

## Care service inspection report

# Ayr Housing Aid Centre Housing Support Service

## Housing Support Service

1st Floor

7 York Street

Ayr

KA8 8AN

Telephone: 01292 288111

Type of inspection: Unannounced

Inspection completed on: 20 January 2015



HAPPY TO TRANSLATE

# Contents

	Page No
Summary	3
1 About the service we inspected	4
2 How we inspected this service	6
3 The inspection	10
4 Other information	22
5 Summary of grades	23
6 Inspection and grading history	23

## **Service provided by:**

Ayr Housing Aid Centre

## **Service provider number:**

SP2004006682

## **Care service number:**

CS2004073455

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto: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	6	Excellent
Quality of Staffing	6	Excellent
Quality of Management and Leadership	6	Excellent

### What the service does well

The service has high success rates for assisting people to maintain their tenancy when under the threat of homelessness.

### What the service could do better

The service should continue to monitor and review the service it delivers to maintain the excellent standard that they currently deliver.

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

Since the last inspection the service has continued to develop any areas that have been highlighted by feedback from service users or other stakeholders to meet the changing needs of the service that they provide.

### Conclusion

Ayr Housing Aid Centre provides excellent support to people who are at threat of homelessness in a professional and non-judgemental way.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 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 the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Ayr Housing Aid Centre Support Service is registered to provide a housing support service to adults who are homeless or in housing need threatened with homelessness. Staff support will be individualised and specified in the service users housing support plan.

The service operates from new offices within walking distance of the town centre of Ayr. The offices provide a bright, fresh professional image with individual office space for staff and a reception area with a meeting room available on the ground floor which is wheelchair and disabled accessible. The meeting room has been fitted out in a casual style, with couches and chairs to help people relax and feel at ease when meeting staff. The upstairs accommodation has a large conference room and several individual offices for different staff functions.

The service states its primary aim and objective is to provide: advice, assistance, representation and sustainment to those who are homeless, threatened with homelessness and/or are in housing need. Services include: advice, information and tenure sustainment.

The service is run as a registered charity by a management committee of voluntary laypersons, representation from statutory bodies and voluntary sector agencies.

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 6 - Excellent**

**Quality of Management and Leadership - Grade 6 - Excellent**

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### **What we did during the inspection**

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on Tuesday 20 January 2015 between 9.30am and 4pm. We gave feedback to the service manager at the end of the inspection day.

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 fifteen care standards questionnaires to the manager to distribute to service users. Six service users sent back a completed questionnaire. We also asked the manager to give out five questionnaires to staff and we received one completed questionnaire.

During the inspection process, we gathered evidence from various sources.

We spoke with:

- the service manager, who is also the chief executive
- the chairperson for the committee
- one senior sustainment officer
- one sustainment officer
- the education and engagement officer.

We looked at:

- insurance certificate
- accident and incident reports
- service user agreement forms
- service leaflet
- service user case notes system
- service user feedback forms
- annual reports
- service user forum

- policies and procedures
- staff supervision and appraisal
- team meetings
- management committee meetings
- training.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

## **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. The provider told us how the people who used the service had taken part in the self-assessment process.

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

Care Inspectorate questionnaire responses:

"I am very happy with the service."

Comments from the service's service user feedback questionnaires April 13 - June 14:

"Always receive great service and will always return a call."

"Any problems after my meetings were followed up by back-up phone calls and information given to me."

"Excellent and advisor was understanding."

"First class and was able to answer my questions."

"Very informed advisor and they have good skills in dealing with housing issues."

"My mind was put at ease and I found the advisor easy to talk to."

"The service was good help in finding out about a house and what to expect."

"The service I received was excellent and really helped me understand all my options."

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

Not applicable for this type of service.

### 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**

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We received six questionnaires back from service users and all strongly agreed that they were overall happy with the service they received.

We saw that after the service received the initial referral, a service user agreement was drawn up that clearly set out the objectives for the service user and the expectations for both the service user and the sustainment officer. This allowed the service user to agree to these or amend where necessary.

We looked at the information leaflet given to service users and found that this gave a good overview of the service and contained relevant contact details. There was also a small, discreet card with summarised details that service users could keep with them for easy reference.

We found that the service tried to encourage people that have used the service to become involved in the future. This was done by having a service user forum day where previous service users could come along and find out more. Since the last inspection the service had gained one volunteer from this method for a period of time. The service planned to repeat this process routinely.

We found that the service consistently used service user feedback surveys to gain what had worked well and identify any areas that could be better. These were collated and used to form part of any future strategies. This led to the service responding to the needs of the service users.

We could see that whilst the main area for the service is about sustainment, the other services they provide had continued to develop since the last inspection. This included the 'Housing Education 4 Youths' project, which since the last inspection had won a bronze COSLA award for their work with local schools.

### **Areas for improvement**

The provider should continue to monitor and maintain the excellent participation in assessing and improving the quality of the care and support provided by the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

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

### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We found that the service had various policies and procedures in place including health and safety, restraint and accident reporting. We saw that these were reviewed regularly and staff were involved in this process to ensure that these were realistic and workable.

