

## ITEM No ...8.....

**REPORT TO:** SOCIAL WORK AND HEALTH COMMITTEE – 28<sup>TH</sup> MARCH 2016

**REPORT ON:** OUTCOME OF CARE INSPECTORATE INSPECTION – HOME CARE WEST

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

**REPORT NO:** 126-2016

### 1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Committee of the outcome of the recent Care Inspectorate inspection of the Home Care West Service. 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 service consists of four locality teams across the west of the city and one Housing with Care service at Rockwell Gardens. The aim of the service is to provide care to individuals within their own homes, to meet their personal and social care needs and to support them to live as independently as they can. The service is delivered by front line social care staff who provide assistance with a range of supports relating to all aspects of daily living.

**4.1.2** The formal inspection by the Care Inspectorate commenced on the 11th January 2016 and took place over a two week period. Formal feedback was provided by the Care Inspector on the 8th February 2016. This was a low intensity, unannounced inspection.

**4.1.3** The following evidence was used in order to grade the service:

- Certificate of registration
- Aims and objectives of the service
- Policies and procedures
- Complaints records and follow up actions
- Accident and incident records
- Check list for six monthly reviews
- Care reviews
- Minutes of involvement and liaison meetings involving service users and staff
- Service user's care files and support plans
- Service users forums
- Service users meetings
- Service quality questionnaires

- Stake holders survey
- Staff training records and training plan
- Training Matrix
- SVQ assessment records
- Staff supervision, annual appraisal (EPDR)
- Risk assessments
- Case file audits
- Team meetings
- Service quality assurance processes
- Discussion with a range of care staff including the registered manager, social care organisers, social care staff and service users and their relatives.

**4.1.3** The 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 service was inspected on three quality themes; Quality of Care and Support, Quality of Staffing, and Quality of Management and Leadership. The inspection was very comprehensive and extremely positive, an overall Grade 5 ( Very Good) was awarded to the service. There were no requirements made. The Care Inspectorate could see from the evidence provided that the manager had worked hard to ensure that information from direct observations was used to inform supervision and where possible this was taking place soon after the observation session. To further improve the practice one recommendation was made.

**Recommendation:** The service should continue to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service and meets the identified outcomes of the people using the service.

**Action Planned:** The service will continue to progress the annual training plan for each member of staff through EPDR, Direct Observation records and Supervision in conjunction with Dundee City Council's Learning and Organisational Development Department.

**4.2.2** The annual report stated that the inspector 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 showed a commitment and enthusiasm toward improvement. The quality of the staff team was a major strength within the service.

**4.2.3** The Care Inspectorate made the following comments in the report:

- 'Overall, we found that the service provided a high standard of care and support against the Quality Statements considered during our inspection.
- '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'
- 'We found that the service had an enthusiastic and well-trained workforce who were confident in their roles'
- 'Very Good evidence was demonstrated'
- 'The service had a practical approach to development and included staff, service users and stakeholders in its improvement activity'
- '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'

**4.2.4** Views from service users about the service

- 'The staff are great. I couldn't complain about them'
- 'They are all very good'
- 'I would give them ten out of ten'
- 'If you feel a bit down the staff will talk you out of it'.
- 'My keyworker was asking me last week if I was happy with everything'.

- 'No complaints my family would soon do that if the occasion arose but right now, no need its great, suits me to a tee'
- 'It's marvellous'
- 'It's a great service'
- 'It's a really good service for me '
- 'I'm very lucky to have this service which makes me happy when the girls come through the door'
- 'I like it, it's a good as I can get, its good couldn't do without it'
- 'We have a great rapport with them and this goes both ways'
- 'We have no worries as they help us stay safe in our own home this allows us to keep our independence'
- 'All well here, staff great, attentive, definitely know what they are doing'
- 'I can't praise the staff enough they are all friendly caring and kind to me'
- 'The carers are so caring - friendly and chatty who always have my best interests at heart. I can't fault them'
- 'They are interested in me as a person like to know my interests and I find them all caring, dedicated people towards their clients'

#### 4.2.5 Views from carers about the service

- 'How does the council manage to recruit such caring people'?
- 'I have never heard my relative say a bad word about any of the staff'.
- 'It's ideal for my relative as if they're struggling with anything, someone will come to help if they phone them'.
- 'I know we would be lost without them so its brilliant, does what it's meant to support those that need it'

#### 4.2.6 Views from staff about the service

- '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'
- 'The staff team were enthusiastic and committed to meeting the individual needs of the service users they supported'
- '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'
- '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'

### 4.3 Summary of the Grades

4.3.1 The Care Inspectorate can inspect a service against four 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

<b>Quality of Care and Support</b>	<b>5 – Very Good</b>
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
<b>Quality of Staffing</b>	<b>5 – Very Good</b>
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
<b>Quality of Management and Leadership</b>	<b>5 – Very Good</b>
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

