

REPORT TO: HOUSING, DUNDEE CONTRACT SERVICES AND ENVIRONMENT SERVICES COMMITTEE - 25 OCTOBER 2010

REPORT ON: INSPECTION OF SHELTERED HOUSING WARDEN SERVICE BY THE CARE COMMISSION

REPORT BY: DIRECTOR OF HOUSING

REPORT NO: 436-2010

1. PURPOSE OF REPORT

- 1.1. The purpose of this report is to report on the findings of the Care Commission on the Sheltered Housing Warden Service.

2. RECOMMENDATIONS

- 2.1. It is recommended that the Housing, Dundee Contract Services and Environment Services Committee:
- i. Notes the contents of this report, and
 - ii. Instructs the Director of Housing to monitor progress towards meeting the areas for improvement contained in this report.

3. FINANCIAL IMPLICATIONS

- 3.1. None.

4. MAIN TEXT

- 4.1. The Sheltered Housing Warden Service was inspected in May 2010 by the Care Commission. They published a report on their findings on 28 June 2010. This is attached as Appendix 1.

- 4.2. The Care Commission identified the following key strengths of the service:

- Good communication between tenants and wardens
- Asking tenants about the quality of the service in a range of ways
- Tenant/Warden meetings
- Keeping tenants informed through newsletters
- Meetings between Senior Management and tenants
- Ethos of respect and enabling tenants to exercise choice
- Activities in the communal lounges providing opportunities for tenants to socialise and befriend each other
- Housing Support Plans including assessment of risk and limits to freedom
- Motivated and committed staff
- Staff training
- Staff supervision arrangements
- Team meetings for Wardens

- Measurable performance indicators to manage performance

4.3. Evaluations

4.3.1. Requirements for improvement

- There were no requirements for improvement.

4.3.2. The following were identified as recommendations for improvement:

- The service should ensure that tenant's housing support plans record their abilities, their preferences about how support will be provided and agreed goals for supporting tenants to achieve their potential, and that all tenants are offered a copy of the plan.
- The service should ensure that tenants who are wheelchair users are assessed for support to access activities in the communal lounge and on outings and sources of support are accessed where available.
- The service is recommended to ensure its quality assurance processes results in improved and consistent standards in preparing and reviewing tenants personal plans.
- The service should resolve tenants concerns about the appropriate level of staffing in each complex and ensure it has staff cover arrangements and ensure these levels are consistently met.
- The service should review the questions it asks Tenants in consultation to better identify any causes for concern and ideas for solutions.

4.4. Grading

4.4.1. Care Commission reports use a six-point scale for reporting performance:

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

4.4.2. The following gradings were awarded. The gradings awarded in 2009 have been included in the table for comparison:

Theme	Overall Grading (2009)	Overall Grading (2010)
Quality of Care and Support	3 – Adequate	4 - Good
Quality of Staffing	3 – Adequate	4 - Good
Quality of Management and Leadership	3 – Adequate	3 – Adequate

- 4.5. An Action Plan to meet the recommendations in the Care Commission's report has been agreed and submitted. The Action Plan is attached as Appendix 2.

5. **POLICY IMPLICATIONS**

- 5.1. This report has been screened for any implications in respect of Sustainability, Strategic Environment Assessment, Anti-Poverty and Equality Impact Assessment and Risk Management. There are no major issues.

6. **CONSULTATION**

- 6.1. The Chief Executive, Depute Chief Executive (Support Services), Director of Finance, Assistant Chief Executive and all other Chief Officers have been consulted in the preparation of this report. No concerns were expressed.

7. **BACKGROUND PAPERS**

- 7.1. The following Background Papers were relied upon in preparation of this Report:
- Inspection Report, Dundee City Council - Sheltered Housing Warden Service, Scottish Commission for the Regulation of Care, Dundee, June 2010 (attached as Appendix 1).

