

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 22nd FEBRUARY 2016

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION - DUNDEE COMMUNITY LIVING

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

REPORT NO: 47-2016

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Committee of the outcome of the Care Inspectorate inspection of the Dundee Community Living service which was carried out in October 2015. The report outlines the findings of the Care Inspectorate and gives a summary of the grades achieved.

2.0 RECOMMENDATIONS

It is recommended that the Social Work and Health Committee:

- 2.1 Note the content of the report and the inspection report which is attached as an appendix.
- 2.2 Note that there were no requirements or recommendations made by the Inspectors arising from the inspection.
- 2.3 Note the continued improvements made to the service as outlined in paragraphs 4.4.1.
- 2.4 Note the improvement in the grades awarded to the service as outlined in sections 4.2 and 4.3.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Background

4.1.1 Dundee Community Living provides a Housing Support/Care at Home service. The service supports adults with a learning disability to live in their own tenancies and be part of their local community. The service provides 24 hour support across 5 locations in the city.

4.1.2 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The inspection took place over a number of days in October 2015 and considered 3 of the 4 Quality Themes. Each Quality Theme contains a number of Quality Statements, each statement is awarded an individual grade; these are then aggregated to an overall grade for each theme. The Quality Themes inspected:

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

Where the service is provided in service users own home the remaining Quality Theme - Quality of Environment is not inspected.

4.2 FINDINGS AND GRADINGS OF THE INSPECTION

4.2.1 The Care Inspectorate identified a number of strengths within each Quality Theme during the inspection. The following highlights a few examples from the Inspection Report relating to each of the Themes.

4.2.2 Quality Theme 1 : Quality of Care and Support

The service had a tenant participation strategy, called working together, which outlined a commitment to participation irrespective of the equality group (such as people with a learning disability) they are in. This strategy emphasised that there should be no barriers to participation and outlined good practice around informing, consulting and supporting people. This was seen to be the case with this service. Care plans were very detailed in relation to how to communicate effectively with each individual and there was evidence of written material being adjusted for consumption by people with a learning disability. The inspector saw a lot of examples of visual symbols being used in support plans and reviews for service users.

4.2.3 Quality Theme 3 : Quality of Staffing

The service empowered staff by giving them excellent supports including supervision, annual appraisal, observation by senior staff of their practice, handover time and team meetings. Staff were also lead practitioners in moving and handling, healthy eating and medication training: as well as staff who mentored new staff. Staff spoken with were therefore confident in their job role and felt part of a supportive team that respected each other as well as people who used the service. A new member of staff had undergone a thorough induction including shadowing, supervision, training and familiarisation with policies and procedures.

4.2.4 Quality Theme 4 : Quality of Management and Leadership

The management of this service were clearly aware that supporting and encouraging staff to be leaders produced effective support for service users. This approach was achieved by a strong commitment from all involved and was very impressive which is why a grade of excellent has been awarded. As stated on the SSSC website (<http://www.sssc.uk.com/workforce-development/ourcurrent-work/leadership-and-clf>) 'There is a direct link between good performance in social services and effective leadership'. This service is an excellent example of this.

4.3 QUALITY INDICATORS AND GRADES

4.3.1 Table 1 shows the grades achieved in this year's inspection and details the grades previously awarded:

Table 1

Inspection of	Dundee Community Living			
Inspection by	Care Inspectorate (announced – short notice)			
Grades				
Theme	Latest Grade Awarded	Grading History		
	October 2015	Nov 2014	Dec 2013	Dec 2012
Quality of care and support	EXCELLENT	EXCELLENT	VERY GOOD	VERY GOOD
Quality of environment	N/A	N/A	N/A	N/A
Quality of Staffing	EXCELLENT	VERY GOOD	VERY GOOD	VERY GOOD
Quality of management and leadership	EXCELLENT	VERY GOOD	VERY GOOD	GOOD

