

# Inspection report

## Stirling Council - Housing Services Housing Support Service

New Viewforth  
Stirling FK8 2ET

**Inspected by:** Mary Soutar  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 4 December 2007

**Service Number**

CS2004079693

**Service name**

Stirling Council - Housing Services

**Service address**New Viewforth  
Stirling FK8 2ET**Provider Number**

SP2003002689

**Provider Name**

Stirling Council

**Inspected By**Mary Soutar  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

4 December 2007

**Period since last inspection**

10 months

**Local Office Address**Springfield House  
Laurelhill Business Park  
Stirling  
FK7 9JQ  
01786 406363

## **Introduction**

Stirling Council Housing provides a housing support service to enable people to maintain their accommodation, meet their duties and responsibilities as a tenant and help people to live independently in the community.

Stirling Council aims to ensure that people are receiving the appropriate housing support they need and provide a consistently good service.

The service can be divided into 3 main areas, Tenant Services, Homeless Services and Sheltered Housing.

Tenant services delivers support to main stream tenants as and when required. The service also provides enhanced support on a pre-planned basis to tenants subject to Short Scottish Secure Tenancies and to those subject to an Anti-Social Behaviour Contract.

Homeless services, which includes support, accommodation and after care service.

Sheltered Housing providing a service to older people offering support to enable them to live independently.

Stirling Council Housing has been registered with the Care Commission as a Housing Support Service provider since November 2004.

## **Basis of Report**

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Evaluation Form

The service submitted a Self-Evaluation form as requested by the Care Commission.

Views of Service Users

Questionnaires were sent to 90 service users, only 3 of which were completed and returned.

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required as a result. The inspection was then based upon the relevant Inspection Focus Areas and associated National Care Standards for the particular service type and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the Inspection Process

## Evidence

During the inspection visit, evidence was gathered from a number of sources. This included a review of a range of policies, procedures, records and other documentation, including the following:

- child protection policy
- policy on the protection of vulnerable adults
- complaints policy and procedure
- staff training records
- support plans

## Staff at Inspection

Discussion took place with a range of staff and service users:

Head of Housing

Service Managers

Housing Officers

Sheltered Housing Warden

Three service users within Homeless services and five service users within the sheltered housing complex took part in individual interviews.

## Inspection Focus Areas and associated National Care Standards for 2007/08

The Officer took all of the above information into consideration and reported on whether the service was meeting the care standards associated with the Inspection Focus Areas for 2007/08. The main inspection focus for this service was Protecting People and Quality Assurance.

The following Housing Support standards were taken into account during this inspection to support the Inspection focus areas and follow up on the service actions in relation to recommendations and requirements made in all regulatory activity since the last inspection.

## National Care Standards Housing Support Services

Standard 2 Your Legal Rights

Standard 3 Management and Staffing

Standard 4 Housing Support Planning

Standard 8 Expressing your Views.

## Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

## Action taken on requirements in last Inspection Reports

1. Full and appropriate recruitment checks must be undertaken in respect of the selection of all sessional workers.

This is to be done in accordance with SSI 114/2002 9(1) and the SSSC Code of Practice – Employer 'Make sure people are suitable to enter the workplace 1.1, 1.2 and 1.3.

Timescale:- Upon receipt of this report and ongoing.

2. In line with Stirling Councils policy on the 'Secure Handling, Use, Storage and Retention of Disclosure Information' and in accordance with good practice, and the Data Protection Act, Disclosure certificates should be stored securely and, on being destroyed a copy of the unique identifying number held on record.

This is to be done in accordance with SSI 114/2002 4(1)(a) and the SSSC Code of Practice – Employer 'Make sure people are suitable to enter the workplace 1.1 and 1.2.

Timescale:- Upon receipt of this report and ongoing.

3. An audit of case files for those people employed from 2002 must be undertaken to identify those employees who do not currently have an Enhanced Disclosure check in place and where identified this must then be undertaken as a priority.

This is to be done in accordance with SSI 114/2002 9(1) Fitness of Employees and the SSSC Code of Practice 1.1 and 1.2 – Employer 'Make sure people are suitable to enter the workplace.

Timescale:- 6 months from receipt of report.

Requirements one to three listed above related to the audit of Stirling Council's safer recruitment practice. A follow through inspection of the council's safer recruitment practice took place on 21 June 2007. It was noted that satisfactory progress had been made in each of the areas for action identified in the last inspection. A process of continuing improvement in procedures to ensure safer recruitment was in place. As a result, It was not necessary to make any further requirements or recommendations.

4. A housing support plan should be developed for all tenants who are in regular receipt of housing support services.

This is to be done in accordance with SSI 114/2002 Regulation 5 (1) Personal Plans.

Timescale: Within 6 months of receipt of this report.

Housing Support plans have been developed for Service users within Homeless and Sheltered Housing Services however have not been developed for tenants within mainstream housing who receive regular housing support. This requirement is therefore included in this report.

### **Comments on Self-Evaluation**

A fully completed Self-evaluation document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Standards associated with the inspection focus area. The service identified strengths and some areas for future development.

