

ITEM No ...7.....

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 28TH MARCH 2016

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – HOMECARE EAST

REPORT BY: HEAD OF SERVICE, STRATEGY, INTEGRATION, PERFORMANCE AND SUPPORT SERVICES

REPORT NO: 123-2016

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Committee of the outcome of the Care Inspectorate inspection of the Home Care East Service, which was undertaken from 5th January 2016. The report outlines the findings of the Care Inspectorate and gives a summary of the grades achieved.

2.0 RECOMMENDATIONS

It is recommended that the Social Work and Health Committee

- Notes the contents of this report and the content of the inspection report
- Notes the recommendation as outlined in paragraph 4.2 of the report
- Notes the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background Information

4.1.1 The Home Care East team consists of 6 teams which cover the East side of Dundee City. The teams provide a mainstream social care service for individuals requiring support to remain in their own homes, including those living within Housing with Care Sheltered Housing Complexes, across three sites. Referrals to the service are routed through the Resource Matching Unit and the scheduling of duties along with the monitoring of service quality is carried out through access to an electronic system with reporting facilities.

4.1.2 The annual inspection by the Care Inspectorate commenced 5th January 2016, with formal feed back provided by the Lead Care Inspector on 8th February 2016. This was a low intensity inspection.

4.1.3 The following evidence was used to assist in the grading of the service:

- Certification of Registration
- Policies and Procedures of the service
- Complaints records and follow-up actions
- Service user reviews, support plans and risk assessments
- Service inspection evidence folders
- Minutes of involvement and liaison meetings involving service users and staff
- Training records and training plan
- Accident and Incident records
- Care Inspectorate questionnaires from service users and staff
- Interviews with service users and relatives
- Service user, staff and stakeholder surveys

- Team meeting minutes
- Discussions with Team Manager, Social Care Organisers, Social Care Workers, Home Care Organisers

4.1.4 This Care Inspectorate Annual Report outlines the findings of the inspection, and gives a summary of the grades achieved.

4.2 Outcome of Inspection

4.2.1 The inspection was extremely positive, and an overall Grade 5 (Very Good) was awarded to the service. There were no requirements made. One recommendation was made:

Recommendation: Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews. (National Care Standards: Care at Home Standard 3.)

Action Planned: Review existing audit tools to ensure robust system in place for recording and transferring risk assessment information to personal support plans and that risk assessments are updated in line with the minimum recommended timeframe and recorded as such within personal support plans. Also, to include within audit processes a previously developed Review Checklist tool to monitor the updating of risk assessments within 6-monthly review meetings.

4.2.2 The Inspection Report concluded that “Overall, we found that the service provided a high standard of care and support against the Quality Statements considered during our inspection. The service should continue to build on strengths and take forward areas for improvement. Service users and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes”.

4.2.3 The service was inspected on three quality themes; Quality of Care and Support, Quality of Staffing, and Quality of Management and Leadership.

4.2.4 The Care Inspectorate made the following comments within their report:

- “The service had a clear focus on service user involvement”.
- “Complaints, accidents and incidents were in good order which demonstrated the services commitment to the health and wellbeing of the people using the service”.
- “This is a good service that supported, respected and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach. The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity”.
- “Staff told us they felt confident that they were offered appropriate training to meet people’s health needs and specialist training was accessed for service users with specific conditions such as Dementia”.
- “We found well-trained, skilled, knowledgeable staff, able to respond to a range of health issues that affected people using the service”.
- “The service ensured the continued quality of their staff through Employee Performance and Development Review (EPDR). Annual appraisal, regular supervision and team meetings were used to monitor performance and development It was noted that these processes were used dynamic tool to explore performance and inform the service’s Improvement plan. Staff confirmed it was a supportive experience”.
- “Staff all stated that they felt that they were supported to do their job and management valued their ideas. All felt they were part of a team that was supportive”.