ELAINE ZWIRLEIN
DIRECTOR OF HOUSING

9 AUGUST 2010



Inspection report

Dundee City Council - Sheltered Housing Warden's Service Housing Support Service

West District Housing Office
3 Sinclair Street
Lochee
Dundee
DD2 3DA

Inspected by: Patrick Sweeney
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 7 May 2010

Improving care in Scotland

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Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2006118106

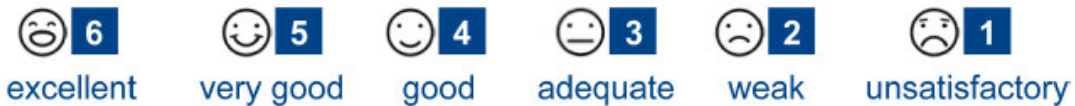
Contact details for the Care Commission officer who inspected this service:

Patrick Sweeney
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Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

Quality of Care and Support  4 Good

Quality of Staffing  4 Good

Quality of Management and Leadership  3 Adequate

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

Tenants told us they were confident the wardens knew them well and were responsive to their needs when they changed. The staff had a good working knowledge of tenants' preferences and needs from daily contact and regular visits to their homes. Tenants placed a very high priority on having consistent warden staff who they knew and trusted and who they felt knew them well too. The warden staff were very motivated and committed to the welfare of tenants. There was good practice in consulting tenants in survey questionnaires and consultation meetings.

What the service could do better

The service should;

- improve the content of housing support plans and ensure tenants are offered a copy of their plan
- assess tenants who are wheelchair users for support to access activities
- ensure there are consistent standards in preparing tenants' personal plans
- resolve tenants' concerns about the appropriate staffing levels in each complex
- have staff cover arrangements that ensure these levels are consistently met
- review the questions it asks tenants in consultations to better identify any causes for concern and ideas for solutions.

What the service has done since the last inspection

The service had met the three requirements from the last inspection, and nine of the eleven recommendations.

Conclusion

The service had made planned improvements to its practices for better outcomes for tenants and better support for staff. Tenants are concerned about staffing levels in their complexes and the service needs to resolve this with them.

Who did this inspection

Lead Care Commission Officer

Patrick Sweeney

Other Care Commission Officers

Not Applicable.

Lay Assessor
Winnie Whyte

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

About the Care Commission

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. 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

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

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

What is inspection?

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

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?

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:

6	5	4	3	2	1
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

Dundee City Council - Sheltered Housing Warden Service is registered by the Care Commission since 3 April 2006 to provide a housing support service to tenants of Dundee City Council. The service is for tenants who are aged 60 or over and other tenants with additional needs including; dementia, physical disabilities, learning disabilities and mental health problems. The service also has very sheltered housing for tenants who require additional support to live independently.

The service is available to just over 2,200 tenants in 36 sheltered housing complexes. Tenants have the use of laundry facilities and a communal lounge in each development. The accommodation provided by the Council is not regulated by the Care Commission.

The housing support service is provided by the manager, eight senior wardens and about 80 wardens.

The wardens are on duty in each development every day of the week, usually between 8.00am and 2.30pm but they may be on duty at specified times outside these hours. The tenants are notified in writing about the availability of the warden service in each complex. Tenants are linked to the Community Alarm service outside these hours.

The role of the wardens is to support tenants to live independently with the minimum of intrusions. Wardens check twice daily whether each tenant is active in their home through a mat or motion detector and speak with each tenant daily by intercom or phone. Wardens visit tenants in their home at an agreed frequency such as once every two or four weeks.

Wardens also assist tenants with filling in forms, dealing with correspondence, contacting health and support agencies and assist tenants to stay safe and well in their home. Wardens assist tenants to organise social activities and a comfort fund for each development. Wardens do not provide personal care, except in an emergency.

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

Quality of Care and Support	4 - Good
Quality of Staffing	4 - Good
Quality of Management and Leadership	3 - Adequate

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) to find the most up-to-date grades for this service.

How we inspected this service

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

The report was written following an announced inspection on Wednesday 5 and Thursday 6 May 2010 by a Care Commission Officer and a Lay Assessor. We visited four sheltered housing complexes. The inspection findings were given to the management of the service in a meeting at the end of the inspection visit on Friday 7 May.

The Annual Return

The service submitted an annual return as requested by the Care Commission.

The Self Assessment

The service submitted a self assessment form as requested by the Care Commission.

