

Care service inspection report

Full inspection

Glasgow Association for Mental Health Housing Support Service

St. Andrews by The Green
33 Turnbull Street
Glasgow



HAPPY TO TRANSLATE

Service provided by: Glasgow Association for Mental Health

Service provider number: SP2003003727

Care service number: CS2004074647

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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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	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The service has a clear focus on service user participation and inclusion. People supported by the service are consistent in their views that their experiences and personal outcomes have been improved through the intervention and support of GAMH staff.

The organisation works hard to improve mental health and wellbeing for all people affected by mental health problems. This is done through a wide range of innovative programmes and activities. The underlying values of the organisation are very well demonstrated in day-to-day practice.

What the service could do better

We discussed and reported on some areas for improvement around personal planning, updating the complaints procedure and addressing gaps in audits. The service has good insight into all the areas for improvement detailed in this report.

What the service has done since the last inspection

The service has maintained very good overall standards of care in spite of a challenging time recently which has included reduced funding for the service, the loss of experienced staff and dealing with a service restructure. Service users have commended staff for maintaining very good quality support throughout this time.

Conclusion

GAMH is a highly valued and important organisation for the people who it supports as well as the staff that it employs. The focus on improving outcomes for service users is embedded within the service. This is achieved in a way that demonstrates respect for service users and recognises their potential "to live the lives they want to live".

1 About the service we inspected

Glasgow Association for Mental Health, (GAMH), is a voluntary service which provides a range of supports to adults who suffer from mental health problems in the Glasgow area. An excerpt from the provider's website states that:

"Glasgow Association for Mental Health(GAMH) is an independent Scottish charity that provides more than 2000 hours of community based support every week to people in Glasgow."

The services and opportunities we offer help people who are recovering from mental health problems to live the lives that THEY want to live. We also support Carers of people in recovery, including Young Carers. We work with people in ways that encourage hope (belief that recovery is possible) personal development and self-confidence. If we support you we will recognise that you are the expert in your own life and your own health. You have the right to make your own choices and decisions." (see <http://www.gamh.org.uk/about-us/> accessed on 01/09/15 at 20:00 hours).

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011. GAMH is registered as a combined Housing Support and Care at Home service. This also includes support for people who use Self-Directed Support, (SDS), budgets to organise their care packages.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very 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 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. The inspection was carried out by one inspector. The inspection started on Monday 3 August 2015 and continued over four days at various times until Thursday 6 August. On Friday August 7 we gave feedback to the Chief Executive, the registered manager of the service and a range of GAMH, (Glasgow Association for Mental Health) staff. A representative from the service user members council was also present at the feedback.

As part of the inspection, we took account of the self assessment form that we asked the provider to complete and submit to us.

We sent 200 care standards questionnaires to the manager to give to service users to complete and we got 149 completed questionnaires back.

We asked the manager to give out 25 questionnaires to staff and we got 19 completed questionnaires back.

During this inspection we gathered evidence from various sources, including the following:

We met and spoke with:

- 11 service users in one focus group.
- One service user during a shadow visit with a staff member.
- One relative of a service user who received support from GAMH (telephone interview).
- Two support workers.

- Three assistant support workers.
- Two project leaders.
- One team leader for the SDS, (Self Directed Support) service.
- One training officer.
- One participation coordinator.
- The registered manager for the service.
- The Chief Executive of GAMH.

We looked at:

- GAMH participation strategy, (August 2014). This is the service's plan for how they will involve service users in all areas of the care service.
- A sample of personal plans of people supported by GAMH.
- GAMH Working Together Promoting Participation Leaflet.
- GAMH Young Carers Project Leaflet.
- GAMH Self Directed Support Leaflet.
- An evaluation feedback report about the GAMH Mental Health Money and Debt Project.
- "The Triangle of Care. Carers Included: A Guide to Best Practice in Mental Health Care in Scotland." (Carers Trust 2013).
- Information on lived experience training.
- Information about the Later Life Matters Project - Promoting mental health and wellbeing for older people 65 plus.
- A Project monitoring form for year two of the Later Life Matters project.
- GAMH Annual Report 2013/14.
- A sample of staff training records and a staff training plan.
- A sample of minutes of meetings with service users and staff.
- The provider's complaints policy and procedures.
- A sample of accident/incident/complaint records.
- The registration certificate.
- Public liability insurance.
- Employers liability insurance.

