

## **DUNDEE CITY COUNCIL**

**REPORT TO: SCRUTINY COMMITTEE - 19TH MAY 2010**

**REPORT ON: THE ANNOUNCED INSPECTION OF THE WHITE TOP CENTRE - SUPPORT SERVICE (WITHOUT CARE AT HOME) AND THE UNANNOUNCED INSPECTION OF THE CARE HOME SERVICE ADULTS (RESPIRE) BY THE CARE COMMISSION 14 JANUARY 2010.**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 267 - 2010**

### **1.0 PURPOSE OF REPORT**

**1.1** The purpose of this report is to report on the findings of the announced and unannounced inspection by the Care Commission of the White Top Centre. The announced inspection took place within the Support Service Without Care at Home the day service facility and the unannounced inspection took place within the Care Home Services Adults the respite facility.

### **2.0 RECOMMENDATIONS**

**2.1** It is recommended that the Scrutiny Committee note:

- i notes the contents of this report
- ii requests that the director of Social work monitor the continues progress towards improving this service.

### **3.0 FINANCIAL IMPLICATIONS**

**3.1** None

### **4.0 MAIN TEXT**

**4.1** The White Top Centre was inspected on 14 January 2010 by the Care Commission. This was an announced inspection to one area of the service and an unannounced inspection to another area. At the time of the inspection there were 16 service users on the register for the day service and 15 service users for the respite facility.

**4.2** The Care Commission identified key strengths in the areas that were inspected (announced) in the Support Service some of which are outlined below.

- The service held reviews for service users. The minutes of these documented involvement from relatives at these reviews. Relatives were asked for their views on the support provided by the centre to the service user. They were also asked if they were happy with the level of communication from the centre. From the review minutes we looked at, relatives expressed that they were happy with the communication between themselves and the centre.
- Service users and relatives were invited to the 'Partnership In Practice' meetings and consultation events run by Dundee City Council. This allowed them keep up to date with plans and decisions about service provision at a corporate level.

- Staff complete daily diaries for each service user, recording their day at the centre. They were sent home each evening and returned to the centre each morning. Relatives often commented in the diaries. This allowed both staff and relatives to have up to date information from home and the centre.
- The manager is in the process of organising dates to meet with all relatives to seek their views and ideas on developing the service further.
- Discussion with staff and observations during the inspection evidenced that a range of meaningful activities were provided to meet the individual needs of service users. For example, some staff had been trained in Rebound Therapy and this had been used to alleviate pain and discomfort for a service user.
- The centre used a range of equipment to support service users to achieve their potential and maintain their level of independence. For example, they had recently purchased height adjustable tables to allow service users in wheelchairs and walking frames to participate in activities.
- The service actively promoted links with the local community. Service users were encouraged and supported to access community resources. These included, garden groups, local community centre group activities, college and the library.
- Object signifiers and choice boards were used to allow service users to make choices independently and to help aid their understanding within the centre.
- Switch work was used in the sensory room. This enabled some service users to activate the sensory equipment themselves. This promoted their independence and could increase their confidence.
- A number of areas within the centre had recently been upgraded. These included, outside patio area was re-paved, some flooring and glazing replaced, signage in the car park, new front doors, bathroom flooring and tiling replaced. There was also a redecoration programme in place for inside and outside areas of the building.
- Manual handling risk assessments were in place for service users. These provided detailed information and guidance for staff on equipment to be used for individual service users.
- The manager was proactive in developing the space within the centre. For example, she has changed an area on the first floor from storage to a quiet area for activities. She consulted with the fire and rescue service before this area changed.
- Carers and relatives had been involved in the previous recruitment process for the manager's post. Candidates invited for interview meet the service users and carers and relatives are invited to meet them also.
- The carers group meet on a monthly basis. The Chairperson of this group has been at previous staff interviews and sits on the Dundee City Council Strategic Planning Group.
- Annual review minutes evidenced that the manager reminds all carers and relatives about the complaints procedure.
- A separate audit of the service's safer recruitment policies and procedures has been carried out by the Care Commission and found to be satisfactory. Generally the provider had taken time to prepare for the visit and files were well organised and presented.
- The staff selection procedure was comprehensive and covered a range of issues such as application procedures, checking of fitness and the interview selection process.
- There were good systems in place to manage situations where Disclosure Scotland Checks raised issues.
- The audit of 100 files indicated that practice within the service ensured that an application form was completed, appropriate references and checks were requested and the aims and values of the service were explained.

