Four Square (Scotland) - Follow up
Housing Support Service

Four Square Hub
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Type of inspection:
Announced (short notice)

Completed on:
5 October 2023

Service provided by:
Four Square (Scotland)

Service provider number:
SP2004005793

Service no:
CS2004062575

About the service

Four Square (Scotland) is a voluntary organisation with forty years of experience working with those affected by homelessness. It provides a broad range of support and practical assistance to service users affected by homelessness.

Four Square - Follow Up provides tenancy and complementary support to people who have experienced homelessness and are setting up and maintaining their own home. Currently Four Square - Follow Up is the lead agency in a consortium of housing support providers (WISH) in south-west Edinburgh. The service comprises of a manager and eight tenancy support practitioners.

The service is available Monday to Friday 8:00am to 8:00pm, although earlier or later appointments may be arranged. The service also provides occasional Saturday and Sunday support if required. 60 people were using the service at the time of our inspection.

About the inspection

This was a short noticed announced follow up inspection which took place on 5 October 2023. The purpose of this inspection was to evaluate the progress the provider had made in meeting our requirements and area for improvement made at our last inspection, undertaken on 28 April 2023. The inspection was undertaken by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed knowledge about the 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:
- Met with the registered manager.
- Reviewed relevant documentation.

Key messages

• Improvements had been made to meet our previous requirement and area for improvement.
• The improvements made needed time to be fully implemented and embedded into day to day practice. We had confidence in the provider that the improvements would continue to develop and support positive outcomes for people receiving support.

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 good is our leadership?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership? 4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

Since our last inspection, the provider had implemented a new and robust quality assurance framework. This included but was not limited to the development of performance reports, feedback from supported people, staff and observations of staff practice. This will then go on to help devise SMART action plans which drive continuous improvement and development within the service and support positive outcomes for people.

To assist with the roll out of this new framework, a staff development day had been held and the provider had recruited a part time quality officer.

We had confidence that this new framework would assist the manager to have an improved oversight of the service, underpinned by meaningful quality assurance measures with a strong focus on service evaluation.

Time was now needed for these improvements to be fully implemented, embedded, and sustained. We will follow this up at our next inspection.

The provider had made progress to meet our previous requirement and improve outcomes for people. This has been reflected in our evaluation for this Key Question.

How well is our care and support planned? 4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

The provider had made some progress in meeting our requirement to ensure every person has a meaningful personal plan that incorporates their agreed outcomes. Any identified risks were assessed appropriately with a focus on risk enablement - taking carefully considered risks can enable individuals and help improve their wellbeing.

At this inspection, we sampled 16 personal plans, and our findings were mixed. There was good evidence to suggest people were having their agreed outcomes reviewed on a regular basis, and any discussions with staff had been recorded relatively well. However, some of the records we sampled were not consistent in terms of detail. This included:

- limited information about the person at the assessment of need stage to inform a meaningful and person-centred support plan.
- Risks or potential risks identified at the assessment stage did not lead to an appropriate risk assessment being completed, to ensure all parties were aware of the risks and how these should be minimised or managed.

There was acknowledgement from the manager that further awareness through discussions with staff and possible training may help to make improvements. We are however confident that with the new quality assurance framework being implemented which incorporate the auditing of personal plans, improvements will be made. Please see area for improvement one.

The provider had made progress to meet our previous requirement and improve outcomes for people. This has been reflected in our evaluation for this Key Question.

Areas for improvement

1. To ensure people experienced positive outcomes, the manager should ensure that personal planning reflects people's outcomes and wishes, which contain current, clear and meaningful information.

This is also to ensure that care and support is consistent with the Health and Social Care Standard which state "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." (HSCS 1.1)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 30 September 2023 the provider must ensure that personal planning reflects people's outcomes and wishes, which contain current, clear and meaningful information. To do this, the provider must at a minimum ensure:

(a) Personal plans record all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met.
(b) Personal plans are reviewed on a regular basis to ensure they are accurate and consistent to the identified care needs assessed.
(c) The auditing of personal plans by the provider includes a follow through of actions to ensure any areas identified for improvement are actioned upon and any learning is recorded.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users regulation 5(1) - requirement for personal plans.

This is also to ensure that care and support is consistent with the Health and Social Care Standard which state "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." (HSCS 1.1)

This requirement was made on 20 July 2023.

Action taken on previous requirement

As reported on within the body of this report, improvements have been made to meet this requirement, however there are still areas for improvement. This has been reflected in our evaluations.

Met - within timescales

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

To ensure people have confidence that the service they use is led well and managed effectively, the provider should improve management oversight, underpinned by robust quality assurance measures. This includes, but is not limited to the following:

(a) assessment of the service's performance through effective audit which is followed through to ensure actions are completed and evaluated.
(b) further develop the service improvement plan, ensuring this is linked to auditing and feedback from people. Actions should be /specific and measurable with detailed timescales for completion/review.
(c) align systems to good-practice guidance; and
(d) ensuring staff who undertake quality assurance roles are trained and supported.

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

This area for improvement was made on 20 July 2023.

Action taken since then

As reported on within the body of this report, improvements have been made, however time was now needed for this to be fully implemented, embedded and sustained. This has been reflected in our evaluations.

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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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