### **View of Service Users**

Service users were in the main positive about the service they receive and the support from staff. Two individuals did however express their concern and dissatisfaction over the response of staff to concerns which had been raised.

Comments from service users included the following:

"a gem" "they've been great"

"I don't want to move....the staff have all been so good."

A resident in the Sheltered Housing Complex stated "the warden will aye run a message for

you"

Staff were reported to have offered helpful advice and guidance to service users and were shown to be working with other agencies evidenced by comments below:

"Have received help with getting money to redecorate."

"Social worker has organised transport for my daughter to go to the nursery...means she doesn't have to move".

### **View of Carers**

One questionnaire was completed by a friend/relative of a service user. This person felt there were too many people dealing with the service user.

Concern was expressed by a visitor to homeless services about the 'long- term plan' for his relative.

## **Regulations / Principles**

**Regulation :**

**Strengths**

**Areas for Development**

## **National Care Standards**

### **National Care Standard Number 2: Housing Support Services - Your Legal Rights**

**Strengths**

Service users were provided with clear written information on the service available. Written agreements were in place in respect of tenancies and specific agreements relating to the Housing Support Service had been developed by Homeless Services and the Sheltered Housing Service.

Following the last inspection a copy of the inspection report was available on the council website and tenants in Homeless Accommodation and Sheltered accommodation were informed of the availability of the report.

**Areas for Development**

All tenants in receipt of housing support should have a written agreement clearly detailing the level of service they will receive. (See Recommendation 1)

Consideration should be given to further developing the information provided to service users on rights and responsibilities.

### **National Care Standard Number 3: Housing Support Services - Management and Staffing Arrangements**

**Strengths**

The organisation had an extensive range of policies and procedures to govern the operation of the service and guide staff. All policies were readily available to staff via the council intranet service. This included policies and procedures relating to staffing, whistleblowing, managing risk, complaints and the protection of both children and vulnerable adults. As part of Stirling Council the service had ready access to the Area Inter-Agency Adult Protection procedures.

Staff who participated in the inspection process displayed a clear understanding of their roles and responsibilities and were familiar with the service policies and procedures. Where

policies or procedures were amended or new policies developed, staff confirmed they were informed by e mail.

Staff working within the service displayed a real commitment to providing a quality service and improving the experience of service users. New staff members confirmed they were well supported by experienced staff as they developed their knowledge and understanding of the role.

Each member of staff completed an individual " Personal Development Plan" which was discussed during annual appraisals and reviewed through supervision. Staff stated they completed evaluations following all training events and were being supported to access SVQ qualifications appropriate to their roles and responsibilities in preparation for registration with Scottish Social Services Council.

Three requirements and one recommendations were included in the last inspection report with regard to the Care Commissions inspection theme of Safer Recruitment. The recommendations related to an inspection undertaken on 3 July 2006. A follow up inspection was undertaken centrally on the 21 June 2007 during which it was concluded satisfactory progress had been made in each of the areas for action identified. A process of continuing improvement in procedures to ensure safer recruitment was in place.

### **Areas for Development**

Most of the staff who provided feedback as part of the inspection confirmed they had regular support and supervision sessions and were supported in their ongoing training and development. However, there were some staff working under pressure, or in isolation, who did not have the benefit of regular support and supervision sessions. The Management Team were however aware that in some instances this did not routinely take place in line with council policy and had highlighted this area as requiring action. (See recommendation 2)

A new induction programme was being developed by the council. It was the intention of the service to ensure this included specific guidance for Housing Support staff in relation to their roles and responsibilities. This is an ongoing recommendation from the last inspection. (See recommendation 3)

Staff confirmed they had accessed training in Child Protection however only managers were given training above Level 1. It is suggested consideration be given to providing Level 2 training to staff who regularly work with families.

Although staff demonstrated an awareness of their responsibilities in respect of the protection of vulnerable adults they had not accessed relevant training. (See requirement 1)

The service routinely carry out Disclosure Scotland checks on new staff joining the organisation and staff moving position. It would however appear that although the service had made a commitment to undertaking retrospective Disclosure Scotland checks this had not been implemented within the housing sector. (See requirement 2 and recommendation 4)

The service had a basic quality assurance system however new service standards were being developed which will allow the process to be further developed.

Not all staff who participated in the inspection process could confirm they had a copy of the

SSSC Code of Conduct. (See recommendation 5)

## **National Care Standard Number 4: Housing Support Services - Housing Support Planning**

### **Strengths**

Housing Support Plans were in place for service users within Homeless and Sheltered Housing Services. The nature of the support provided to users of this service was both flexible and responsive, recognising their individual and changing needs. Facilities were in place to ensure plans could be provided in a variety of languages and formats where required.

Within the sheltered housing complex all service users were provided with clear information regarding the housing support service within a Tenants Handbook. The booklet also contained information on the role of the Care Commission in respect of registered services.

### **Areas for Development**

The Management Team had recognised that the format of existing Support Plans could be improved to ensure they provided all relevant information and served as a useful working tool and reference document. They were therefore reviewing the format utilising the experience and expertise of other services within the council. Support Plans should include the specific needs of service users and a risk assessment in relation to specific challenges which may be presented.