Views of Service Users

We received 54 questionnaires from tenants. The Lay Assessor interviewed 18 tenants in their homes or by phone.

Intensity of Inspection

The inspection was based on the a sample of two Quality Statements under each of the three Quality Themes, relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection evidence was gathered from a number of sources including;

- A review of a range of policies, procedures and records and other documentation including tenants' and staff records.
- Interviews with the manager, three senior wardens and four wardens.

All the above information was taken into account during the inspection process and was used to assess the performance of the service.

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 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website 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

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

Requirement 1

The provider must ensure that all tenants of the service have a housing support plan written in consultation with them, and if appropriate their carers, or other representatives. This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) (SSI 2002/114) Regulation 5(1) - a requirement that providers shall prepare a written plan. Timescale for implementation: 31 March 2010.

Action taken on the Requirement

The service had written housing support plans with tenants. Tenants were involved in writing these plans by providing the information to staff and signing the finished plan.

The requirement is:

Met

Requirement 2

The provider must ensure that it individually considers restraint and limits to freedom for all tenants. This is in order to comply with SSI 2002/114 regulation 4(1)(a)(c) and regulation 13 - a requirement that a provider shall make proper provision for the health and welfare of tenants and 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 and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform. Timescale for implementation: 31 March 2010.

Action taken on the Requirement

The housing support plans considered whether there were any constraints or limits to each tenant's freedom.

The requirement is:

Met

Requirement 3

The service must at all times ensure the welfare of service users by having an effective and acceptable alarm service. This is in order to comply with SSI 2002/114 Regulation 4 - a regulation aimed at ensuring the health and welfare of service users. Timescale for implementation: 31 December 2009.

Action taken on the Requirement

The call alarm system in one complex now included a motion detector and this offered reassurance to tenants and the staff were also confident in the system.

The requirement is:

Met

Actions Taken on Recommendations Outstanding

Recommendation 1

The service should ensure that it regularly asks tenants', and where appropriate their carers', views on the quality of the support they receive and ideas for improvement as part of the review of their housing support plan and in other forms of consultation. National Care Standards, Housing Support Services, Standard 4, Housing support planning and Standard 8, Expressing your views.

The service has started to ask tenants their views on the quality of the service during annual reviews of their housing support plan. The service should continue this good practice.

Recommendation 2

The service should ensure that tenants' housing support plans include their abilities, their preferences about how support will be carried out and agreed goals for supporting tenants to achieve their potential. Standard 4, Housing support planning.

Some of the service's housing support plans were meeting this recommendation, but not all. A further recommendation is made. See Quality of Care and Support, Statement 2, Areas for development and Recommendation 1.

Recommendation 3

The service should ensure that tenants' risk assessment include how tenants chose to manage identified risks and what the service said it would do to prevent or reduce the risk of harm for tenants. Standard 3, Management and staffing arrangements.

The housing support plans considered whether there was any risk of harm to each tenant.

Recommendation 4

The service is recommended to provide staff with training on adult protection. Standard 3, Management and staffing arrangements.

Staff had been provided with training on adult protection. They commented that this helped them in their work when they had concerns about the welfare of individual tenants.

Recommendation 5

The service is recommended to put in place a system of staff supervision for support and to promote, ensure and evidence that wardens are using expected support practices and social services values in their work with tenants. Standard 3 Management and staffing arrangements.

The service had introduced one to one supervision sessions for warden staff by senior wardens. This had supported staff by identifying and resolving any problems in their work, giving them feedback on their performance and planning for their training and development. Senior wardens were also supervised by the manager of the service.

Recommendation 6

The service is recommended to put in place a system of direct observation of wardens' practice of using expected support practices and social services values in their work with tenants. Standard 3 Management and staffing arrangements.

The service had not used direct observation to evidence staff practice. This could be used with other evidence of staff practice such as standards of completing housing support planning to evidence how well staff are meeting tenants' needs. The recommendation is not continued but the use of these methods would evidence improved practice.

Recommendation 7

The service is recommended to ensure its quality assurance processes results in reviews of personal plans, risk and restraint assessments are carried out and to an improved standard. Standard 4, Management and staffing arrangements.