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.firescotland.gov.uk

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 by 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 care service had taken part in the self assessment process.

Taking the views of people using the care service into account

For this inspection we received views from 161 people using the service. 149 people gave their views via care standard questionnaires that we asked the manager to give to people who used the service. We also spoke with 11 service users in a small focus group and one individual who we met when he received support in his own home.

The majority of people who expressed a view strongly agreed that they were happy with the overall quality of care and support received from GAMH. Additional comments from service users are detailed in the main body of this report.

Taking carers' views into account

For this inspection we received views from one carer who was a relative of a service user receiving support from GAMH. The carer was very happy with the quality of care received by her relative. See Quality Theme 1, Statement 1 for additional comments from this carer.

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: 5 - Very 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

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

Meaningful participation of service users and their relatives/carers was embedded in the culture of the organisation. We saw that staff valued their involvement and recognised their right to be consulted and involved when making decisions about the care and support to be provided. The service tried to promote participation wherever opportunities arose and explored new ways to do this through a wide range of group and 1:1 activities.

The organisation had developed and implemented a participation policy with contributions from people who used the service. This addressed a recommendation that we made about this following our inspection of the service in 2013. There continued to be a very good system of service user representation throughout the organisation. Locally, this is done through service centre forums and housing support forums. At a strategic level, this is done through a members council.

GAMH staff and the service users worked in a very collaborative way to develop existing and new services, share ideas and promote positive outcomes for people with mental health problems. This was done through participation forums, the members council, educational programmes and activities. Participation and inclusion was facilitated by all staff with the added benefit of a dedicated participation coordinator. Very good strategies were in place to allow the voice of service users to be heard and also to include the views of carers and other people who were important in the lives of individual service users. Age was not seen as a barrier to inclusion and we noted very good examples of support for older people recovering from mental health problems through the Later Life Matters project as well as support for young carers aged between 12 and 18 years who live at home with an adult with a mental health problem.

Some activities and groupwork was specifically aimed at reducing health inequalities and breaking down barriers to mental health recovery in specific groups and communities. A very good example of this was the work being carried out with the BME (Black and Minority Ethnic) communities in Glasgow.

Service users and carers that we spoke with were very clear about how participation with GAMH had a positive influence on their mental health recovery and in other areas of their lives.

Comments included:

"I have really enjoyed taking part in GAMH opportunities - Walking with Friends, Our Histories. It helps me to get out of the house and meeting other people. Being involved in GAMH makes me feel "normal." (service user)

"At the time when the service is facing drastic cuts all the staff have remained very professional and carried on with the support and any advice I have needed. I was always a loner. GAMH has enabled me to come out of my shell and I am now participating in various groups and activities including sporting memories, our histories, also meetings about participation." (service user).

"My uncle's whole life changed since being in touch with GAMH. I was horrified at how he was living before. The staff are great. He is less socially isolated and enjoys his groups, is going to the gym and looks healthy." (relative/carer of service user).

We looked at a sample of support plans of people that we had met during the course of the inspection. Service users told us that they were routinely involved in developing and reviewing their support and the content of their personal plans. Since the last inspection of the service GAMH had started using an outcome focused tool (Individual Recovery Outcomes Counter (I.ROC)) when planning support and care. (see <http://www.penumbra.org.uk/innovation/personalised-services/>). This provided a good written and visual representation of progress with goals and achieving outcomes.

Areas for improvement

The use of I.ROC was still being rolled out to all service users and some staff were more familiar with its use than others. This meant that the quality of written information in the plans that we looked at, whilst generally good overall, was variable in the detail that was recorded. The provider agreed to progress this further and a pilot programme was already underway to link the use of I.ROC to staff codes of practice.