4.4. SERVICE IMPROVEMENT

- 4.4.1 Over the last year the service has focussed on improving outcomes for tenants through both workforce development and partnership working. The service has benefited from Dundee City Councils investment in developing leaderships skills and qualities in the workforce. Staff members are becoming “champions” in Talking Mats, medication procedures, moving and handling, healthy eating and personal outcome frameworks. Additional training in Positive Behavioural Supports, Legal Frameworks and Nutrition for People with Learning Disabilities has further enhanced knowledge and service delivery. A number of staff, in partnership with NHS Tayside Dietetics have participated in “Healthy Eating Healthy Living” which is a 26 week course designed to improve understanding of the impact of healthier eating options.
- 4.4.2 Although there were no requirements or recommendations arising from the inspection, the service will continue to seek further improvements which will benefit tenants and further develop the service.

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. An Equality Impact Assessment has been completed and is attached to this report.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

- 7.1 None.

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

DATE: 01 February 2016

EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation`

Is this a Rapid Equality Impact Assessment (RIAT)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is this a Full Equality Impact Assessment (EQIA)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Date of Assessment:	28 January 2016	Committee Report Number: 47-2016
Title of document being assessed:		
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>	This is an existing policy, procedure, strategy or practice being assessed? (If yes please check box) <input checked="" type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.	The purpose of this report is to summarise for the committee the gradings awarded by the Care Inspectorate to Dundee Community Living which is a registered Housing Support and Care at Home service.	
3. What is the intended outcome of this policy, procedure, strategy or practice?	Continue to support the partnership approach to quality improvement for care services in Dundee in a variety of ways including practice and innovation.	
4. Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	Care Inspectorate Inspection Reports	
5. Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	Service users, staff and carers are consulted during the inspection process.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	Diane McCulloch	
7. Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	No	

Part 2: Protected Characteristics

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

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

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

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

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>There has been a continued improvement in the quality of care and support provided which has resulted in an improvement in quality of life for service users and ongoing development for the staff team.</p>
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page)</p>	<p>N/A</p>
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>N/A</p>
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.)</p>	<p>No</p>
<p>6. How will the policy be monitored?</p> <p>(How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>All registered services will continue to be inspected by Care Inspectorate and monitored and reviewed by Dundee City Council Social Work Department officers</p>

Part 4: Contact Information

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

Manager Responsible	Author Responsible
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Signature of author of the policy:	Gillian Parks-Wilson	Date: 02.02.2016
Signature of Executive Director/Head of Service:	Laura Bannerman, Head of Service, Strategy, Integration, Performance and Support Services	Date: 02.02.2016
Name of Executive Director/Head of Service:	Laura Bannerman, Head of Service, Strategy, Integration, Performance and Support Services	
Date of Next Policy Review: Following Care Inspectorate inspection	N/A	

Care service inspection report

Full inspection

Dundee City Council - Dundee Community Living Housing Support Service

Claverhouse Social Work Department
Jack Martin Way
Dundee



HAPPY TO TRANSLATE

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2004081929

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

We gave the service these grades

Quality of care and support	6	Excellent
Quality of staffing	6	Excellent
Quality of management and leadership	6	Excellent

What the service does well

This is a high quality service which provides people with a learning disability with effective person centred support. The staff are confident and well trained. The service is managed effectively and outcomes for the people who use it are very positive.

What the service could do better

The service had an improvement agenda and a clear vision of areas for improvement. This inspection found no specific areas of concern.

What the service has done since the last inspection

The service has undertaken the following developments since the last inspection:-

- Undertaken healthy living courses with service users in partnership with a dietician.
- Commenced using outcomes focussed reviews.
- MUST nutrition tool has been audited by dietician and feedback actioned by service.
- Expanded the use of talking mats communication aids.
- Taken part in a service wide service user survey carried out by an external agency.
- Training in positive behavioural approaches undertaken by staff.
- Expanded service managers meeting in learning disability.
- Undergone a staff briefing with learning disability service manager.