The first part of this recommendation has been met. The use quality assurance processes has ensured housing support plans were completed, and included risk and restraint assessments. The focus of the quality assurance process now needs to be on how well the plans have been completed. See Quality of Management and Leadership, Statement 4, Recommendation 1.

Recommendation 8

The service is recommended to consult with tenants and staff on the continuing effectiveness of the current warden arrangements and implementation of the modernisation strategy. Standard 3, Management and staffing arrangements.

The senior management of the service had consulted with tenants about the future of the warden service in a series of meetings in each complex in July and August 2009. Tenants were able to raise any matters of concern to them with the senior management.

Recommendation 9

The service is recommended to ensure that prospective tenants of the warden service receive written information about the service and can discuss this with a member of staff. Standard 1, Informing and deciding.

The service had liaised with the lettings section of the Housing Department to ensure prospective tenants received written information about the service and that wardens met them when viewing the property. A very good information brochure was now available explaining what the service provided.

Recommendation 10

The service is recommended to ensure all staff have child protection training appropriate to their role and the service's policy. Standard 3, Management and staffing.

Staff had been provided with training on adult protection.

Recommendations 11

The service should ensure that all meetings are accurately recorded such that all parties are clear about what has been discussed and that the outcomes of these discussions and any necessary actions are understood. Standard 3, Management and staffing.

There were minutes of the senior management's consultation meetings with tenants in each complex produced for tenants. The service received mostly positive feedback about the quality of the service. The service also sent out newsletters to tenants informing them of the Service Review about the future of the warden service.

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 (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

Yes - Electronic

Comments on Self Assessment

We received a basically completed self assessment document from the service. The service identified the processes it used to provide the service. The service identified some areas for planned improvement.

To improve the self assessment the service will need to state how its processes result in better outcomes for tenants and give examples of these better outcomes.

Taking the views of people using the care service into account

We received 54 questionnaires back from 163 questionnaires given to tenants in three sheltered housing complexes, a return of 33%.

Almost two thirds of tenants told us they;

- had a personal plan or support plan which contains information about their support needs
- knew about the service's complaints procedure
- knew they could make a complaint about this service to the Care Commission

About one third said they did not have these, or did not know or did not reply.

Tenants were most satisfied, that is they strongly agreed or agreed that;

- staff treated them with respect (90%)
- they knew the names of the staff who provided their support (85%)
- they were confident that staff have the skills to support them (81%)
- they were overall happy with the quality of support the service gave them (81%)

Tenants were reasonably happy that;

- the service checked with them regularly that it was meeting their needs (68%)
- their needs and preferences have been detailed in the personal plan (57%)

Tenants were least satisfied that

- the service asked for their opinions about how it can improve (55%)
- staff have enough time to carry out the agreed support (51%).

These last two points had to the most tenants strongly disagreeing or disagreeing with these statements; 9% and 22% respectively.

A representative sample of tenants' comments in the questionnaires included;

- "I am very happy with the wardens and the help they give me."
- "During my recent illness the warden was very attentive. I am happy with the service I receive."
- "The staff have kept me up to date with the support available to me and speak to me daily and visit from time to time on a regular basis."
- "Sheltered housing gives that added confidence should emergencies arise."
- "For the past three months the warden has been left without any backup support due to illness. There ought to be contingency plans available."
- "We have only one warden and she is rushed off her feet doing her best. It is far too much for one person. Our other warden retired and no one has taken her place."
- "Due to staff shortage the warden has a lot more work to do and does the best she can."
- "The time the staff has to do the job and carry out their duties has been cut down over time. People like to have someone to call on about things."
- "Care is good but warden is under stress due to staff shortage."

The Lay Assessor spoke with 18 tenants through visits and phone calls. When we asked about the Quality of Care and Support tenants told us;

- "I never need their help but I know it's there if I require it."
- "The staff have been helpful and will do anything if it's within their remit to do so."
- "The staff respond quickly when called for assistance and will do anything for us, with a happy disposition."