- “We looked at staff files and spoke to staff and service users and their relatives about the quality of the staff and found that the service had an enthusiastic and well-trained workforce who were confident in their roles. Very good evidence was demonstrated in relation to this statement”.
- “Staff reported that they generally felt well supported in their work and that they felt confident to seek support or guidance from the management team”.
- “Service users and carers who expressed their views spoke positively of the management arrangements in the service, and they were aware of the different functions of the different staff groups”.

4.2.5 Views from service users about service

- “On the odd occasion when there is a delay in attending the phone call to let me know is much appreciated”.
- “I have had this service for some years and the carers are always kind and caring. They seem like trusting friends”.
- “Some of the carers who come don’t know my needs. I want my own carers”.
- “Staff are always on time and will phone if they are going to be late in arriving if late it means someone requires longer and this is because of frailty and vulnerability of the service users they care for”.
- “I am delighted with the service I receive every day. Although the carers who come to me are strangers from another district, which must be difficult for them, they are pleasant and helpful as my own girls”.
- The homecare team have been an enormous help over the years with the most friendly and gentle kindness of the carers”.
- “I think it’s an excellent service”.
- “What I would say is at the weekends we sometimes do not know who is coming and if anything this is where the service lets down but don’t get me wrong the carers are all as good as one another”.
- “Good – Excellent – Very happy with it – It’s a brilliant service – Definitely ticks all the boxes for us we are happy with it”.
- “Nice caring team of carers that support us – If you ask for help it’s always freely given if they have the time”.
- “Brilliant – Great – So Caring and Kind – All Very good to me – Friendly – Helpful with bucketful of kindness”.
- “I would say they do a really good job as all are dedicated to the uniform and people they support”.

4.2.6 Views from carers about service

- “It’s a first class service which we appreciate as we would be lost without it”.
- “I like when I hear them having a chinwag with my relative as they assist my relative”.
- “If we have a problem we phone and speak to the manager they happily assist us in every way possible-if it’s a small niggle we will speak to the carers and they will happily help in any way they can. So I would say all wish to do their best for all under their care”.

- I can't thank the Homecare team enough for their dedication and support to my relative".
- "At this point I need to tell you about an incident that happened back in November re my relative's bath. I can't praise the service enough for this as they went well beyond their duties that day even from the Head Manager down to the hands on staff every one of them gave their all to fix the issue. In my eyes we can't ask or receive any better it's a wonderful 1st class service for my relative as they took all the stress away from the family at that moment in time".

4.3 Summary of the Grades

4.3.1 The Care Inspectorate can inspect a service against 4 Quality Themes: Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management. As the service is provided in a service users' own home, Quality of Environment does not apply. Each quality theme contains a number of quality statements as part of the inspection. Each quality statement will be awarded an individual grade, which is then aggregated up to an overall grade for each quality theme. The Care Inspectorate can award one of six grades for each Quality Theme.

- Grade 6 – Excellent
- Grade 5 – Very Good
- Grade 4 – Good
- Grade 3 – Adequate
- Grade 2 – Weak
- Grade 1 - Unsatisfactory

4.3.2 The service was inspected on three Quality Themes.

- Quality of Care and Support
- Quality of Staffing
- Quality of Leadership and Management

Table 1 shows the grades awarded to each quality statement and the overall grade awarded to each quality theme.

Table 1

Quality of Care and Support	5 – Very Good
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.	5 – Very Good
Statement 3 - We ensure that service users' health and wellbeing needs are met.	5 – Very Good
Quality of Staffing	5 – Very Good
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.	5- Very Good
Statement 3 - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.	5 – Very good
Quality of Management and Leadership	5 – Very Good
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.	5 – Very Good

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.	5 – Very Good
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4.3.3 The Service has continued to provide a high quality of service as shown in Table 2.

Quality Theme	Grade March 2014	Grade March 2015	Grade January 2016
Quality of Care and Support	4	5	5
Quality of Staffing	4	5	5
Quality of Management and Leadership	4	5	5

4.4 Conclusion

The report shows that the Home Care East Service has continued to ensure that service users receive a high quality of care and that staff are supported to carry out their role. The Manager of the service will continue to review both process and practice to seek continual improvements.