We saw that referrals could be made either by the service user themselves or by a third party. This meant that the service was available to anyone who needed their support and advice. We were told that the service distributed information leaflets and cards to various locations throughout South Ayrshire including GP surgeries and Council Offices. This increased awareness to people and provided an opportunity for people to know who and where to contact if they wanted assistance with their housing situation.

We found that as once a referral was made, the service would discuss the referral as a team and review the key areas of assistance required in order to prioritise timescales for initial meetings with the service user. This ensured that those who were imminently at risk of losing their tenancy were prioritised. The outcome from this was that the number of service users who went on to losing their tenancy was minimal.

We saw that once the case had been allocated to a sustainment officer, they arranged an initial visit either in the service or at the person's home. Prior to this meeting, the sustainment officer prepared a case folder which included a written agreement detailing the proposed areas of support needed and the expectations that the service user could expect from the service. This was then discussed with the service user who could amend this as necessary to ensure that it met their needs. Once agreed, this was signed and a copy given to the service user.

We found that the service discussed with the service user any other agencies that they felt may be appropriate to share their information with. A consent form was then signed at this time by the service user.

We saw that following the initial meeting a case file was put in place and clear records were then kept of all meetings between the service and the service user including what had been discussed, any areas agreed to focus on and when the next meeting would be. We saw that these records were kept electronically and that all the sustainment officers followed the same process.

This ensured that there was a consistent approach by the service which meant that should another member of staff need to take over a case due to staff absence, the service user did not have to repeat themselves and that appointments were not missed.

We found that the service assisted service users to review the current state benefits that they received and worked with the service user to complete any benefit applications. Where necessary they would support the service user with any appeal processes. The service kept copies of any such applications along with the electronic records which provided a clear record that could be accessed should an application become lost or a different staff worker becoming involved. The benefit of this was that it speeded up the process for the service user and meant that proposed loss of tenancy agreement was resolved quicker.

We saw that the service carried out monthly reviews of all cases and we looked at records that confirmed this process. These reviews provided an overview of what elements of the support plan had been achieved so far and what areas were still to be achieved. It also showed all meetings that had taken place between the service user and the service. These were read by the senior sustainment officer to ensure that all support was delivered as expected. We saw examples where the senior sustainment officer had noted suggestions of other agencies or financial considerations that could be looked at. These were colour coded which meant that there was a robust audit trail.

We found that when a case was closed, time was taken to confirm with the service user what the future expectations were for them. If they were being transferred to another agency for on going support, then time was taken to introduce the service user to the new agency at a meeting. This provided a smooth transition for the service user and we were told that the service had found that when this happened rather than a paper based transition, then the service user was more likely to work with the new service and sustain their tenancy for longer. We saw statistical records that supported this.

We were told that at times the service received referrals from people who had needs outwith their area of expertise. In this circumstance, the service would support the person to find the correct service that could help them. We were also told that if, during the course of assisting a service user, they disclosed other issues, then they would assist the person as far as they were trained to do so. This was mainly in areas of mental health or addictions. However, the service were very conscious that should the person require more specialised support, then they would support them to access this. This demonstrated a commitment from the service to support people wherever possible and at times beyond their duty.

We found that since the last inspection the service had now become an identified place where people could register to collect food vouchers. The benefit of this was that the service was in an area of easy access for people to visit.

### **Areas for improvement**

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

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

### Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We found that the service strived to maintain the same member of staff working with each service user throughout the time that they used the service. The benefit of this was that this provided continuity for people.

We reviewed the feedback from service users about staff and found lots of positive comments about staff.

See service strength under Quality Theme 1, Statement 1 for more information.

### Areas for improvement

The provider should continue to monitor and maintain the excellent participation in assessing and improving the quality of staffing in the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

**Grade awarded for this statement:** 6 - Excellent

**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

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We spoke with staff who told us that they felt that they got enough training to carry out their job role. They told us that if there was any further training that they required then they could ask for this and were confident that this would be provided. Some gave us examples of where this had happened in the past including training on welfare rights. This extra training had then benefited the service users as the staff were better informed to support and advise them.

We found that training was available in-house and also externally from a number of sources including the NHS and South Ayrshire Council. The service worked hard to maintain good relationships with all the other agencies that they work with and made the most of being included in their training schedules. Not only had this provided the staff with a wider knowledge including mental health and addictions, but now had points of contact when service users needed extra support.

The service demonstrated a commitment to staff development and currently had one person working towards their SVQ III. We spoke with the staff member who told us that the manager and other staff had been extremely supportive during this process.

We saw that there was a staff induction programme in place for any new staff. We spoke with a newer member of staff who told us that this had included learning and training courses which they had felt had provided them with the basic knowledge to carry out their job role. They also told us that they had received lots of job coaching from existing staff and that staff had been keen to spend time doing this. They told us that this had been a good process for them.

We looked at minutes of team meetings and found that these were held regularly. We saw that there was a set agenda, however, staff could also add to this. We looked at some minutes and found that at each meeting the staff would choose a care standard and discuss this in-depth. This provided a 'bite sized' way of keeping the standards a working document. We saw that progress from any actions required from previous meetings were discussed and that any future actions were recorded detailing who was responsible for taking this forward. This ensured that meetings were meaningful.

