

Junction 52 Support Service

Penilee Community Centre
10 Gleddoch Road
Penilee
Glasgow
G52 4BD

Telephone: 01418 838 880

Type of inspection:
Unannounced

Completed on:
19 September 2023

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2003001071

About the service

Junction 52 service provides support services to adults with learning and/or physical disabilities. The service operates a day centre which is based in Penilee Community Resource Centre and also provides community based support services. It is operated by Capability Scotland, who provide a range of other support services throughout Scotland.

About the inspection

This was an unannounced inspection which took place between 12 September 2023 and 19 September 2023. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and gained the views of five of their family members.
- spoke with eight staff and management.
- observed practice and interaction between staff and the people who use the service.
- reviewed documents.

Key messages

- People who used the service benefited from warm and supportive relationships with the staff team.
- A wide range of activities were being provided. Improvements were needed in relation to the way these are planned.
- The centre offers a range of spaces which are well equipped to provide the service.
- There were good examples of individual support plans, however this was not consistent for every person using the service.
- Management quality audits were not used to good effect.
- The service improvement plan was to be reviewed and updated.

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?	3 - Adequate

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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

During the inspection we observed that staff and people using the service were comfortable in each others' company. It was evident that warm and supportive relationships had been formed. Family members spoke highly of the level of care their loved one received. One family member commented that 'communication is of a very high standard and I believe the Junction 52 team and management should be commended for their approachability and welcoming others whenever you enter the centre.

Support was provided as necessary to enable people who use the service to be members of the organisation's Customer Advisory Group. This enabled them to be part of discussions which informed organisational decision making. Technology was in place to allow them to attend and contribute to meetings remotely from the day centre where required.

There were a wide range of both individual and group activities provided within the centre. The way in which these were planned needed to be reviewed to ensure that these are varied enough across each week to meet the needs, wishes and outcomes of everyone who uses the service. The plans for each day should be shared with those attending to ensure they know what the choice of activities are on arrival at the centre.

We heard of examples where people who use the service had experienced an increased confidence, improved or new skills and greater levels of independence and self-esteem as a result of the support they had received. In recent months there had been an increase of planned outings within the local community and further afield, helping to keep people connected. Larger events were planned on an ongoing basis with families and friends invited to participate in some of these also.

Work was underway to review how staff are deployed to best meet the needs of those who use the service. We heard about how the staff team worked well together to ensure the needs and wishes of those who use the service were met.

People who used the service benefited from the centre having a choice of large and smaller rooms that could be used for group and 1:1 activities. There was an abundance of resources which could be used to support wide ranging activities. Since the last inspection a sensory room had been introduced. We observed an individual enjoying some quiet time in this space. We asked that a review of noise levels within the largest of the activity rooms be completed to ensure this did not cause unnecessary disruption in adjoining areas.

Communication aids were used for some individuals. Work was underway to identify where these might enhance other peoples' lives by enabling them to communicate more easily with staff and others.

We asked that the Health and Social Care Standards: my support my life and A Quality Framework for support services (not care at home) be discussed as a team. This is to ensure that all employed in the service have an understanding of the standards against which they should be practising.

The quality of group meetings held with people who use the service had improved in the recent months. We saw that requests and ideas had begun to be responded to in a more formal manner by the management team. We encouraged that this continue as a means of encouraging ownership and involvement of those who attend.

An area for improvement had been identified following the previous inspection remains. The detail recorded within support plans and associated documents, including for health needs, was inconsistent. Consultation with those who use the service and of their families/representatives was not always evident. The quality of reviews completed varied. There was no clear management oversight of what had been completed and what remained outstanding. (See Area for improvement 1).