5.0 POLICY IMPLICATIONS

This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

An Equality Impact Assessment is attached to this report.

6.0 CONSULTATIONS

The Chief Executive, Executive Director of Corporate Services and Head of Democratic and Legal Services were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None

Laura Bannerman
Head of Service
Strategy, Integration, Performance & Support Services

DATE: 8 March 2016

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

Is this a Rapid Equality Impact Assessment (RIAT)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	03/03/2016	Committee Report Number: 123-2016
Title of document being assessed:	Outcome of Care Inspectorate Inspection of Home Care East Service	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>	This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.	The Committee report advises the Social Work and Health Committee of the Care Inspectorate Inspection of January 2016	
3. What is the intended outcome of this policy, procedure, strategy or practice?	To advise of the outcome of the inspection and improvements made to the service	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	None	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	No	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	N/A	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	Feedback on the service will continue to be sought from service users by the service and will also be collected by the Care Inspectorate at the time of the next Care Inspectorate inspection	

Part 2: Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with a disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay and Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Socio-economic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>The Care Inspectorate had identified improvements and good practice within the service and as a result of ongoing good practice the service has been awarded Grade 5 (very good) for each of the inspected areas</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/A</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>The inspection of registered care services is determined by the Care Inspectorate and the right to inspect care services is set in statute</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>N/A</p>
<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>Care Inspectorate Inspections take place on an annual basis</p>

Part 4: Contact Information

Name of Department or Partnership	Social Work
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Type of Document	
Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Manager Responsible	Author Responsible
Name: Frank Thomson	Name: Diane McCulloch
Designation: Team Manager	Designation: Head of Service (Community Care)
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Telephone: 438945	Telephone: 438302
Email: frank.thomson@dundeecity.gov.uk	Email: diane.mcculloch@dundeecity.gov.uk

Signature of author of the policy:	Frank Thomson	Date: 03/03/2016
Signature of Director/Head of Service:	Laura Bannerman	Date: 03/03/2016
Name of Director/Head of Service:	Laura Bannerman	
Date of Next Policy Review:	At next inspection	

Care service inspection report

Full inspection

Dundee City Council - Home Care - Locality Teams and Housing with Care - East Housing Support Service

Douglas House Home Care
Jack Martin Way
Claverhouse East
Dundee

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2011286187

Inspection Visit Type: Announced (Short Notice)

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.

Contact Us

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Compass House
11 Riverside Drive
Dundee
DD1 4NY

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0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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

This is a very high quality service that puts service users at the heart of what it does. This inspection saw evidence of very good service user involvement, and personalised flexible support which most of the people using the service appreciated.

What the service could do better

The service should continue with plans to introduce outcomes focussed assessments and care plans.

What the service has done since the last inspection

Since the last inspection, the service had introduced a number of new developments to aid the geographical alignment with other services and improve their ability to monitor the quality of the service. These included:

- CM2000 - an electronic scheduling and monitoring tool used to increase continuity of staff attending the people using the service and maximise the staff deployment.

- Forums where service users are consulted throughout the development period.

Conclusion

Overall, we found that the service provided a high standard of care and support against the Quality Statements considered during our inspection. The service should continue to build on strengths and take forward areas for improvement. Service users and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes.

1 About the service we inspected

Dundee City Council Home Care - Locality Teams and Housing with Care East was supporting approximately 200 people at the time of our inspection. Six teams of social care workers each led by a social care organiser provided care and support to people in their own homes, throughout the east end of the city of Dundee. The service was provided to older people and people with disabilities in a variety of settings, including sheltered housing complexes. The service state their aims and objectives as:

Locality Teams

The objective of home care locality teams is to provide a range of care and support, carried out in an individual's own home to meet their personal and social care needs. There are a number of teams which are based in localities across the city.

Housing with Care

The objective of the housing with care teams is to provide a range of care and support, carried out to meet individuals personal and social care needs. Teams work closely with the landlord to provide a range of services located within the premises.