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 Home Care West Service has continued to ensure that service users receive a high quality of care and support and that staff are supported to carry out their role. The manager of the service will continue to review both processes 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: 9 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:	3 March 2016	Committee Report Number: 126-2016
Title of document being assessed:	Outcome of Care Inspectorate Inspection of Home Care – Locality Team and Housing with Care - WEST	
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 11 <sup>th</sup> January 2016	
3. What is the intended outcome of this policy, procedure, strategy or practice?	To advise of the outcome of the inspection and to demonstrate the high standards of care provision 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 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
<b>Ethnic Minority Communities including Gypsies and Travellers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Gender Reassignment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Religion or Belief</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>People with a disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Age</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lesbian, Gay and Bisexual</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Socio-economic</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Pregnancy &amp; Maternity</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Other (please state)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Part 3: Impacts/Monitoring

<p><b>1. Have any positive impacts been identified?</b></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 has identified a very high standard of care and support to service users as well as positive responses from service users, relatives and staff.</p>
<p><b>2. Have any negative impacts been identified?</b></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><b>3. What action is proposed to overcome any negative impacts?</b></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><b>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?</b></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><b>5. Has a 'Full' Equality Impact Assessment been recommended?</b></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><b>6. How will the policy be monitored?</b></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**

<b>Name of Department or Partnership</b>	Click here to enter text.
--	---------------------------

<b>Type of Document</b>	
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"/>

<b>Manager Responsible</b>	<b>Author Responsible</b>
<b>Name:</b> Lynn Kilicaslan	<b>Name:</b> Diane McCulloch
<b>Designation:</b> Team Manager	<b>Designation:</b> Head of Service (Community Care)
<b>Base:</b> Claverhouse Social Work , Jack Martin Way Dundee	<b>Base:</b> Claverhouse Social Work , Jack Martin Way Dundee
<b>Telephone:</b> 432871	<b>Telephone:</b> 438000
<b>Email:</b> lynn.kilicaslan@dundeecity.gov.uk	<b>Email:</b> diane.mculloch@dundeecity.gov.uk

<b>Signature of author of the policy:</b>	Lynn Kilicaslan	<b>Date:</b> 9.3.16
<b>Signature of Director/Head of Service:</b>	Laura Bannerman	<b>Date:</b> 9.3.16
<b>Name of Director/Head of Service:</b>	Laura Bannerman	
<b>Date of Next Policy Review:</b>	At next inspection.	

# Care service inspection report

Full inspection

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

Social Work Office  
Jack Martin Way  
Claverhouse Road  
Dundee

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2011286184

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.

### **Contact Us**

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://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

The service showed a commitment and enthusiasm toward improvement. The quality of the staff team was a major strength within the service.

### 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

Support was being provided to approximately 120 people at the time of our inspection. Six teams of social care workers operated across the West of Dundee City, with each team led by a social care organiser. The stated aims and objectives of the service were:

## Locality Teams

"To provide a range of care and support tasks which are 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

"To provide a range of care and support tasks which are carried out to meet individuals' personal and social care needs. Teams work closely with the accommodation provider, be this the local authority or one of the external housing providers, 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](http://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 one Care Inspectors took place over 2 weeks.

As part of the inspection, we went to Housing with Care complex at Rockwell Gardens, and visited service users and relatives in their own homes.

Feedback was given to the 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 11 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](http://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.

## Taking the views of people using the care service into account

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

Comments included:

"Not always comfortable when I get a carer from another team. I get embarrassed if it is not the girls I have got used to and I am very happy with the team of girls I have."

During this inspection, we visited Rockwell Gardens housing with care and spoke formally with one person in her own home and informally to service users. Everyone we spoke with was very happy with the level of support they received. We visited six people in their own home.

Comments from some of the people we spoke with included:

"I have only had the service for a few months and have no problems at all. I feel much safer now I have help to shower."

"The staff are great. I couldn't complain about them."

"They are all very good."

"I would give them ten out of ten."

"If you feel a bit down the staff will talk you out of it."

"My keyworker was asking me last week if I was happy with every. They ask every six months or so."

"All staff are basically good."

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 showed me their Big Yellow Folder that has all the information re support and service they are receiving.

"I have it here in their large folder."

"Yes I have that here and was given the day the service started."

"I did."

Other service users informed me; -

"The Folder/Pack is filled in faithfully at the end of each visit and contains all the information I require re the Service I would say we have had this since the day the service began."

Other service users said similar to me.

Other comments;-

"Have the folder all filled with info I require was given this when the service started."

"The folder has all the info I need in it and from time to time the pages are taken out and put up to the main office to my main file."