There were examples of where staff had appropriately engaged with external health professionals such as a diabetes nurse and mental health services to ensure the needs of individuals were being met. We were not confident that staff had the training required to meet the range of needs of those supported and to be effective in their roles. We asked that a review of learning needs be completed, and a training plan be devised. (See Area for Improvement 2)

Appropriate checks in relation to the maintenance of moving and assistance equipment were being completed. Infection prevention and control arrangements were sufficient. This helped to promote safety and reduce the transmission of infection.

Areas for improvement

1. A personalised, outcomes focussed support plan, should be in place for each individual. Records should be regularly updated and the impact of supports reviewed. This is to ensure that people who use the service have their needs, wishes and preferred outcomes met.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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.' (1.15)

2. People who use the service should benefit from being supported by a staff team who have been appropriately trained and developed to undertake their roles. A training needs analysis should be completed and a training plan devised to ensure that staff are equipped to practice safely and effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (3.14)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The new management team were working together to identify service priorities and required improvements. We heard from staff and family members that they were accessible and supportive. We observed warm interactions between the management team and the people who use the service during the inspection.

A service improvement and development plan had been devised. A pictorial version, with easy read information, of this was in place. There was a need for these to be reviewed and updated. This should include consultations with the people who use the service, families/representatives, staff and stakeholders. A date had been planned to complete this with the support of members of the senior management team. (See Area for Improvement 1).

Customer surveys and staff surveys had been completed a few months prior to this inspection. The surveys evidenced positive levels of satisfaction of those who had completed them. They also identified some areas of improvement. The feedback from these was still to be collated and an action plan devised to ensure that those areas were prioritised.

We reviewed internal reporting of accidents and incidents and adult support and protection concerns. We found that where necessary these had also been reported to the Care Inspectorate and external agencies.

We were told that at times resource limitations had impacted on the management teams ability to make the improvements they had identified as being required. We were assured that following this inspection additional supports would be put in place by the provider to achieve these.

The provider has a range of management quality audit tools available for use. We found that these were either not being used in the service or their use was inconsistent. Where audits had been completed both by members of the team and also external staff these had not been used to achieve improvements across the service. (See Requirement 1).

We were told that observations of staff practice in facilitating activities were being completed and that these also considered the quality of the activity. These were not being formally recorded. (See Requirement 1).

Observations of staff practice in other areas were being completed, however there was an absence of management oversight of when these had taken place and what was outstanding. (See Requirement 1).

Formal supervision was not being provided to staff in line with the provider's current expectations. To increase staff engagement and professional accountability we asked that this be reintroduced.

Recruitment checks completed followed current guidance. Improvements were required in relation to the storage and accessibility of related information. We also asked that the management team promote and evidence consistent involvement of the people who use the service in the recruitment process.

Requirements

1. By 16 February 2024, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

Areas for improvement

1. A service improvement plan should be developed with input from the people who use the service, families/representatives, staff and stakeholders. Where improvements are identified clear action plans, with timescales for completion, should be recorded. Regular reviews of the progress made should be undertaken and recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

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

Care plans could be more person centred and meaningful to the individual by predominantly capturing outcomes achieved. This essential information should help evidence more effectively that service users have been consulted in the content of the care plan.

This is in accordance with National Care Standards, Support services- Management and Staffing Standard 2.

This area for improvement was made on 31 July 2017.

Action taken since then

A quality audit completed had resulted in improvements in the content of the support plans sampled. In other support plans we saw that there was a lack of personalised, detailed information.

This has been repeated under Key Question 1 'How well do we support people's well-being?'

Previous area for improvement 2

The service improvement plans need to ensure that the views of people using this resource are sought on an ongoing basis, both formally at reviews, and collectively in committees.

This is in accordance with National Care Standards, Support services- Management and Staffing Standard 2.

This area for improvement was made on 31 July 2017.

Action taken since then

There was a service improvement plan in place, however this was not fully up-to-date. There were improvements needed in relation to the way the views of people who use the service, staff and stakeholders were used to influence the improvement priorities for the service.

This has been repeated under Key Question 2 'How good is our leadership?'

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This 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।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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.