We spoke to staff who told us that they received regular supervision from their line manager as well as an annual appraisal. They told us that they found these useful and supportive and that they were able to discuss any ideas or issues. We saw that the manager had an overview to ensure that these were carried out. Staff were able to ask for any training needs and were able to give us examples of when they had asked for certain training and this had been arranged.

Staff also told us in general that because the management team were approachable, if they ever had any ideas or suggestions then they would not wait until supervision or meetings to raise this. They all said that there was an open door policy.

We found that relevant staff were registered with the Scottish Social Services Council and that the service was aware of the future registration for all staff and were assisting staff to prepare for this when devising the training planner.

We saw that members of the management committee attended some staff meetings and also dropped in to visit the service. This provided an opportunity for staff to speak directly to them without having to make a specific appointment. This meant that staff were very involved in the future development of the service and were felt part of any decisions.

We looked at lone working arrangements for staff. Staff told us about the systems that were in place to monitor any external visits to service users homes and equipment that they were provided with. They told us that there was always enough staff available should they need a second person with them. In general, staff told us that they felt safe and secure whilst at their work.

When we spoke with staff they were very enthusiastic and motivated about working at the service and told us that they enjoyed working there. They told us that there was good team working and that because staff came from different working backgrounds this meant that there was a wealth of knowledge that they shared.

### **Areas for improvement**

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

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## **Quality Theme 4: Quality of Management and Leadership**

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 management and leadership of the service.

### **Service strengths**

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We found that in addition to the various feedback methods used by the service, South Ayrshire Council carried out independent questionnaires with service users and provided the service with the outcomes from these.

Comments from the 2014 ones included:

"Very satisfied with the service I received."

"Service was fine."

"The service was brilliant in my opinion."

"The service I received from the staff was brilliant and invaluable."

"Staff are kind and extremely helpful."

"The service gave me everything I needed."

"Service was very professional."

"Excellent service."

"The service was superb and staff are compassionate, kind and caring."

See service strength under Quality Theme 1, Statement 1 and Quality Theme 3, Statement 1 for more information.

### **Areas for improvement**

The provider should continue to monitor and maintain the excellent participation in assessing and improving the quality of the management and leadership of the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

**Grade awarded for this statement:** 6 - Excellent

**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**

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an excellent level.

We found that since the last inspection the service had been audited by the Scottish National Standards for Information and Advice Providers in January 2014 and retained their level III accreditation until January 2018. We read the report and saw that one recommendation had been made from which the service was working to achieve.

We saw that the senior sustainment officer audited the case records for all service users on a monthly basis and addressed any areas that needed further action with staff. The service manager carried out spot checks of both the records and the senior sustainment officers audits regularly as an extra monitoring process. This ensured that records were up to date.

We were told that the service manager carried out regular spot checks during staff's home visits to monitor the delivery of any off site support and gain feedback from the service users. Any feedback received was then discussed with the staff member. If the service user highlighted an area with the service then this was discussed at team meetings where appropriate.

We found that the service manager had developed a quality assurance system that took account of feedback from service users, staff and other stakeholders to change and improve the service future planning. We looked at these and found that any areas highlighted as a result had either been resolved or an action plan was in place to resolve them. This demonstrated a commitment from the manager to continually monitor and improve the service.

We looked at the accident and incident procedures and found that these were in place. Although, there had not been any since the last inspection, we felt assured that systems were available to deal with any that should occur in the future.

We saw that there was a complaints policy in place and there was information about this given to service users on their initial agreement. This included details of external agencies that could be contacted including South Ayrshire Council and the Care Inspectorate. There had been no complaints since the last inspection.

We found that the service provided a quarterly statistical report to the council as well as meeting with them regularly to ensure that they were delivering an effective service. These reports included details on how many service users had successfully maintained their tenancy by reducing the debt owed and putting in place action plans to prevent any re-occurrence. We looked at these and concluded that the service was consistently achieving successful outcomes for people.

We looked at the annual report produced by the service. This was produced annually with the individual services within the centre each completing their own annual report which fed into the overall one. This contained information on referral numbers, timescales for cases, outcomes for service users, feedback methods used and success rates. The service used this to determine future planning for the service with the council and management committee.

We found the service manager to be enthusiastic and motivated about the service and staff we spoke with told us that he was very approachable and that they felt listened to.

### **Areas for improvement**

The provider should continue to monitor and maintain the excellent management and leadership of the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

**Grade awarded for this statement:** 6 - Excellent

**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

No additional information.

### Action Plan

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

## 5 Summary of grades

<b>Quality of Care and Support - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Staffing - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Management and Leadership - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

## 6 Inspection and grading history

Date	Type	Gradings
3 Jul 2013	Unannounced	Care and support 5 - Very Good Staffing 6 - Excellent Management and Leadership 6 - Excellent
24 Jan 2013	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
5 May 2011	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
4 Feb 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very 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 0345 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](http://www.careinspectorate.com) or by telephoning 0345 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 iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی د روا ولکش رگی د 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 ا 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: 0345 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)