When we asked about the activities on offer people told us;

- "The activities were bingo, coffee mornings and a few bus trips. It's your choice to take part or not."
- "We have been to see the Scottish Parliament and other day trips, line dancing and billiards."
- One tenant said, "I sometimes just go sit and watch the activities available at the complex."
- Another said, "I am restricted to the activities I attend because of my wheelchair because often the bus has no wheelchair access."

When we asked about the Quality of Staffing tenants told us;

- "The wardens are approachable and listen when they have time. The warden is helpful and very understanding."
- "I get a happy service, plenty of staff and all are easy to get on with. Can't get any better wardens."
- "The staff are friendly, happy, do anything for us. Great listening and pick up if something is not right straight away."

When we asked about the Quality of Management tenants told us;

- "The complex as it's under staffed at present."
- "I would say the staff have too much to do. They need more help."
- "The Warden has asked my opinion and I filled in the Care Commission questionnaire too."
- "I've never been asked our opinion of the service."
- "Improve the service by recruiting another staff member to assist our great warden."

Taking carers' views into account

Tenants spoke for themselves in the questionnaires and in interviews. We did not speak to relatives of tenants in the service.

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

The service had good practice in this quality statement.

On a day to day basis there is good open communication between tenants and wardens about their preferences and need for support. Tenants told us they were confident the wardens knew them well and were responsive to their needs when they changed.

The service got comments from tenants about the quality of the service through;

- Reviews of each tenants' housing support plan
- Twice a year tenants meetings in each complex
- An annual tenants survey
- Meetings with senior management

The service has started to ask tenants their views on the quality of the service during annual reviews of their housing support plan. The service should continue this good practice.

The tenant meetings are used to plan social events and other activities for tenants in the communal lounge. These activities and events are valued highly by almost all tenants spoken to during the inspection. The service is encouraging tenants to plan and run these activities and social events, particularly outwith the core hours of the service.

The service had surveyed tenants for their views of the quality of the support. There was a high level of satisfaction with 76% of tenants saying it was excellent or very good, 21% that it was good or adequate and 3% saying it was weak or unacceptable. Tenants were kept informed of the consultation findings through a newsletter.

The senior management of the service had consulted with tenants about the future of the warden service in a series of meetings in each complex in July and August 2009. Tenants were able to raise any matters of concern to them with the senior management. A minute of each meeting was produced for tenants. The service received mostly positive feedback about the quality of the service. The service was willing to act on comments from tenants in its Service Review about the future of the warden service.

Areas for Improvement

For improved practice the service will need to demonstrate improvements made in the quality of support as a result of feedback from tenants. Other improvements to consultative practice would include; offering their carers separate opportunities for consultation, supporting tenants with additional needs, and communication needs to take part in consultations.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

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

The service had good practice in this quality statement.

The warden staff had a very strong ethos of respecting tenants' choices about how they wanted to be supported, assisting tenants to stay safe and well in their own homes and aiming to improve the quality of their lives. The staff had a good working knowledge of tenants' preferences and needs from daily contact and regular visits to their homes. Tenants placed a very high priority on having consistent warden staff who they knew and trusted and who they felt knew them well too.

The tenants told us that the wardens respected their choices and had a very positive impact on the quality of their lives. Tenants told us the service gave them peace of mind and a sense of security primarily through the personal contact and relationship they had with the wardens. This was backed up by the call alarm system.

Further the tenants highly valued the activities promoted in the communal lounges.

These activities included;

- informal coffee mornings and card games
- planned activities such as bingo
- outside groups providing activities such as Tai Chi and line dancing
- social events in the lounges or outside venues, such as Burns Suppers
- outings such as to the theatre.

The use of the lounge and meetings other tenants through activities promoted friendships among tenants and opportunities for mutual support , for example helping each other out when someone is ill. Tenants said that this greatly reduced any sense of loneliness and isolation.

Since the last inspection the service had written housing support plans with tenants. Tenants were involved in writing these plans by providing the information to staff and signing the finished plan. The housing support plans considered whether there were any constraints or limits to each tenant's freedom. The housing support plans considered whether there were any risk of harm to each tenant.

