

# Inspection report

## Cowal Council on Alcohol & Drugs - Supporting People Housing Support Service

Ballochyle House  
Kirk Street  
Dunoon PA23 7DP

**Inspected by:** Margaret Brogan  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 25 October 2007

**Service Number**

CS2005097372

**Service name**

Cowal Council on Alcohol &amp; Drugs - Supporting People

**Service address**Ballochyle House  
Kirk Street  
Dunoon PA23 7DP**Provider Number**

SP2005007478

**Provider Name**

Cowal Council on Alcohol &amp; Drugs

**Inspected By**Margaret Brogan  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

25 October 2007

**Period since last inspection**

11 months

**Local Office Address**Central West Region  
4th Floor,  
1 Smithhills St  
Paisley PA1 1EB  
Tel: 0141 843 4230  
Fax: 0141 843 4289  
Lo-call: 0845 600 8334

## **Introduction**

Cowal Council on Alcohol & Drugs Support Service was registered with the Care Commission in April 2006 to provide a Housing Support Service to people with alcohol and drugs problems in Dunoon.

It aims "to promote the prevention and early detection of alcohol – related problems, drug and other forms of substance abuse related problems, and to assist individuals experiencing such problems, in particular, those who reside within the Cowal peninsula and environs."

## **Basis of Report**

### 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

A sample of service users' views were sought via postal questionnaires and seven of these were returned. One service user spoke with the officer on the day of the inspection.

### 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.

### Staff at inspection

A sample of staff members' views were sought via postal questionnaires and two of these were returned.

### Evidence

During the course of the inspection the Officer spoke with the manager and a range of documentation was examined including the service's policies and procedures and service user support plans.

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

The inspection focused on two Inspection Focus Areas:

#### Protecting People

#### Quality Assurance

and two related Standards from the National Care Standards - Housing Support Services:

Standard 3 - Management and Staffing  
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 Report**

The service submitted a comprehensive action plan concerning the two requirements and four recommendations in the last inspection report and these had been addressed.

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

Although the self evaluation had been submitted it was not available to the officer on the day of the inspection.

#### **View of Service Users**

Service users' views on the service were very positive and included the following:

"I get all the help I need..."

"I'm confident of a response..."

"They're flexible in their support..."

"It had kept me going, I don't know where I would be without it."

Levels of satisfaction with the service ranged between "satisfied" and "very satisfied".

#### **View of Carers**

The response from carers was equally positive.

## **Regulations / Principles**

### **National Care Standards**

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

##### **Strengths**

While no children visit the service, it was recognised that service users may have care of children and there was a Child Protection Policy in place.

The service had no restraint incidents, but were aware that if any occurred they should be fully recorded.

Staff had received training in relation to restraint issues via group supervision and regular discussion.

It was not felt appropriate that staff in this service should have training in direct physical restraint and there was emphasis on staff safety via the use of mobile phones with duress buttons which connected to a central agency.

The service had an Adult Protection/Adult Abuse Policy which was available to staff.

There was a copy of the Area Inter-Agency Adult Protection procedures available.

A training needs assessment had been carried out and the service was working on a training needs analysis with a view to accessing SVQ3 training for all staff to prepare them for registration with the Scottish Social Services Council.

The Community Psychiatric Nurse had been involved in training for staff concerning alcohol abuse.

An annual staff training programme was in place which covered mandatory and non-mandatory training.

There was a learning and development policy in place and a system to evaluate the effectiveness of staff training.

##### **Areas for Development**

There was no policy concerning Restraint and the manager said that given the type of service, they would develop a policy which would make it clear that any type of restraint would not be used. See Requirement 1.

Although there was evidence that the service was considering implementing a risk assessment related to restraint this was not in place. See Requirement 2.

The manager stated that there had been no training for staff in adult abuse and adult protection. See Requirement 3.

Policies were not signed or dated and had no review date.

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

##### **Strengths**

The quality assurance system consisted of a regular case review system by the manager where documentation was reviewed with the support worker and the client.

A client involvement group was in place and was held once a week. Clients were advised of this on admission and a reminder was sent by text.

Internet access was provided and a music system was available for clients' use at the service

and the service was establishing the group to facilitate communication between service users as well as with themselves.

Informal and formal communication was encouraged for staff and service users.

Staff practice was monitored and observed by the manager using visits to service users and feedback from them.

### **Areas for Development**

None identified at this inspection.

## **Enforcement**

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

## **Other Information**

None.

## **Requirements**

### **Requirement 1**

The provider must develop a policy and procedure on restraint. This must be put in place within three month of the issuing of this report.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a)(c) - a requirement that providers shall make proper provision for the health and welfare of service users and ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

### **Requirement 2**

Individualised Risk Assessments must be developed detailing service users' abilities and needs in relation to rights, risks and limit to freedom, which should be updated to reflect changes in behaviour which might lead to restraint being considered. This must be put in place within three months of the issuing of this report.

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

### **Requirement 3**

The care service will ensure access to appropriate training in adult abuse issues and the use of associated policy and procedures to all staff with access to service users.

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

## **Recommendations**

**Margaret Brogan**

**Care Commission Officer**