Conclusion

This is a high quality service producing high quality staff and positive outcomes for service users.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The service is provided by Dundee City Council Social Work Department to people with learning disabilities requiring care and housing support services in their own home. The service aims to meet the emotional, physical and spiritual needs and development potential of its service users. The service is provided by five staff teams to service users in six community houses. The service is provided on a 24 hour basis. Service users can choose to have an alternative care at home provider, and this is part of their service agreement.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 6 - Excellent

Quality of staffing - Grade 6 - Excellent

Quality of management and leadership - Grade 6 - Excellent

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an announced inspection which took place on 20, 21, 22 October 2015. As requested by us, the service sent us an annual return. The Care Inspectorate wrote to the service to request completion of the self assessment form which was duly completed. 15 care service questionnaires were sent to service users and carers and 11 were returned.

In this inspection we gathered evidence from the following sources:-

- Interviews with 9 staff.
- Interviews with 2 service users and carers.
- Interviews with 3 related health professionals.
- Interviews with manager and senior staff.
- Phone interviews with 3 carers (family members)
- Inspection of personal plans.
- Inspection of records.
- Inspection of policies and procedures.
- Observation of staff practice.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received an extensively detailed and fully completed self assessment document from the service provider. We were very impressed with the way this had been completed and with the information they had provided under each theme that we were inspecting.

Taking the views of people using the care service into account

Two service users were interviewed during this inspection. All indicated verbally and non-verbally, due to their learning disability which limited their direct communication that they were very satisfied with the support they received. Here are some of the comments they made (some with the support of an external support worker):-

- I have just been to the doctors.
- I like my room.
- I love going to the park.
- I enjoy drinking tea.
- Yes I have a keyworker.
- Yes I feel safe here.
- Yes I enjoy the food.
- Yes the staff are nice here.
- No they never shout at me.

Taking carers' views into account

3 relatives, 3 related health professionals and an advocate were interviewed during the inspection. Here are some quotes that reflect the overwhelmingly positive views expressed:-

Relatives:-

- I am kept informed by the staff of any issues.
- Yes we are invited to review meetings and they listen to what we have to say.
- The staff are friendly and welcoming - they appear to be well trained.
- Yes we have seen a care plan for our son.
- Since being with the service my son has become much more stable as a person. They have really helped him to manage his behavioural problems.
- He is happy living there and we'd know if he wasn't.
- She has a great life always out doing different activities - and even goes on holiday.

Social workers/Nurses/Advocate:-

- Dundee Community Living is an excellent service and the outcomes for service users are almost always exemplary. The staff tend to work collaboratively with other professionals (Psychology, OT, Care Management etc.) and this ensures that proper consultation takes place. Communication with families and carers also appears to be good.
- DCL also try to be as person centred as possible and this is commendable given the degree of disability of some of the tenants. The senior staff tend to be very professional and well informed.

- I am always included in discussions around choices for the person I represent.
- This is a very good quality service.
- Reviews take place regularly.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

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 an excellent level of participation for customers. We were impressed with the way this service enabled service users with varying levels of ability to contribute as much as they were able to their own care planning and the service they received. Here are some examples of the strengths:-

- The service had a tenant participation strategy, called working together, which outlined a commitment to participation irrespective of the equality group (such as people with a learning disability) they are in. This strategy emphasised that there should be no barriers to participation and outlined good practice around informing, consulting and supporting people. This was seen to be the case with this service. Care plans were very detailed in relation to how to communicate effectively with each individual and there was evidence of written material being adjusted for consumption by people with a learning disability. The inspector saw a lot of examples of visual symbols being used in support plans and reviews for service users.