"The Big Folder is kept close at hand so all can easily reach it this contains all relevant information relating to the service that we require."

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

One Service User shared this quote with me:

"Review the Coordinator was just out the other week to update the book. Also asked what we thought of the service any bad points we answered honestly not for us there isn't - good points they assist me with my shower twice a week and come in other morning to apply creams to my body checking for sores etc. - once a week they come in to do housework our house is kept spotless."

"The Care Plan is in the folder too and the girls complete it at the end of their visit to me - It was just updated just before Christmas."

"I do have this in my folder and its updated as and when required."

"Yes I do its in the big folder the carers complete the sheets and from time to time take them into the office and bring out fresh sheets they also come out at least twice a year and update everything that requires updating or tweaking as I call it."

"A lady came out from the office not that long ago and went over the Plan with me so it's accurate for now."

Others said.

"Write in book each visit and just the other week someone came out from the office checked plan over asked us some questions so my review was then."

"The area manager visits me from time to time they then adjust my sheets/ plan if needed this happens every few months."

"I think maybe once been asked this by telephone." Relatives and service users said this or similar to me."

"Can't recall being asked my opinion before but it's nice to be asked"

"I think I have a form from your office here to complete." Others said similar.

"They do this when they review my Care Plan."

"The carers ask me at least once a day how things and at my review the manager will ask how things are going."

"Apart from yourselves don't think any body has ever asked me this before."

"By a questionnaire it's twice a year."

"As my Care Plan is reviewed when necessary it's the same with this question as they are both done together." Others I spoke with said similar.

### **What do you think of the Quality of the Service?**

"At present no complaints from here the only thing I would say is in the financial climate hope they don't cut the service back. I'm very lucky to have this service which makes me happy when the girls come through the door."

"No complaints my family would soon do that if the occasion arose but right now no need its great suits me to a tee."

"It's marvellous."

"It's a great service."

"It's a really good service for me."

"I like it thinks it's a good as I can get."

"Its good couldn't do without it."

### **What do you think about the Staff?**

"We know the carers by their first names and have a great rapport with them and this goes both ways. we also have no worries as they help us stay safe in our own home this allows us to keep our independence."

"All well here staff great attentive definitely know what they are doing."

"I like it as we now receiving continuity of care this is being for 6/9months as the carers know our routine in the house."

"Carers come here same time each day 7days a week they also come from the other teams if time is short so I know a lot of them by name and others by face."

"I canna praise the staff enough they are all friendly caring and kind to me."

"I do worry about the girls and wish I could do something for them as they are like drookit rats when they are visiting me at present as all are so good and kind to me I would like to be able to do something for them."

"The are all very good to me can't fault them."

"The carers are so caring - friendly and chatty who always have my best interests at heart I can't fault them."

"I will say owing to where I live they do at times struggle to cover my area and self but the girls that come I may not remember their name but I do remember their faces and they are lovely caring people to me anyway."

"They are interested in me as a person like to know my interests and I find them all caring dedicated people towards their clients."

"The carers always come here clean and smart - we have a friendly chinwag as they work away I have no worries with the ladies that visit me."

### **Do you usually know who is coming to support you?**

"At present its hard to know owing to the recent holidays and sickness so I just accept who is coming through the door." Another service user said similar.

"On the whole they do but from time to time you don't this is usually round holiday time." One service user said similar.

"I have my regular carers and they all know my likes and dislikes so yes I do most of the time know who is coming. One thing I will add here if there are wee hiccups and then I could get a new face but this does not happen often."

"I answered this one previously."

"Usually I do and they have just started sending the same person to me on a weekly basis."

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

"They keep good time can set my clock by them if late will phone to let us know." 3 Service users said similar to this comment.

"The carers never let me down - phone if they can't find the house but I will say the timing is usually on the dot."

"Again owing to what is happening they can be spot on or at least 15mins late so for now I am going with the flow as we have to work this way but I have never been let down someone will always come to visit me."

"They will phone me if they are going to be more than 15mins late so I know I have not been forgotten." This comment was said to me on a few occasions from those I spoke with.



"I did at one time receive a rota in the post on a weekly basis but this does not happen now, wish they would go back to this as some days I just have to take who and when they turn up but I will say someone always comes to me."

"On the whole they do but you have to remember the people they support can have little hiccups or take longer and this means the carers don't always arrive at the time on the dot but I allow 15mins either way and I know if they are going to be more than that someone will phone me. I have never ever had no one come to see me."

"They usually do appear about the same time each visit and always phone if they are going to be very late thinks this has maybe happened at least 2/3 occasions in the long time they have been coming here."

"I have had no show especially when I'm discharged from being in hospital if I contact them they usually send someone or it will be fixed next time I due a visit so they do try their very best to accommodate me."