Many service users chose not have copies of their support plans in their own home although they could request them at any time. This means that staff had to transcribe written updates into diaries and update files at a later date in their base office. The provider could explore smarter ways of updating support plans, including the use of smart technology. The benefits of this for service users might include more immediate and portable access to their support plans and quick access to a visual representation of their recovery. The benefits to staff might be a reduction in duplication of written records, improved data protection and less time travelling back to their base office to update files.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use a range of communication methods to ensure we meet the needs of service users."

Service Strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

The service had well established links with other professional services, third sector agencies and community groups such as NHS services, Deafblind Scotland, RNIB, (Royal National Institute of Blind People), and Glasgow Central Mosque. This allowed reciprocal arrangements to be made to share expertise, communication skills and knowledge to overcome identified barriers to communication with people supported by GAMH. Such barriers might include sensory, physical or cognitive impairments, language barriers or communication difficulties specific to mental health problems.

Written information about GAMH could be presented in a way that was easy for people to understand. For example in large text, braille, audio or other language formats. The organisation's website also contained very good information about the aims and purpose of GAMH as well as details of the wide range of projects and developments. (see <http://www.gamh.org.uk/>).

The way that GAMH was structured and operated meant that communication across the organisation with staff and service users was open, transparent and promoted participation from a wide range of people. Service users told us that communication about funding cuts and the implications for them and their support was carried out in a sensitive, open and honest way. "In spite of their own situation the staff put us first."

Comments from service users and staff included:

"Everyone, including senior staff are approachable and nice. There are no barriers across teams. I was made to feel very welcome when I joined GAMH." (staff member).

"Since I have had support from GAMH I feel I can communicate better and express my needs better." (service user).

Areas for improvement

We identified the way that personal plans were being updated by staff was not as efficient as it might be. We have commented further on this under Quality Theme 1, Statement 1.

The organisation's website has been redeveloped. The timescale set by the organisation to provide staff with access to an intranet has had to be revised due to the service priorities detailed elsewhere in this report. It is hoped that the introduction of a staff intranet will enhance communication and exchange of information in an even more accessible way.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service Strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

We found that the way that staff were recruited to the organisation was well organised, safe and took account of the views of service users. Staff that we spoke with during the inspection confirmed that they were appropriately interviewed, had relevant checks carried out before taking up their post with GAMH and had a proper period of induction/orientation to the organisation and their role.

We met with GAMH members, (service users) who told us that they were frequently invited to be part of the recruitment process for new staff. Service users that we spoke with told us that this was a "good thing." Recently employed staff that we spoke with who had taken part in the recruitment and selection process also welcomed the participation of service users. This demonstrated that the provider considered the inclusion and views of service users as very important when recruiting new staff to the service. We noted records of eight new staff employed in the last year where a service user was included on the selection panel.

New staff employed by GAMH were supported to participate in "Preparation for Practice" an induction award based upon the Scottish Social Services Council (SSSC) induction guidance, 'Preparing for Practice'.

Staff told us that this made for a well planned induction over six months and also helped in the transition needed by service users to get accustomed to having support from new staff members.

GAMH has been recognised as a living wage employer by Glasgow City Council. The Living Wage is a voluntary higher rate of base pay. It provides a benchmark for responsible employers who choose to pay more than the National Minimum Wage. This may demonstrate to potential new recruits that GAMH is an employer who recognises the contribution made by staff they employ.

A selection of comments from service users and staff that reflects the quality of staff recruited by GAMH are included below:

"The service has helped me live a life. The service has made me feel safe."
(service user).

"I have recently completed my SVQ3 which GAMH put me through and feel this was an excellent opportunity for personal development and to reflect on my practice." (staff member).

"I know that GAMH staff are always there for me. They do fantastic work in supporting me through some really rough times." (service user)

"When I first started with GAMH I had immediate access to support, supervision and relevant training in order to carry out my role to the highest possible standard." (staff member).

"GAMH provides excellent value for money and staff needs are always paramount to the delivery of quality support in that GAMH workforce are fully qualified for the posts occupied." (staff member).

"Very, very good." (service user).