- The use of support plans was a key factor in service users participation. The service's approach was person centred and very detailed in relation to how care was to be delivered. When inspected the plans showed a strong emphasis on communication and enabling users to express their opinions about their lives. This was seen by the inspector as a key factor in the services participation practice. The attention to how a person communicated effectively enabled that person to express their views. There were many examples of different types of communication used in this service. (see 1.5)
- Personal plans were formally reviewed every 6 months and more frequently, if felt necessary, by keyworkers with service users. Relatives confirmed they were invited to review meetings and that their views were listened to. The use of pictorial agendas and minutes assisted service users to be engaged in the process. Reviews were done using an outcome based approach which looked at areas of people's lives such as choice, being part of the world, family and health. They also contained a pictorial representation of progress against fixed areas of peoples lives: this was an 'outcome sun'.
- There were regular tenants' meetings at which staff engage with service users to consult with them on matters which affect them. Recent meeting records show discussion of events, décor and shared activities.
- All service users had access to an independent advocacy service if they required it. This was used by some of the service users who are without relatives to support them. The inspector spoke with an advocate who was very positive about the service and how she was able to represent the person she advocated for.
- The service had a well publicised complaints procedure. This is given out to all new tenants, is displayed on the walls of houses and is discussed as part of all review meetings. This allows service users and relatives to raise any serious issues they might have. All relatives who were interviewed said they had made no complaints to the service in the last year.
- All service users had a keyworker. A staff member who is dedicated to ensuring their care and needs are met and any issues they have are raised and addressed. One service user was asked about this and confirmed they had a keyworker.

- The service sends senior workers from one community house to carry out an evaluation survey with service users and relatives in another. This is done when the Care Inspectorate sends out its self-evaluation and asks the same questions so it has a carer/service user perspective of the service. This years results were very positive.
- The service sent out questionnaires to stakeholders in order to gain their views on where they could improve. A recent set of returned questionnaires showed that the service was seen in a positive light.
- The service was including service users in their recruitment practice. One new member of staff confirmed that they had been questioned by service users at interview.

The inspector was impressed with the person centred and enabling ethos of this service. Staff worked hard to ensure effective communication with service users. This enabled them to make real choices in their lives. The service fully engaged with people on the matters that concerned them in a way that was effective and empowering. The outcome of this approach was that people were empowered to have their say in a real and meaningful way which is why an excellent grade has been given.

Areas for improvement

The service should continue to improve their participation practice and continue to change things if they are not working. The Charter For Involvement (www.arcuk.org/scotland/Charter-for-Involvement) is a resource available in relation to participation.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 5

"We respond to service users' care and support needs using person centered values."

Service Strengths

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services. We have asked providers to complete a self assessment as well as answering a number of specific questions during the inspection which explore outcomes for people with a learning disability. The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the keys to life and Winterbourne View findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview. Our intention is that this focus will promote greater public assurance about the effectiveness of scrutiny and assist to support improvement in these in care settings.

These are our findings:-

- Health: The health practice carried out by the service supported keys to life recommendations on health. Examples of this were use of 'all about me' health passports which drew together a brief outline of a person's health needs, communication abilities and medication so that if they went into hospital health staff would know how better to care for the person. The service worked alongside an NHS acute admissions nurse who facilitated all admissions to hospital for people with learning disabilities.

- Health: Close working with service users to encourage them to take an interest in their own health and to participate in health monitoring. There was evidence of the use of the following services being utilised in people's care packages:- health screening clinic visits, specialist health team for, psychiatry services, dentists, physiotherapy and opticians. Where residents needed to be accompanied to appointments, this was done in a professional and well organised manner. Evidence of this was seen on the days of inspection where one service user had just returned from a GP visit.
- Health: The service had a commitment to accompany and stay with, if necessary, anyone who needed their support during stays in hospital. In the past this had not been a problem with local authority commissioners.
- Health: Each service user had an agreed support plan which outlined how the service was going to support them. These contained good detail on how people were to be supported, relevant risk assessments such as for people at risk of falling, having weight loss issues and during independent travel. It was clear from support plans that there was involvement from external health professionals such as local GPs, speech and language therapy and psychiatry for those that needed this kind of support. The inspector saw evidence of a programme of dietician support for one service user. The service also used an outcome 'sun' to position service users in relation to key areas of their lives and monitor outcomes over time and compile action plans to address issues.
- Human Rights: There was a lot of evidence of promotion of participation and choice (see 1.1). There was also good evidence of a person centred approach. Examples of this were: good use of different communication methods, use of advocates for people who used the service and clear and effective partnership working with care and health professionals. There was a lot of evidence of tenants using the local community by themselves and supported by staff. This included pubs, shops, parks, cafes and public transport. The service was committed to promoting independence. Staff in the service were observed treating all users with dignity, respect and real choices in their lives. There was evidence in support plans of the service acknowledging people's choices around death and dying and also their right to have relationships.