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

"One other thing is it good to know you are out there checking all is well with the service we receive."

"I'm very happy and grateful for the service I receive."

"I will say the service is not as good as it used to be as we have a lot more carers coming through the door as the team that comes here has 10 -12 people which means we only see one face every 3months roughly so where is the consistency there."

"I have had an issue in the past glad to say it is now fixed to my satisfaction."

"Nothing I think you have covered all."

"Yes I do worry what you read in the papers how this is going to affect me and others like me as to be honest it's a service I could not do without." Other service users said similar.

### **Taking carers' views into account**

"How does the council manage to recruit such caring people?"

"I have never heard my relative say a bad word about any of the staff."

"It's ideal for my relative as if they're struggling with anything someone will come to help if they phone them."

"I know we would be lost without them so its brilliant does what it's meant to support those that need it"

### 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 identified some of their strengths as: "Home Care West recognise the importance of service users and stake holder participation, the department has a User Involvement policy which we promote. We have ensured that service users and carers have an opportunity to feed into the long-term development of the service. Older people and carers sit as members of the older people's strategic planning group. The Social Work Department invites service users and carers to consultation days, and the priorities and direction of the plan has been directly influenced by these consultations."

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.
- Dundee City Council had a policy on 'Improving services by listening to customers and service users.' This required service across the city to give the key results from customer satisfaction surveys. Homecare West highlighted that service users were attending staff induction training.
- 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 given 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: "Since inspection Dundee City Council has introduced Outcome Focused Framework documentation, this is being implemented by our service, which continues to be a on-going process.

DCC has implemented a scheduling and monitoring system CM2000, service users were consulted during this process."

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. The manager advised training and meetings had been arranged to include a homecare perspective on the new framework.

**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

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: "We have a key worker system in place with staff working closely with health professional to ensure there is an understanding of the health and wellbeing for each service user, and this will be detailed on the Personal Plan. Staff monitor and respond to changes in health and well-being, calling on GP's and community nurses, CPN's, dentist, optician etc. We have strong working relationships with local community and specialist staff."

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.

- Risk assessments were seen to focus on maintaining or developing independence and looked at what needs to be done to keep people safe. Where a significant risk was identified in relation to things like moving and handling, then a comprehensive assessment was undertaken and care plan developed and set in place, which was reviewed regularly.
- 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: "Case file audits have been carried out this year and data from this gathered and fed to the relevant areas. Jointly with NHS & Social Work Skin Care training is being arranged for staff at Rockwell Gardens Housing with Care. DCC Medication policy/guidelines is currently under review."

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 28 support plans during the inspection and found reviews and risk assessments had been appropriately completed therefore this recommendation had been met.

Some of the people using the service had a Power of Attorney who had 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**

**Number of recommendations - 0**

## 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

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### Areas for improvement

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### 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: "We listen to staff regarding their training needs. A comprehensive training programme was developed for the enablement staff by physio/occupational therapists, and we have now rolled out to all social care staff. We have a staff development strategy (Effective Support to Staff) which sets out our policies and expectations regarding induction, supervision and employee development reviews. It includes the SSSC codes of practice. This information is contained within a ring binder and a copy given to every member of staff. This work has received national recognition."

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. The manager planned the development of a 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 6 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 devised a training matrix for the service which will be linked to the Employee Development review annually. We will continue to review the training process."

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 could see from the evidence provided that the manager had worked hard to ensure that information from direct observations was used to inform supervision and where possible this was taking place soon after the observation session.

The service should continue to develop a training plan to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes. This recommendation has been reworded and will continue and be assessed at the next inspection.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. The service should continue to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service and meets the identified outcomes of the people using the service.

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

## 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

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### Areas for improvement

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

### 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 undertaken staff surveys which relate to staff satisfaction, staff stress. We have introduced an annual service users survey which will assess our performance against the four quality themes. We have implemented focus groups with staff, service users, and carers. We complete our self-evaluation. We complete direct observation of staff and will seek service users views at these meetings."

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 west 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
- 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 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 26 March 2015

We looked at 28 support plans during the inspection and found reviews and risk assessments had been appropriately completed therefore this recommendation had been met.

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 26 March 2015**

We could see from the evidence provided that the manager had worked hard to ensure that information from direct observations was used to inform supervision and where possible this was taking place soon after the observation session.

The service should continue to develop a training plan to ensure the staff remain well-informed about how to support service users to meet their agreed outcomes.

This recommendation will continue and be assessed at the next inspection.

## 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	
23 Mar 2015	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good
20 Mar 2014	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
21 Feb 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 4 - Good

## To find out more

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

You can also read more about our work online.

### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 @careinspect

### Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is 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।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.