ suggestions were generally expressed verbally to the manager of the service, meaning that the manager discussed the issue directly with the complainant. This approach demonstrated a direct responsiveness to complaints by the service.

We heard how service users have, in the past, been involved in the recruitment of staff.

We inspected the service's Quality Improvement folder - this collated all the feedback (letters, emails, telephone calls) from service users, families and professionals. This meant we were able to see the ways in which the service maintained regular contact and gained feedback from service users and stakeholders.

Areas for improvement

Whilst the manager used a 'hands on' approach to deal with complaints/ suggestions as they arose, the service should ensure that complaints and their outcomes are formally recorded. It would also be beneficial for service users to sign the copy of the complaints procedure in their file - this would help evidence that they have read and understood it.

The service should ensure it evidences and records the formal review of support plans at least every six months. The service was able to evidence that support plans were updated on an on-going basis and the Local Authority Throughcare Team was informed of any changes. However, it was less clear where and when formal reviews of the support plan had taken place.

The service had previously involved service users in recruitment and selection, new staff we spoke to stated that this had not happened for recruitment in 2013. The service should ensure that service users are given the opportunity to participate in recruitment and staff.

Whilst the use of a Quality Improvement Folder is good practice, this should be further developed to evidence how this data is collated and analysed. This would help the service evidence how the information is analysed and used to shape service development/ planning. This would also help provide clearer evidence of outcomes resulting from participation.

During our inspection we heard from the service how it had previously used satisfaction questionnaires and 'Survey Monkey' to gain formal feedback from service users and their families. We were also told that these approaches often had poor response rates. The service should reinstate formalised evaluation systems. The service should work with service users and families to develop methods of formal feedback that can meaningfully contribute to service development and improvement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

- 1) The service should develop method for ensuring and recording formal reviews of support plans. This should take place at least every six months (National Care Standards: Care at Home. Standard 3 - Your Personal Plan).

Statement 3

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

Service strengths

We found that this service was performing to a good standard in the areas covered by this statement. This was concluded after we:

- * Spoke with service users and stakeholders
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

In addition:

In the initial stages of working with a young person, the service developed a 'Proposed Service Provision for the Service User' document. This document considered a broad range of needs including: daily living needs, budgeting, communication, health, leisure interests, social needs, training/ employment/ education and safety. This meant that the service looked at ways it could help support young people in all aspects of their life - this is known as holistic assessment.

We heard how the service encourages young people to make positive healthy choices.

This included encouraging healthy eating, smoking cessation, being active and support to attend health appointments.

Each young person has a risk assessment completed by the service - this outlined areas of risk/ hazard, the severity of the risk and how the service intended to manage this. We also saw evidence of how the assessed risks shaped the training of staff e.g. specific training on suicide support and safe talk. There was evidence that risk assessments were updated on a regular basis to reflect changes in service users lives.

There was evidence that the service works closely with other agencies and professionals to help young people feel safe and supported within their community. In particular the service worked closely with social workers and 'throughcare/ aftercare' teams. The service regularly attended multi-agency meetings for young people - these often served as support plan reviews for the service (the service often did not record these as formal reviews - refer to recommendation in theme 1, statement 1).

The service had recently begun working with an independent psychological support service. This meant that the service was further developing the way it supported the emotional and psychological wellbeing of young people.

Areas for improvement

Whilst we could see that case recordings were regularly maintained and detailed, these could be more systematically completed. By this we mean that recordings could be more closely referenced to aspects of the young person's support plan and risk assessment. This would help evidence the outcomes being achieved by the service and young people. To further the service's person-centred approach, young people should be more actively involved in the recording of their hopes, fears, views on supports needed and achievements. The service should also consider introducing the use of GIRFEC/ SHANARI indicators into its assessment framework. It would also be beneficial to record the views of young people in relation to risk. Risk assessments could consider the service user's view on perceived risk, the best ways to manage risk etc.

Whilst we saw some very good practice within young peoples' support plans, there is still some scope for development. The plans could more clearly evaluate the progress made and areas of achievement by young people. Support plans could also more clearly outline short and long term goals, who is responsible for meeting areas of need identified and timescales for completion.

Grade awarded for this statement: 4 - 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

We found that this service was performing well in the areas covered by this statement. We concluded this after we:

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

The strengths of service user and carer involvement, detailed under Quality Theme 1, statement 1 also apply to this statement.

Areas for improvement

The areas for improvement of service user and carer involvement, detailed under Quality Theme 1, statement 1 also apply to this statement.

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

Staff we spoke to felt there was a strong ethos of support and development within their team. During our time in the service we had the impression of a motivated team who were committed to developing the service they provided to young people.

Staff were appropriately qualified and those interviewed were aware of the required qualifications and relevant, current timescale for SSSC registration. Staff were knowledgeable of the National Care Standards and were able to discuss how their

working practices were shaped by these.

All staff interviewed were able to identify a broad range of training received in the past year: child protection, Therapeutic Crisis Intervention, self-harm, medication, ASSIST, adult support and protection.

The service used the 'Safer Recruitment' toolkit developed by the Scottish Government. This means that we were satisfied with the robustness of the recruitment procedures used by the service.

We heard from recently recruited staff that the organisation had a well-developed induction programme. This included a programme of training, shadowing and a 6 month review of progress.

Discussion with staff indicated that they have a clear understanding of the aims and objectives of the Service. Staff and managers have a very evident commitment to developing the Service. Staff and managers spoke enthusiastically about their Service and this commitment was reflected in the positive feedback about staff from service users and stakeholders.

Areas for improvement

The Service should continue developing its training programme for staff. It would be beneficial to strengthen its supervision and team meeting schedule. Whilst there was evidence of supervision taking place, this was not always as regular as would be expected.

We heard from staff that team meetings were not taking place on a regular basis and were difficult to attend due to staff rotas. Staff clearly valued the opportunity to meet as team saying that it provided opportunity for support, development, reflective practice and improving quality. Minutes of these meetings should clearly summarise discussion and outline action points.

The service was in the process of implementing a new format for annual appraisals of staff. This meant that there had not been any annual appraisals for 2013.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that a robust and regular programme of supervision, appraisal and team meetings is in place. Frequency of these should be in line with the organisation's policies and procedures. (National Care Standards: Care at Home. Standard 4 - Management and staffing).

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

We found that this service was performing well in the areas covered by this statement. We concluded this after we:

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

The strengths of service user and carer involvement, detailed under Quality Theme 1, statement 1 also apply to this statement.

Areas for improvement

The areas for improvement of service user and carer involvement, detailed under Quality Theme 1, statement 1 also apply to this statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We found that this service was performing well in the areas covered by this statement. We concluded this after we:

- * Spoke with service users
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records

In addition:

Through talking to managers and reviewing procedures within the Service we are satisfied that a quality assurance framework is being implemented. As discussed in other parts of this report, service users and stakeholders should have the opportunity to contribute to the quality assurance of the service through completing questionnaires and attending regular meetings. However, where feedback was given, we were able to see how the manager of the service used this feedback to further develop the service.

The service provided us with evidence of regular quality assurance audits including care plans, risk assessments, case notes and files. Accidents and incidents were also routinely monitored.

The service had a development plan which set down the areas for improvement. It included areas such as service user involvement, quality assurance programmes, staff training/ recruitment and service development.

Areas for improvement

The service should continue to develop its quality assurance programme to more clearly include the views of service users and stakeholders.

The service should consider opportunities for an external audit of the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - 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	4 - Good

6 Inspection and grading history

Date	Type	Gradings
12 Oct 2012	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
14 Jul 2011	Unannounced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Translations and alternative formats

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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