The service had good policies to support staff to recognise restraint for tenants and to respond to adult protection concerns. The staff has used these procedures to raise concerns with the Social Work Department and the Police when they saw tenants at risk of harm.

Areas for Improvement

At the last inspection we recommended that housing support plans recorded tenants' abilities, their preferences about how their support will be carried out and agreed goals for supporting tenants to achieve their potential. Some of the service's housing support plans were meeting this recommendation, but not all. Some tenants said they did not have a copy of their housing support plan. (Recommendation 1).

In one complex with special needs housing tenants who use wheelchairs said they rarely used the complex because of problems with access and did not go on organised outings. The service is not directly responsible for supporting tenants' mobility needs. (Recommendation 2).

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

2

Recommendations

1.
The service should ensure that tenants' housing support plans record their abilities, their preferences about how support will be provided and agreed goals for supporting tenants to achieve their potential, and that all tenants are offered a copy of their plan. National Care Standards, Housing support services, Standard 4, Housing support planning.
2.
The service should ensure that tenants who are wheelchair users are assessed for support to access activities in the communal lounge and on outings and sources of support are accessed where available. Standard 4, Housing support planning.

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

The service had good practice in this quality statement.

The service had surveyed tenants for their views of the quality staffing. The highest satisfaction level was with the quality of warden staff, with 85% saying it was excellent or very good.

The senior management of the service had consulted with tenants about the future of the warden service in a series of meetings in each complex. Tenants were able to raise any matters of concern to them with the senior management. The service was willing to act on comments from tenants about the future of the warden service.

Areas for Improvement

For improved practice the service will need to demonstrate improvements to the quality of staffing made as a result of feedback from tenants.

Grade awarded for this statement

4 - 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 had good practice in this quality statement.

The warden staff were very motivated and committed to the welfare of tenants. One very strong example of this was when the central call alarm system was not working one night this year. The wardens volunteered to stay overnight in each complex to deal with emergency calls from tenants locally.

The service ensured that staff had a full range of core training including; lone working, basic food hygiene, infection control and adult support and protection. Staff had been supported to obtain the vocational qualifications they required to be able to register with the Scottish Social Services Council.

Since the last inspection the service had introduced one to one supervision sessions for warden staff by senior wardens. This had supported staff by identifying and resolving any problems in their work, giving them feedback on their performance and planning for their training and development. Senior wardens were also supervised by the manager of the service.

Since the last inspection the service had introduced regular meetings for wardens. The staff said the meetings were supportive as they could share good practice ideas and solutions and to hear about new developments in the service.

Areas for Improvement

To improve practice the would use supervision to evaluate examples of staff practice and use of social services values with tenants and how training and development had improved staff performance.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

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

The service had good practice in this quality statement.

The service had surveyed tenants for their views of the quality of the management of the service. There was the lowest satisfaction of the three areas of quality examined with 67% saying it was excellent or very good. 28% that it was good or adequate and 5% saying it was weak or unacceptable.

Areas for Improvement

For improved practice the service will need to demonstrate improvements to the management and leadership of the service as a result of feedback from tenants.

Grade awarded for this statement

4 - 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

The service had adequate practice in this quality statement. There were examples of good practice but these were balanced against adequate outcomes in other areas of the service's use of quality assurance processes.

There was good practice in involving tenants in quality assurance processes such as survey questionnaires and consultation meetings.

Senior wardens had one to one supervision meetings with staff to resolve any problems. Senior wardens also carried out audits in each complex of the proper use of the systems in place such as; recording calls to tenants, completion of housing support plans and handling of tenants money.

The service had a good practice of using measurable performance indicators to monitor and report upon its essential work processes to the senior management. These indicators had been used to ensure that each tenant had a housing support plan. They will be used to ensure that reviews of housing support plans are carried out at least annually.

Areas for Improvement

The service's quality assurance processes did not ensure there was a consistently good standard in tenants' housing support plans. (Recommendation 1).