Whilst it is recognised most service users receiving a housing support service now have support plans, there were some service users in main stream accommodation who did not. It is accepted any tenant may require short term support at some point, however those who receive regular ongoing support require to have a housing support plan. (See Requirement 3)

## **National Care Standard Number 8: Housing Support Services - Expressing Your Views**

### **Strengths**

A new tenant participation strategy had been developed which provided service users with opportunities to make their views known and influence the development of the service. Within the homeless section staff were particularly enthusiastic regarding the involvement of some service users in the Homelessness Research Strategy. This enabled them to play an active role in the Community Planning framework which aims to achieve social inclusion and equality of opportunity for all.

Service users who participated in the inspection process confirmed they knew how to make a complaint to the service and were aware of how to use the council's 'Talkback' system.

Service users confirmed they had been involved in discussions about their support and their future. In the main they felt they had the opportunity to express their views either privately or

within a group. Feedback from service users was in the main very positive. One service user referring to the homeless service stated ' "I don't know where I would have gone if this place hadn't been here".

Discussion with service users and staff confirmed that staff had advocated on behalf of individuals where required. Information on independent advocacy services was readily available to service users and staff encouraged them to access this support where required.

Service users had been informed of the Care Commission inspection and offered the opportunity to contribute to the process.

### **Areas for Development**

Whilst the service had made progress in respect of consultation with service users it was recognised by the Management Team that consultation methods could be tailored more towards individual services user's needs and abilities. This is an area for development for the service.

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

This part of the report has been completed by a Lay Assessor. A Lay Assessor is a volunteer, who has experience of being a user of care services or as an informal carer.

Homeless Unit: Accommodation built on the edge of the city, access to local shops is good. A welcoming environment with committed staff on site. The bed-sits meet an immediate homeless need, with staff that appear to encourage these temporary tenants to achieve some order and control over their lives, referring them onto other agencies when necessary.

Sheltered Housing: Kelly Court is a purpose built two story building. Facilities contain a lift, a secure door entry system, car park, individual bed-sits, communal sitting area, garden, laundry, and hairdressing facilities. The general view expressed by tenants that it was good place to live.

Both services demonstrated staff support and a positive interest in their tenants' needs. Most tenants' indicated that the staff were responsive and kind:

The Care Commission Officer informed the manager/childminder of the 'Regulating for Improvement' project - a development which will significantly change how the Care Commission will regulate services from April 2008. It will mean better information, more involvement with people who use care services and their carers, and the introduction of clear gradings which will help people make more informed choices about the care services they want to use.

The manager was advised by the Care Commission Officer to familiarise themselves with the information and briefings that have been made available at [www.carecommission.com/Care Services/Regulating for Improvement/Information for Service Providers](http://www.carecommission.com/Care%20Services/Regulating%20for%20Improvement/Information%20for%20Service%20Providers)."

## **Requirements**

1. The care service will ensure access to appropriate training in adult abuse issues and use of associated policy and procedures to all staff providing housing support.

This is in order to comply with SSI 114/2002 Regulation 4(1)(a) - a requirement that providers shall make proper provision for the health and welfare of service users.

This is in order to comply with SSI 114/2002 Regulation 13(c) - a requirement to ensure that person employed in the provision of the care service receive - (i) training appropriate to the work they are to perform.

Timescale: Within 6 months of receipt of this report.

2. An audit of case files for staff employed from 2002 who are involved in housing support must be undertaken to identify those employees who do not currently have an Enhanced Disclosure check in place and where identified this must be undertaken as a priority.

This is in order to comply with SSI 114/2002 Regulation 9 (1) Fitness of Employees and the SSSC Code of Practice 1.1. and 1.2 - Employer must make sure people are suitable to enter the workplace.

Timescale: Within 4 months of receipt of this report.

3. A housing support plan must be developed for all tenants who are in receipt of housing support services.

This is in order to comply with SSI 2002/114 Regulation 5(1) - Personal Plans

Timescale: Within 4 months of receipt of this report.

### **Recommendations**

1. All service users identified as requiring regular housing support should have a written agreement detailing the service they will receive.

National Care Standards: Housing Support Services - Standard 2.1 Your Legal Rights

2. All staff carrying out Housing Support duties should have regular support and supervision in line with council policy.

National Care Standards: Housing Support Services, Standard 3.1 - Management and Staffing.

3. A programme of induction including the roles and responsibilities of housing support should be developed for new staff.

National Care Standards: Housing Support Services, Standard 3.3 - Management and Staffing.

4. The plan to introduce retrospective Disclosure Scotland checks for staff employed prior to 2002 and who have not undergone such checks, should be implemented.

National Care Standards: Housing Support Services, Standard 3.5 - Management and Staffing.

5. Managers should ensure all staff have copies of the SSSC Code of Practice.

SSSC Code of Practice - Employer . As a Social Service employer you must promote the SSSC Code of Practice to Social Service Workers.

**Mary Soutar**

**Care Commission Officer**