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 a short notice announced inspection. The inspection was carried out by two Care Inspectors took place over 2 weeks.

As part of the inspection, we went to the following housing complexes - Baluniefield, Powrie Place, and Brington Place.

Feedback was given to the manager on 8 February 2016 at the Dundee office.

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

We sent out 100 care standard questionnaires and 52 were completed and returned to us before the inspection.

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

We spoke with:

- People using the service and their relatives
- The manager
- Home care organisers
- Social care organisers
- Social care workers

We looked at:

- minutes of Involvement and liaison meetings involving service users and staff
- accident and Incident records
- complaint records and follow-up actions
- service user support plans and risk assessments
- training records and training plan
- policies and procedures of the service
- registration certificate

The service provided inspection evidence folders which were helpful in providing a range of information about the service.

All the above information was taken into account during the inspection process and was used to assess the performance of the service in relation to a number of Quality Statements.

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 with 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

Prior to the inspection we received 52 CSQs from service users and relatives. Of these 41 strongly agreed that they were overall happy with the level of care and support provided, 10 agreed.

Some comments included:

"On the odd occasion when there is delay in attending the phone call to let me know is much appreciated."

"Some of the carers who come don't know my needs. I want my own carers."

"I have had this service for some years and the carers are always kind and caring. They seem like trusting friends."

"I am really happy with the team that come in to assist me. They are all lovely and importantly to me, they are patient and encouraging."

"The homecare team have been an enormous help over the years with the most friendly and gentle kindness of the carers."

"I am delighted with the service I receive every day. Although the carers who come to me are strangers from another district, which must be difficult for them, they are pleasant and helpful as my own girls."

During this inspection, we visited three sheltered housing complexes and spoke formally with four people in their own homes and informally to service users who were having lunch. Everyone we spoke with was very happy with the level of support they received.

An Inspection Volunteer accompanied us at this inspection. This is a lay person who has experience of using care services. This is her report about the people she visited.

I met with Service Users in their own homes and phoned others.

Questions for Service Users and Relatives;-

Did you receive an Induction pack when you began the service?

One Service User said;-

"It's in the Big Yellow Folder I have here in my home tells myself and family all we need to know re the service."

"We have what I call the Big Yellow Folder and the pack is in it so I would say we did receive it"

"Yes there is in the Yellow Folder the pack we have had since day one"

"Yes I did its here in its folder I find The Induction Pack good to refer at times"

Do you have a Care Plan and how often is this reviewed?

"This Care Plan is also in the Folder the carers complete their sheets after each visit and from time to time the Manager will come out and go over this with my relative and myself."

"Yes the Care Plan is kept in the Yellow folder and from time to time they check all well with us and ask is there anymore help you require from us."

"This is kept in a big folder we have in the house the Manager was out just recently to update it."

"Its in the folder and they were just out not that long ago to update it I would say this is done about every 6months in my relatives home."

Does anyone else ask you what or how you feel about the service?

If yes how do they do this and how often do they do it?

"I'm asked this at my 6monthly review." Others said similar.

"The Manager does this when carrying out the reviews about 6monthly - from time to time we also receive a phone call from the Carers office asking us how things are going."

"From time to time they phone us to ask how things are going or ask us what do you think of so and so."

"We are asked this I would say in a yearly basis by visiting us."

What do you think of the Quality of the Service?

Service Users comments were;-

"I think it's an excellent service."

"The girls are all lovely people who will do anything for me."

"I am not afraid to call for help as I know someone will come I pull my alarm for help."

"I feel safe when they are with me."

"Good - Excellent - Very happy with it - It's a brilliant service - Definitely ticks all the boxes for us we are happy with it."

What do you think about the Staff?

Service Users shared those words with me to describe the staff;-

Brilliant - Great - So Caring and Kind - All Very good to me - Friendly - Helpful with bucketful of kindness.

"Friendly people - treat my relative with respect and lovely with it."

"Have a good rapport with all who comes here and vice versa."

"Nice caring team of carers that support us - If you ask for help it's always freely given if they have the time."