- There was evidence of very good processes in relation to assessing the medical fitness of prospective employees and the checking of references, particularly from the last employer.
- There was a high quality induction programme in place for new staff. The induction pack for each member of staff included copies of the centres policies and procedures. New staff shadow experienced staff for two weeks before they would be expected to work with service users unsupervised. This decision is made through supervision and from feedback with the new staff member and the staff they had shadowed.

**4.3** There are 4 requirements from the announced inspection detailed below:

The service provider must ensure that service user's personal plans are reviewed on a six monthly basis.

The service provider must develop individualised risk assessments related to restraint to ensure service user's needs are met.

The service provider must ensure the risk assessments and personal plans which relate to restraint measures, are reviewed and updated regularly.

The service provider must ensure that all staff receive appropriate training in assessment, record keeping and restraint.

These requirements have since been addressed.

**4.4** There are 2 recommendations from the inspection detailed below:

It is recommended that the service ensure that a formal application process is followed for each period of employment.

It is recommended that the provider audits the procedures for the recording of staff skills and qualification records.

These recommendations were made following a separate audit carried out by the Care Commission on the Council's safer recruitment policies and procedures.

A Corporate response was given to the above recommendations.

**4.5** The Care Commission identified key strengths in the areas that were inspected (unannounced) in the Care Home Service Adults some of which are outlined below.

- Service user's communication needs were identified in the personal plans. For example one plan documented - '(service user) has no verbal communication. Facial expressions and vocalisations are his main means of communication. If he is uncomfortable or unhappy he will moan, if he is happy he will laugh or smile'. This information gave the staff an understanding of how the service user was feeling.
- Staff made use of environment and physical clues and object signifiers to communicate with service users and help aid their understanding.
- We observed one service user pointing to her preferred food choice for breakfast when staff used physical clues.
- Staff had a good knowledge and understanding of service users communication needs. They were able describe what the behaviours exhibited by service users meant. For example, they knew when a service user was in pain by their facial expression and subdued manner.
- They also had good recognition of the early signs and behaviours which indicated the onset of a seizure for a service user.
- Staff had been trained in a range of areas to enable them to meet the service users' needs. This included enteral feeding, epilepsy, moving and handling, food hygiene, emergency first aid, music therapy and digital story telling.

- Discussions with staff evidenced that they were aware of the National Care Standards and could relate these to their day to day work.
- We observed staff being professional and motivated about the work they do in the unit.
- Staff expressed satisfaction and enjoyment of the work they do. They also showed a commitment to developing and improving the service they provide.

4.6 There were no requirements made from the unannounced inspection.

4.7 The recommendations made following the announced inspection (see 4.4) are also detailed within the unannounced report. The report however details that no recommendations are made.

4.8 Some of our areas for improvement and planned development are outlined below.

- Develop a detailed Service Plan.
- Continue to progress with actions identified through the Staffing Review process and implement outcomes once complete.
- Increase opportunities to consult with service users and carers and be involved in service developments.
- Ongoing development of processes and systems within the service.
- Maximise service user opportunities to access community resources and activities.
- Maximise service user opportunities to access a range of meaningful activity and therapies within the service in order to meet their holistic needs.
- Ongoing development of systems with our health colleagues regarding integrated personal plans, assessments and recording formats.
- Continue to recruit to vacant posts and develop team by maximising training opportunities.
- Continue to improve the environment through planned maintenance.

#### 4.9 **QUALITY INDICATORS**

The Care Commission examine four areas. These are the Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management and Leadership.

4.10 The care commission use a 6 point scale for performance.

- 6 – Excellent - exemplary, model of its type
- 5 – Very good - major strengths
- 4 – Good - important strengths but improve further
- 3 – Adequate - basic but adequate level
- 2 – Weak - important weaknesses
- 1 – Unsatisfactory - widespread weaknesses

4.11 Based on the findings of the announced inspection the Support Service has been awarded the following grades:

- Quality of Care and Support 4 - Good (previous grade 4)
- Quality of Environment 4 - Good (previous grade 3)
- Quality of Staffing 4 - Good (previous grade 4)
- Quality of Management and Leadership N/A (previous grade 4)

4.12 Based on the findings of the unannounced inspection the Care Home Service Adults has been awarded the following grades:

- Quality of Care and Support 4 - Good (previous grade 4)

Quality of Environment N/A (previous grade 4)  
Quality of Staffing 4 - Good (previous grade 4)  
Quality of Management and Leadership N/A (previous grade 4)

## **5.0 POLICY IMPLICATIONS**

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

There are no issues.