Areas for improvement

We discussed and signposted the provider to additional ideas and resources that could enhance the participation of service users in the recruitment process. Examples included the use of one page profiles or short biographies about candidates for use during the selection process as well as photographs of candidates, (with consent), to aid recall for interviewers when making staff selection at a later time.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

At this inspection, we found that the performance of the service was excellent for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

GAMH states in its published information that:

"We recognise that the effects of inequality, stigma and discrimination make recovery more difficult than it should be and undermine a person's sense of wellbeing. As an organisation we work to ensure that both as a service provider and as an employer, we avoid discrimination and promote fairness and inclusion for everyone.

We work in partnership with the people we support, their allies and supporters and a range of other agencies to create the best opportunities for recovery and to overcome barriers to inclusion. "

In our view, based on our observations of how staff supported service users, discussions with service users and staff, GAMH put the individual needs, choices and rights of people that they supported at the heart of what they aimed to achieve.

People that we received feedback from were consistent in their praise of the way that they were supported in a respectful, dignified and person-centred way by all parts of GAMH. Equality and inclusion are two of the core values of the organisation. Human rights principles of fairness, respect, equality, dignity, autonomy and social justice were a key foundation of the organisation's participation strategy. These values and principles were clearly demonstrated in day-to-day practice.

Comments from people who used and worked in the service also indicated how having an ethos of respect towards each other could help lead to improved outcomes for service users in different areas of their lives. We have included a selection of comments below:

"Staff all go the extra mile to assist me. They have ensured that I have kept my tenancy/home." (service user).

"I have to commend GAMH in their overall inclusion. The same ethos is applied to staff as service users and respect is mutually adhered to. GAMH has a fantastic "Dignity at Work" and Equality policy which does far more than provide lip service to these notions." (staff member).

"I feel GAMH is a positive organisation to work for as I know service users/ carers are treated with dignity, respect, their opinion is valued and they have a say in service planning/development. Even during challenging times staff support each other and always reflect codes of practice and National Care Standards in their work."

"My support worker has helped me move forward and made me realise I do have a value and can achieve where I want to go with the help from the team." (service user).

"I am a member of GAMH and I am able to use my views and put my views forward. I know my views are valued and staff listen to me." (service user).

Areas for improvement

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

GAMH has identified the following areas for improvement for this quality statement in its self assessment submission to us:

"We plan to emphasise our commitment to an ethos of respect by ensuring that as each new group or activity is established there is a discussion regarding basis requirements for inclusion, courtesy and respect for others. We will refer to our written Participation Ethos document which we will ensure that all participants understand and have a copy of .

We will continue to improve the reach of our complaints information as described before by raising this at individual support reviews and at appropriate collective forums.

We will continue to improve the opportunity for service users to come together and share their experiences and views of their support experience through working with our Participation Review Group."

We will evaluate progress with these areas at a future inspection.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 2

“We involve our workforce in determining the direction and future objectives of the service.”

Service Strengths

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

The provider had a wide range of very good opportunities to involve the workforce and people supported by GAMH in discussions about the direction and future objectives of the service. Examples included regular team meetings, individual staff supervision, information briefings and shared learning sessions.

Involving staff in discussions about the future direction and development of the service was particularly important in the last year. Following a service review by the commissioning local authority, the provider had to communicate significant changes about a redesign of the service to staff and service users. Both staff and service users told us that some difficult messages were communicated clearly, regularly and well by the GAMH management team during this time.

GAMH has been recognised as an Investors in People (IIP) organisation. An IIP inspection in June 2014 found that GAMH met all evidence requirements of the Investors in People Standard and of the Health and Wellbeing Good Practice Award. This meant that GAMH was recognised as both an Investor in People and as having achieved the IIP Health and Wellbeing Good Practice Award.

The IIP report noted that:

"Business plans are developed taking into account external partners, service users, staff and volunteers and engagement takes place through a Joint Negotiating Committee, the Board, senior practitioners meetings, project leader meetings, team meetings, individual six monthly appraisals and four to six weekly support and supervision meetings." and that there was "a high level of engagement and consultation with the service users, managers, staff and volunteers on the objectives agreed in line with the overall purpose and vision of the Association."