"I would say they definitely have a very good handle to their jug of care and compassion."

"I would say they do a really good job as all are dedicated to the uniform and people they support."

"Joy to us is what they bring and all are very good at their job."

Does staff arrive at the time you expect? Have you ever been let down and no-one has come?

"Timekeeping is good I could set my clock by them on the whole and they always let us know if they have been held up somewhere."

"At the beginning there was a problem with the time but as soon as they were aware and at the earliest they could do it the timings were changed and we are all very happy with the way this was handled."

"Most of the time we do."

"I would say we know them on first name terms and vice versa."

"What I would say is at the weekends we sometimes do not know who is coming and if anything this is where the service lets down but don't get me wrong the carers are all as good as one another."

Is there anything else you would like to add or think we should be made aware off?

One service user informed the Inspection Volunteer;-

"They complete the Paperwork in the folder each visit they make to me and their Senior pops in about every 6months to ask if things are alright and do I require any more help, so I know I just need to ask if I think I'm struggling and someone will ensure the support is there if I need it." Two others said similar.

"The staff do get taken away to cover other areas so you may be getting used to one and they are off to a new patch as they call this I'm not too keen on this."

"Staff are always on time and will phone if they are going to be late in arriving if late it means someone requires longer and this is because of frailty and vulnerability of the service users they care for."

Taking carers' views into account

Comments from some of the relatives we spoke with included:

"We do get what I call a survey sheet sent out from the office I would say on a yearly basis but also when they are carrying out a review of my relatives care package."

"I would say the timekeeping is really good but depends also whether it's a walker or a driver that is coming as the carers do not get very much travelling time between clients its obvious walkers are going to take longer to travel than drivers, this is not a complaint just stating the obvious. I will also add if they are going to more than 15mins late they do phone to make my relative aware that they are delayed and will be with them as soon as they can."

"I would say they may not know the names if you ask them but will most certainly know their faces as there's a small team of carers that visit my relative."

"Just to add I don't know where we would be without them as I know I could not look after my relative at home on my own."

"The best thing is they allow my relative to keep their dignity by helping them with their Personal Care and visiting us when they do."

"It's a first class service which we appreciate as we would be lost without it."

"I like when I hear them having a chinwag with my relative as they assist my relative."

"If we have a problem we phone and speak to the Manager they happily assist us in every way possible-if it's a small niggle we will speak to the carers and they will happily help in any way they can. So I would say all wish to do their best for all under their care."

"I will say if they think the GP is required they will say and they are happy to phone the GP for us."

"Just to say I don't know where I would be without them as I really do appreciate all that they do for me."

"They visit my relative twice a day and I would not be able to do what they do so for this the family is very grateful."

"I can't thank the Homecare team enough for their dedication and Support to my relative."

"At this point I need to tell you about an incident that happened back in November re my relative's bath. I can't praise the service enough for this as they went well beyond their duties that day even from the Head Manager down to the hands on staff every one of them gave there all to fix the issue. In my eyes we can't ask or receive any better it's a wonderful 1st class service for my relative as they took all the stress away from the family at that moment in time."

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

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were excellent in this area.

The service identified some of their strengths as: "Within Home Care East we recognise the importance of stake holder participation, including service user involvement. We actively promote the organisations User Involvement Policy to ensure that stake holders views are listened to. This personalised approach to planning, delivery, review and evaluation of services ensures that we stay focused on the service user, who is central to all we do and provide."

We sampled some of the evidence provided, looked at the information in the self assessment and found that the service had a very good level of performance. These strengths had a positive impact on people using the service.