## **6.0 CONSULTATION**

6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Director of Finance have been consulted in preparation of this report.

## **7.0 BACKGROUND PAPERS**

7.1 The following Background Papers were relied upon in preparation of this Report:

Inspection Report Dundee City Council - White Top Centre

Alan Baird  
**Social Work Department**



# Inspection report

## White Top Centre - Support Service Support Service Without Care at Home

Westfield Avenue  
DUNDEE  
DD1 4JT  
01382 435198

**Inspected by:** Lynn Kennedy  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 14 January 2010

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**Service provided by:**

Dundee City Council

**Service provider number:**

SP2003004034

**Care service number:**

CS2003017607

**Contact details for the Care Commission officer who inspected this service:**

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## Easy read summary of this inspection report

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We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support  **4** Good

Quality of Environment  **4** Good

Quality of Staffing  **4** Good

Quality of Management and Leadership N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

### What the service does well

White Top provides a friendly, welcoming and encouraging environment for service users.

## **What the service could do better**

The service had yet to fully meet the previous requirements in relation to restraint risk assessments and 6 monthly reviews for service users.

## **What the service has done since the last inspection**

The service had made positive changes to the environment. They were in the process of developing the personal plans using person centred values.

## **Conclusion**

Observations of service users participating in activities evidenced that they were happy and relaxed within the centre and during staff interactions.

## **Who did this inspection**

### **Lead Care Commission Officer**

Lynn Kennedy

### **Other Care Commission Officers**

N/A

### **Lay Assessor**

N/A

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Blackwells Bookshop  
53-62 South Bridge Edinburgh  
EH1 1YS  
Telephone: 0131 662 8283  
Email: [Edinburgh@blackwells.co.uk](mailto:Edinburgh@blackwells.co.uk)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

# How we decided what to inspect

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## **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

## **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.



## About the service we inspected

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The White Top Centre is a purpose built day care resource for people who have profound and multiple intellectual and physical disabilities. The centre which opened as the result of a collaboration between Dundee City Council Social Work Department, the University of Dundee and NHS Tayside. The facility aims to provide a comprehensive day service delivered by a skilled interdisciplinary staff team. There are currently 18 day service places at the centre.

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

<b>Quality of Care and Support</b>	<b>4 - Good</b>
<b>Quality of Environment</b>	<b>4 - Good</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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 activities did we undertake during the inspection**

This report was written following an announced inspection that took place on 14 January 2010 by Care Commission Officer Lynn Kennedy.

In this inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including;

- \* evidence from the service's most recent self assessment
- \* personal plans of people who use the service
- \* training records
- \* Staff records
- \* discussions with various people, including:
  - the manager
  - care staff
- \* observing how staff work and interactions with service users
- \* observations of equipment and the environment

### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

**Has the service had to take any actions as a result of or since our last inspection?**

The service must ensure that service users personal plans are reviewed on a six monthly basis.

**Action taken on the Requirement**

The service had still to implement this requirement.

**The requirement is:**

Not Met

The service provider must ensure that there is a robust system in place for the recording of and informing parents/carers when 'as required' medication has been administered.

**Action taken on the Requirement**

The service had implemented a written recording procedure to inform parents and carers.

**The requirement is:**

Met

The service provider must ensure that the tiling in the bathroom is repaired and that the area is in a good state of repair.

**Action taken on the Requirement**

This had been addressed.

**The requirement is:**

Met

The service provider must develop individualised risk assessments related to restraint to ensure service user's needs are met.

**Action taken on the Requirement**

The service user had made some progress, but further development required.

**The requirement is:**

Not Met

Risk assessments and personal plans which relate to restraint measures, must be reviewed and updated regularly.

**Action taken on the Requirement**

As requirement 4

**The requirement is:**

Not Met

The service provider must ensure that all staff receive appropriate training in assessment, record keeping and restraint.