Comments made to us by staff at this inspection included:

"Team meetings ensure that information is shared and all staff are kept updated. Service users are encouraged to attend meetings to have their views heard and their opinions considered in developing services."

"I get to discuss my workload at weekly caseload meetings as well as at supervision and day-to-day catch up with colleagues. I enjoy my work very much and I am in a really good team of experienced staff."

"I feel supported and confident. Staff development is encouraged."

Areas for improvement

There were plans to implement a staff survey but this was put on hold due to the need to prioritise new service functions and structures following the service review. The provider plans to conduct the staff survey at an appropriate future date.

We will review progress with this area for improvement at a future inspection.

Grade

5 - Very 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

At this inspection, we found that the performance of the service was very good for this statement. We concluded this after we spoke with service users and staff, observed practice and examined a range of relevant documentation.

The service had clear Quality Assurance procedures in place that involved service users, staff and other relevant stakeholders.

External recognition of the way that the service operated was in place from Investors in People, (IIP) and through a Volunteer Friendly award. Accreditation against the Investors in People Standard is the sign of a very good employer, an outperforming place to work and a clear commitment to sustainability. A Volunteer Friendly award is a quality standard which supports and recognises services that are very good at involving volunteers

We also looked at how the provider had made progress with the two recommendations we made following our last inspection of the service in February 2014.

The recommendations we at that time were that:

1. The service should ensure that all service users are informed about the complaint procedure, and that the written information about the complaint procedure is updated as needed. Recording informal complaints and their resolution would be helpful in taking forward service user feedback.

National Care Standards, Support Services -12.2, Expressing your views

Good progress had been made in signposting and informing people about how to make a complaint about any aspect of the service if they were unhappy. This included discussion about the complaints procedure in meetings and at service user reviews. The service also had helpful written guidance on how to make a complaint.

2. Audits of care files should be completed and recorded in accordance with the procedure of the service.

National Care Standards, Support Services - 2.4 management and staffing arrangements. (see Areas for improvement below).

Areas for improvement

When we reviewed the provider's complaints policy and procedures we noted that there was a timescale of 28 days during which the complainant would receive a written response from GAMH. This timescale is longer than current legislation requires for all care providers.

SSI 210, Regulation 18(4) states that " The provider must, within 20 working days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the complainant of the action (if any) that is to be taken.

The provider agreed to update their complaints procedure to reflect the required legislation at the next appropriate opportunity.

Our evaluation of care files and personal plans identified that there were still gaps in audit recording. The provider agreed to fully address this. We will revisit this area at a future inspection.

We noted that the level of notifications of accidents, incidents and complaints appeared very low for the size of the service and number of people being supported. Whilst this may be accurate we asked the provider to revisit our notification guidance to make sure that they were not under-reporting in this area. The provider agreed to do this.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The service should ensure that all service users are informed about the complaint procedure, and that the written information about the complaint procedure is updated as needed. Recording informal complaints and their resolution would be helpful in taking forward service user feedback.

National Care Standards, Support Services -12.2, Expressing your views

This recommendation was made on 17 February 2014

This recommendation has been met. However we identified an area for improvement in relation to the timescale for responding to complaints. See Quality Theme 4, Statement 4.

2. Audits of care files should be completed and recorded in accordance with the procedure of the service.

National Care Standards, Support Services - 2.4 management and staffing arrangements.

This recommendation was made on 17 February 2014

This recommendation has not been met. See areas for improvement under Quality Theme 4, Statement 4.

6 Complaints

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

7 Enforcements

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

8 Additional Information

Anxiety and concerns about the potential impact of reduced funding throughout the organisation and for individual service users was consistently expressed by service users that we met, spoke with and received questionnaires from. Despite these expressions of concern the service has continued to provide a very high standard of support to people who use GAMH.

9 Inspection and grading history

Date	Type	Gradings	
30 Apr 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good
8 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
25 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain 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।

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