The service had a clear focus on service user involvement including:

- The service had in place a User Involvement policy that outlined the range of methods available to support people to give their views. The strategy acknowledges the rights of service users and their families to be involved in assessing all aspects of the quality of the care and support provided. This meant that people felt confident and supported in sharing their views and we saw many examples of this throughout the inspection.
- A 'Guide to Social Work services in Dundee' to all new service users and provided a range of information including the standard of service people can expect which helps people to understand the service they are considering signing up to. This booklet also explains how to make a complaint either to the service or to the Care Inspectorate and encourages people to do that. The booklet is also available in larger print for people with visual impairment.
- Focus groups had been developed to look at how the service could continue to improve. The service recognised that some people might not be able to attend groups so were considering other ways to help people express their views such as face-to-face consultation. This allowed people the opportunity to discuss things of interest of them and to have their say on the running of the service.
- The people who receive planned care had their case reviewed every six months by the service. These were important opportunities for service users and families to have their say on what worked well and what could be improved in relation to the care and support provided by the service.
- The service includes service users in their recruitment process. Feedback was gathered by the service and used to inform recruitment decisions based on the attributes service users valued in a worker and some questions. We saw the service was looking at other ways to increase service user involvement.

- The service had questionnaires 'Your Homecare Service' that had been distributed to service users. These gave people the opportunity to provide feedback on things like the staff and the support they provided. Feedback was giving to service users about their suggestions.
- Questionnaires had also been sent to relatives and other stakeholders asking them for their views on the service and any suggestions for improvement.
- Outcomes and suggestions from service users and staff were included in the service's development action plan.
- Complaints accidents and incidents were in good order which demonstrated the services commitment to the health and wellbeing of the people using the service.

This is a very good service that supported, respected, and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach. The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity.

Areas for improvement

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "Outcome Focused Framework developments will continue with the service participating in planned reviews of this process and key personnel developing their knowledge, skills and understanding of the framework through development sessions scheduled for September 2015.

We will continue to utilise outcomes focused approaches in relation to carrying out initial assessments, re-assessments and reviews."

The manager of the service is committed to provide person centred care. The service should continue to develop the Outcome Focused Framework which will provide evidence about their person centred approach in providing a quality service.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service Strengths

We ensure that service users' health and wellbeing needs are met.

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were excellent in this area.

The service identified some of their strengths as: "We have a key worker system in place with staff working closely with health professionals to ensure there is an understanding of the health and wellbeing for each service user, and this will be detailed in the personal plan. Staff continuously monitor service users and respond timeously to changes in their health and well-being, calling on GP's and community nurses, CPN's, dentist, optician etc. We continue to have strong working relationships with local community and specialist staff within our partnership working arrangements and response to the integration agenda.

To this end we are working in close partnership with our health colleagues (including District Nurses and Pharmacy Technicians) to train, assess and support our staff in this task, whilst respecting the ability of some service users to administer their own medication."

We found the service had a very good level of evidence in relation to this quality statement. These are some examples of the strengths:-

- Support plans showed that these contained detailed and important information about each individual and their support needs.
- Service users had care summaries which included the times and type of care was to be provided, there was evidence that these had been agreed with service users.

- There was evidence in service users support plans that service users had access to regular reviews. These were minuted and where possible signed and dated by service users and families. Service users and families spoken with confirmed this.
- Service users where necessary were supported to access other relevant agencies and services to help them to have their health and wellbeing needs met.
- There were opportunities for service users, families to discuss people's health needs and how these were to be met from the initial assessments, to support planning and regular care reviews.
- Staff attended a wide variety of training related to health and wellbeing, which supported their practice on a day-to-day basis and ensured service users, received the appropriate care. This included, Nutrition, Infection Control, Adult Support and Protection and Moving and Handling. This helped service users build their confidence in staff and their abilities.
- Staff told us they felt confident that they were offered appropriate training to meet people's health needs and specialist training was accessed for service users with specific conditions such as dementia.
- There was clear guidance in place for staff in relation to reporting Adult Support and Protection issues. Staff spoken with were very clear about what they should do if they had any concerns.

We found well-trained, skilled, knowledgeable staff, able to respond to a range of health issues that affected people using the service.

This meant that staff were aware of the needs and preferences of each service user and the support offered was sufficient to meet the person's needs.