**Action taken on the Requirement**

As requirement 4

**The requirement is:**

Not Met

**The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

**Annual Return Received**

No

**Comments on Self Assessment**

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

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

The views of service users were not sought in a direct manner. We observed service users participating in a variety of meaningful activities within the unit. Interactions between staff and service users were observed to be very supportive, encouraging and caring. Service users appeared relaxed within the centre environment.

**Taking carers' views into account**

There were no carers present at the time of the inspection.

## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - 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

Not all aspects of this statement were inspected.

The service held reviews for service users. The minutes of these documented involvement from relatives at these reviews. Relatives were asked for their views on the support provided by the centre to the service user. They were also asked if they were happy with the level of communication from the centre. From the review minutes we looked at, relatives expressed that they were happy with the communication between themselves and the centre.

Service users and relatives were invited to the 'Partnership In Practice' meetings and consultation events run by Dundee City Council. This allowed them keep up to date with plans and decisions about service provision at a corporate level.

Staff complete daily diaries for each service user, recording their day at the centre. They were sent home each evening and returned to the centre each morning. Relatives often commented in the diaries. This allowed both staff and relatives to have up to date information from home and the centre.

The manager is in the process of organising dates to meet with all relatives to seek their views and ideas on developing the service further.

#### Areas for Improvement

Reviews which involved the multi disciplinary team were carried out on an annual basis and not 6 monthly. This was a requirement from the previous inspection and remains for this inspection. (see requirement 1)

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

1

## **Number of Recommendations**

0

## **Requirements**

1.

The service provider must ensure that service users personal plans are reviewed on a six monthly basis. This is to comply with SSI 114 Regulation 5 (2) Personal Plans (b)(ii) -

(b) review the personal plan-

(ii) at least once in every six month period

Timescale for completion - One month following receipt of this report.

## **Statement 2**

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### **Service Strengths**

Not all aspects of this statement were inspected.

Discussion with staff and observations during the inspection, evidenced that a range of meaningful activities were provided to meet the individual needs of service users. For example, some staff had been trained in Rebound Therapy and this had been used to alleviate pain and discomfort for a service user.

The centre used a range of equipment to support service users to achieve their potential and maintain their level of independence. For example, they had recently purchased height adjustable tables to allow service users in wheelchairs and walking frames to participate in activities.

The service actively promoted links with the local community. Service users were encouraged and supported to access community resources. These included, garden groups, local community centre group activities, college and the library.

Object signifiers and choice boards were used to allow service users to make choices independently and to help aid their understanding within the centre.

Switch work was used in the sensory room. This enabled some service users to activate the sensory equipment themselves. This promoted their independence and could increase their confidence.

### **Areas for Improvement**

The centre was in the process of further developing their personal plans using the principles of person centred care planning.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0



## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 2

We make sure that the environment is safe and service users are protected.

#### Service Strengths

Not all aspects of this statement were inspected.

A number of areas within the centre had recently been upgraded. These included, outside patio area was re-paved, some flooring and glazing replaced, signage in the car park, new front doors, bathroom flooring and tiling replaced. There was also a re-decoration programme in place for inside and outside areas of the building.

Manual handling risk assessments were in place for service users. These provided detailed information and guidance for staff on equipment to be used for individual service users.

The manager was proactive in developing the space within the centre. For example, she has changed an area on the first floor from storage to a quiet area for activities. She consulted with the fire and rescue service before this area changed.

#### Areas for Improvement

Inspection of personal plans and discussion with staff identified that some progress had been made with the development of restraint risk assessments for service users but further development was required. This was a requirement at the previous inspection and remains for this inspection. (see requirements 1, 2 and 3)

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

3

#### Number of Recommendations

0

#### Requirements

1.

The service provider must develop individualised risk assessments related to restraint to ensure service user's needs are met. This is to comply with SSI 114 Regulation 4 (1) Welfare of Users:

(a) providers shall make proper provision for the health and welfare of service users;

(c) providers shall ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

Timescale for completion - One month following receipt of this report.

2.

The service provider must ensure the risk assessments and personal plans which relate to restraint measures, are reviewed and updated regularly. This is to comply with SSI 114 Regulation 5 (2) Personal Plans:

The provider of a care home service shall in addition-

(b) review the personal plan.

Timescale for completion - One month following receipt of this report.

3.