As part of the modernisation strategy the service had re-structured the allocation of wardens to each development according to its judgements about the relative needs of tenants, the area the development covered and the number of tenants. The service provides cover for staff absence through staff overtime, temporary redeployment and wardens covering more than one complex at a time. There is a considerable time lag from beginning recruitment to new wardens starting in post. Some tenants told us they were concerned about the level of staff cover in their complexes when staff were off sick or when staff retired. They thought that there had been a reduction in the cover available and an increased workload on the remaining wardens. In the questionnaires returned to us 22% of tenants disagreed or strongly disagreed that staff had enough time to carry out the agreed support. (Recommendation 2)

Our questionnaires recorded a higher rate of dissatisfaction than the service's own consultations. The service should consider what questions tenants are asked to better identify any dissatisfaction. (Recommendation 3).

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

3

Recommendations

1.
The service is recommended to ensure its quality assurance processes results in improved and consistent standards in preparing and reviewing tenants' personal plans. Standard 4, Management and staffing arrangements.
2.
The service should resolve tenants' concerns about the appropriate level of staffing in each complex and ensure it has staff cover arrangements that ensure these levels are consistently met. Standard 4, Management and staffing arrangements.
3.
The service should review the questions it asks tenants in consultations to better identify any causes for concern and ideas for solutions. Standard 4, Management and staffing arrangements.

Other Information

Complaints

There have been no complaints upheld or partially upheld since our last inspection.

Enforcements

There has been no enforcement action against this service since our last inspection.

Additional Information

None noted.

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

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 1	4 - Good
Statement 4	3 - Adequate

Inspection and Grading History

Date	Type	Gradings
4 Jun 2009	Announced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

Terms we use in our report and what they mean

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

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

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.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

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

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Improving care in Scotland

ACTION PLAN

Service Name:	Dundee City Council - Sheltered Housing Warden's Service
CS Number:	2006118106
Service Provider:	Dundee City Council
Address:	West District Housing Office, 3 Sinclair Street, Lochee, Dundee, DD2 3DA
Care Commission Officer:	Patrick Sweeney
Date Inspection Concluded:	7 May 2010

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Quality Theme 1, Statement 2</p> <p>Recommendations</p> <p>1. The service should ensure that tenants' housing support plans record their abilities, their preferences about how support will be provided and agreed goals for supporting tenants to achieve their potential, and that all tenants are offered a copy of their plan.</p> <p>National Care Standards, Housing Support Services, Standard 4, Housing Support Planning.</p>	<p>Establish a working group comprising tenants and staff to review existing support plan.</p> <p>Implement revised plan during 2010/2011.</p>	Oct/Nov 2010	Ron Whyte

<p>2. The service should ensure that tenants who are wheelchair users are assessed for support to access activities in the communal lounge and on outings and sources of support are accessed where available. Standard 4, Housing Support Planning.</p>	<p>Carry out audit of wheelchair users in Sheltered Housing.</p> <p>Discuss with Social Work and other agencies regarding assistance for wheelchair users to access activities in communal lounges.</p>	<p>August 2010</p>	<p>Ron Whyte</p>
<p>Quality Theme 4, Statement 4</p>			
<p>Recommendations</p>			
<p>1. The service is recommended to ensure its quality assurance processes results in improved and consistent standards in preparing and reviewing tenants' personal plans.</p> <p>Standard 4, Management and Staffing Arrangements.</p>	<p>Guidelines to be drawn up for revised support plans to ensure consistency of quality.</p>	<p>Oct/Nov 2010</p>	<p>Ron Whyte</p>
<p>2. The service should resolve tenants' concerns about the appropriate level of staffing in each complex and ensure it has staff cover arrangements that ensure these levels are consistently met.</p> <p>Standard 4, Management and Staffing Arrangements.</p>	<p>Service Review Team is considering this issue as part of the wider service review of the warden service.</p>	<p>Oct/Nov 2010</p>	<p>David Simpson</p>
<p>3. The service should review the questions it asks tenants in consultations to better identify any causes for concern and ideas for solutions.</p> <p>Standard 4, Management and Staffing Arrangements.</p>	<p>Questions will be reviewed as part of overall support plan review.</p>	<p>Oct/Nov 2010</p>	<p>Ron Whyte</p>

Name

Designation

Signature

Date

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.