Areas for improvement

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "We will continue to work in partnership with health professionals and other stakeholders to ensure the service users health and wellbeing needs are met timeously. NHS Pharmacy technicians have been appointed and are now based within the same offices as our Home Care Organiser teams and continue to support the work being undertaken by our home care staff."

There was one recommendation made in relation to this statement at the last inspection. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

National Care Standards: Care at Home Standard 3.

We looked at 34 support plans during the inspection. Most of these contained up to date reviews however, in some of the plans there was no evidence to confirm risk assessment had been updated therefore this recommendation will be continued and assessed at the next inspection.

Some of the people using the service had a Power of Attorney who had some responsibility for their welfare and finances. It was not clear in files where a POA had been appointed or who that was. We suggest that the manager keeps a record or register of all legal orders or arrangements that are in place. It should be much clearer within care plans the level of contact expected and agreed. This will help to ensure that they are planning care and support based around this information and in partnership with the appointed proxy. There is information relating to this on the Care Inspectorate website.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

National Care Standards: Care at Home Standard 3.

Quality Theme 3: Quality of Staffing

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 staffing in the service."

Service Strengths

Please see Quality Theme 1 statement 1 for information in relation to this statement.

Areas for improvement

Please see Quality Theme 1 statement 1 for information in relation to this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were very good in this area.

The service identified some of their strengths as: "Staff files contain evidence of the recruitment policy and copies of references/health screening/PVG are held within a centralised file. We have a staff development strategy (Effective Support to Staff Handbook) which has received national recognition, and sets out our policies and expectations with regards to induction, supervision and employee development"

We looked at staff files and spoke to staff and service users and their relatives about the quality of the staff and found that the service had an enthusiastic and well-trained workforce who were confident in their roles. Very Good evidence was demonstrated in relation to this statement, which included:

- Staff at the service had a high level of training. Training records and staff interviews confirmed that all staff had been through an induction programme when they began work and that this included training such as food hygiene and infection control. Staff also received training that they had identified as being useful for them such as dementia awareness and palliative care.
- The service also provided vocational awards such as SVQ (Scottish Vocational Qualifications). Staff interviewed felt that if they identified a training need it would be addressed if it benefited their work role and improved outcomes for service users.

- Staff demonstrated an awareness of the National Care Standards and could apply them to their work role. All spoken with confirmed they had been given SSSC codes of practice. It was clear from supervision records that the service was active in tackling practice issues. The service had a comprehensive set of policies and procedures which explained expectations of good practice for staff.
- The service ensured the continued quality of their staff through Employee Performance and Development Review (EPDR). Annual appraisal, regular supervision and team meetings were used to monitor performance and development. It was noted that these processes were used as a dynamic tool to explore performance and inform the service's Improvement plan. Staff confirmed it was a supportive experience.
- Staff confirmed that observations of their practice took place and that they found these useful. The findings of these were evaluated as part of supervision and service users' views were sought as part of the process which staff identified as being important.
- Staff all stated that they felt that they were supported to do their job and management valued their ideas. All felt they were part of a team that was supportive.
- The service had a training matrix which monitored training undertaken and training due. This had led to the development of a basic training plan which the service could use to plan further training which could be targeted at improving outcomes for service users.
- The service had sent out surveys asking service users and their families for feedback on staff and the quality of support they provided. In addition, there were opportunities for people to give feedback about staff during things like service users' forums.

- We sent 20 questionnaires to staff before the inspection and 4 were returned to us. Most staff were aware of the policies and procedures of the service and they had access to training in the last 12 months. Staff said they were able to contribute to the support plans of the service users and all felt overall, the service provides very good care and support to the people who use it.

This is a very good service that supported, respected and helped people to live fulfilled lives. The staff were enthusiastic, well supported and flexible in their approach.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement. "We have safe, clear recruitment policies and procedures which are adhered to and a well established induction program, which is regularly evaluated and reviewed. We will continue to review this procedure in line with emerging best practice."

There was a recommendation made in relation to staff training:

Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service.

National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 - Management and Staffing Arrangements.