The service provider must ensure that all staff receive appropriate training in assessment, record keeping and restraint. This is to comply with SSI 114 Regulation 13 Staffing:

A provider shall, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of service users-

(c) ensure that persons employed in the provision of the care service receive-  
(i) training appropriate to the work they are to perform.

Timescale for completion - Three months following receipt of this report.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

#### Service Strengths

Not all aspects of this statement were inspected.

Evidence documented in quality statement 1.1, service strengths, was also considered for this statement.

Carers and relatives had been involved in the previous recruitment process for the managers post.

Candidates invited for interview meet the service users and carers and relatives are invited to meet them also.

The carers group meet on a monthly basis. The Chairperson of this group has been at previous staff interviews and sits on the Dundee City Council Strategic Planning Group.

Annual review minutes evidenced that the manager reminds all carers and relatives about the complaints procedure.

#### Areas for Improvement

The manager identified in her self assessment that she plans to continue to incorporate feedback regarding the quality of staffing in all reviews. She also plans to incorporate staffing as a section in the service plan.

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 2**

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

### **Service Strengths**

A separate audit of the service's safer recruitment policies and procedures has been carried out by the Care Commission and found to be satisfactory.

Generally the provider had taken time to prepare for the visit and files were well organised and presented.

The staff selection procedure was comprehensive and covered a range of issues such as application procedures, checking of fitness and the interview selection process.

There were good systems in place to manage situations where Disclosure Scotland Checks raised issues.

The audit of 100 files indicated that practice within the service ensured that an application form was completed, appropriate references and checks were requested and the aims and values of the service were explained.

There was evidence of very good processes in relation to assessing the medical fitness of prospective employees and the checking of references, particularly from the last employer.

There was a high quality induction programme in place for new staff. The induction pack for each member of staff included copies of the centres policies and procedures. New staff shadow experienced staff for two weeks before they would be expected to work with service users unsupervised. This decision is made through supervision and from feedback with the new staff member and the staff they had shadowed.

### **Areas for Improvement**

The provider does not currently undertake three yearly Disclosure Checks for all employees but is planning to systematically introduce this over a period of time. In some of the files examined, although it was recorded that a Disclosure Scotland check had been completed, it was unclear whether the Disclosure Scotland check required further action. The provider advised in these circumstances the information was considered by a recruitment panel and a decision was made in relation to the suitability of the applicant.

In some of the files examined there were no Disclosure checks for ancillary staff. The provider advised they had sought guidance from Enhanced Disclosure Scotland who indicated these were not necessary. However, the decision to obtain Enhanced Disclosure rest with the employing authority who should consider this in relation to the protection of vulnerable adults and children. There was also no evidence of risk assessments for those employees who had not had a Disclosure check.

There were some examples where staff had not completed additional application(s) forms when moving to other posts within the organisation notably from permanent contracts to supply posts. (See recommendation 1).

The organisation could improve consistency in their practice in relation to evidencing staff skills. For example some files contained photocopies of qualifications whilst others did not.

There was some evidence that staff skills had been identified for those who had transferred within the organisation. However, the information held was not consistent and in some cases there was no information.  
(See recommendation 2)

In some of the files examined identification information such as utility bills and passport information had been unnecessarily retained.

#### **Grade awarded for this statement**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

2

#### **Safer Recruitment - Inspection Focus Area (IFA) outcome**

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

#### **Recommendation**

1.

It is recommended that the service ensure that a formal application process is followed for each period of employment.

Scottish Social Services Council Code of Practice - Employer 'make sure people are suitable to enter the workplace - 1.1

National Care Standards for Support Services - Standard 2.5 Management and Staffing Arrangements.

## **Recommendation**

0.

It is recommended that the provider audits the procedures for the recording of staff skills and qualification records.

Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace' 1.1

National Care Standards for Support Services - Standard 2.5 Management and Staffing Arrangements.

## Other Information

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### **Complaints**

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

### **Enforcements**

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

### **Additional Information**

None

### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## Summary of Grades

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<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	5 - Very Good
<b>Quality of Environment - 4 - Good</b>	
Statement 2	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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<b>Date</b>	<b>Type</b>	<b>Gradings</b>
3 Sep 2008	Announced	Care and support      4 - Good Environment            3 - Adequate Staffing                    4 - Good Management and Leadership                4 - Good



## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

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## Translations and alternative formats

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه بایتسد ىم وونابز رگىد روا رولکش رگىد رپ شرازگ تعاشا هى

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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