We saw a basic training plan had been developed as part of the 'Employee Professional Development Review' (EPDR) system to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes. This recommendation had been met.

Grade

5 - Very Good

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 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service Strengths

Please see Quality Theme 1 statement 1 for information in relation to this statement.

Areas for improvement

Please see Quality Theme 1 statement 1 for information in relation to this statement.

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

In the self assessment submitted by the service the manager had identified the following areas for improvement: "We have a number of quality assurance systems in place, which take account of the large number of service users we work with. Our case file audit process ensures that case recording and record management is of a high standard. This includes assessments, personal plans and reviews. Staff surveys help to inform the department of strengths and areas of further development. We conduct focus groups with service users and staff which helps us to assess our performance against the four quality themes relating to the Care Inspectorate."

When asked to grade themselves on this statement, the service told us they were very good in this area.

We considered a range of evidence presented in relation to this statement. We assessed the service to be operating at very good level of performance. Some of the ways the service ensured they delivered a high quality service included:

- We saw that staff practices within the service demonstrated that staff were confident in carrying out their roles and responsibilities. Staff who had worked in the service for some years described how they would work closely with new members of staff to support them and promote good practice. Staff reported that they generally felt well supported in their work, and that they felt confident to seek support or guidance from the management team.
- Service users and carers who expressed their views spoke positively of the management arrangements in the service, and they were aware of the different functions of the different staff groups.

- Staff had the opportunity to complete an annual staff questionnaire and there was evidence that the feedback received was analysed and responded to.
- The service was able to evidence, as legal requirements and good practice, a start date of employment, together with details of the position held, a record of skills, experience, qualifications and details of an appointment. Where appropriate, checks were in place relating to a professional registration. The service was aware of the need for social care staff to register with the Scottish Social Services Council (SSSC) and staff were supported to achieve their SVQ award in preparation for this.
- Staff had the opportunity to participate in the development and improvement of the service through team meetings. A range of discussion had taken place including the service improvement plan.
- Service users and relatives spoken with said that they knew how to make a complaint, and the provider had given them information explaining the services complaints procedure when they first started using the service. How to complain was also discussed as part of service users reviews.
- The manager had developed an improvement plan for home care east and the areas to be included were, Care Inspectorate requirements and recommendations, home care review, service user involvement and participation opportunities and the integration of health and social care.

Some of the other checks and audits the service had in place to ensure that support provided to service users safely included:

- Service user surveys
- Stakeholder surveys
- Service user meetings
- Care reviews
- Checklist for six-monthly reviews
- Service user forums
- Team meetings
- Staff supervision
- Complaints procedure and policy

- Accident and incident records
- Care file audits
- Training matrix
- Training plan
- Scottish Vocational Qualification (SVQ) assessments.

Overall, the provider was able to demonstrate a commitment to the on-going development of staff and in providing opportunities for staff to develop their leadership values. This meant that staff were more involved in the assessment of the quality of the service and fully involved in the development and improvement of the service for the people who used it.

Areas for improvement

In the self assessment submitted by the service, the manager had identified the following areas for improvement: "We have a range of evaluation and quality assurance systems in place and will continue to explore and develop other options."

The manager should ensure that the current audit tool is effective in identifying when reviews of service users support plan are due and check they have been completed. The provider should continue to develop person centred approaches to all aspects of the service they deliver.

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

1. There were no requirements made at the last inspection.

This requirement was made on

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

Previous recommendations

1. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

National Care Standards: Care at Home Standard 3.

This recommendation was made on 19 March 2015

We looked at 34 support plans during the inspection. Most of these contained up to date reviews however, in some of the plans there was no evidence to confirm risk assessment had been updated therefore this recommendation will be continued and assessed at the next inspection.

2. Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the

service.

National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 - Management and Staffing Arrangements.

This recommendation was made on 19 March 2015

We saw a basic training plan had been developed as part of the 'Employee Professional Development Review' (EPDR) system to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes. This recommendation had been met.

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

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
16 Mar 2015	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

18 Mar 2014	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
11 Feb 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good

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