- **Keeping People Safe:** There was evidence of a lot of excellent practice in this area. There was extensive use of risk assessments for individuals. There were plans in place to keep people safe who were thought to be at risk of abuse. There was an awareness by staff of whistle blowing policies and reporting bad practice and of the service tackling this. There was training for staff in the protection of vulnerable adults. There was an awareness of restraint issues. Families were engaged effectively in relation to the support of their relatives. The service had access to behavioural support services if needed. One carer spoke about how the service had really helped one service user to manage their behaviour effectively. One service user had an alarm on their door which alerted staff in the night if they were up and about.
- **Challenging Society's Expectations:** There was evidence of good practice around this. Examples included: extensive involvement in the local community by users, encouragement to seek education and attention to communication to effect real decisions in people's lives.
- **Communication:** This included extensive use of easy-read information for tenants and staff were observed communicating well within the service. The service enabled residents to access speech and language therapy where there was a need. There were clearly very good relationships between staff and people in the service and this was based on good communication backed with an ethos of openness and enablement. There was a closeness between staff and tenants that enabled tenants to speak freely about themselves and how they were feeling. There was use of board-maker, makaton, outcome suns. On the day of inspection staff helped the inspector to communicate with service users.
- **Excellent Practice:** This service had many excellent practices including, health passports, strong co-working with other agencies, effective communication, extensive use of easy read materials and use of the community by people who used the service. One particular project which impressed the inspector was the healthy eating project undertaken with service users supported by staff and a dietician to promote knowledge about and the adoption of healthier food.

Areas for improvement

This service had continued to improve its already excellent support in these areas for people and had absorbed the key findings from Keys to Life as part of their service development. The ethos of staff and managers of this service was exemplary in terms of communication, enablement, detailed health support and integration. The outcomes for people who used the service were also exemplary which is why a grade of excellent has been given here.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 1

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

Service Strengths

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

Areas for improvement

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

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

The service was found to have an enthusiastic and well trained workforce who were confident in their roles and embodied an ethos of empowerment and respect. Here are some of its strengths:-

- When spoken with, staff were freely able to talk about the ethos of the service. They made reference to the values underpinning the National Care Standards (NCS) and to the person centred approach they took. It was clear that staff at this service understood their ethos in relation to supporting people. Observation of staff practice showed examples of sensitive support, respecting views, offering of choices and encouraging effective communication. Staff confirmed the managers assertion that NCS and other related issues were discussed at team meetings and were often used at supervision for discussion.
- Staff at the service had a high level of core training such as moving and handling and adult protection. They also received training that they had identified as being useful for them such as nutrition training (MUST), palliative care and stoma care. The service also provided vocational awards such as SVQ. Staff interviewed felt that if they identified a training need it would be addressed if it benefited their work role. One staff member spoke about how they had reviewed a service user's benefit amount and had found an error and got it increased (a good example of leadership).

- The service empowered staff by giving them excellent supports including supervision, annual appraisal, observation by senior staff of their practice, handover time and team meetings. Staff were also lead practitioners in moving and handling, healthy eating and medication training: as well as staff who mentored new staff. Staff spoken with were therefore confident in their job role and felt part of a supportive team that respected each other as well as people who used the service. A new member of staff had undergone a thorough induction including shadowing, supervision, training and familiarisation with policies and procedures.
- Staff felt they had the proper equipment to carry out care tasks and enough time to do their allotted jobs. There was enough time for handover of information when they came on shift and there were team meetings. Service users, carers and stakeholders who were interviewed were also very enthusiastic about the staff and highlighted their sensitivity, support, friendliness and flexibility.
- Observation of staff practice undertaking a variety of tasks with service users showed them to be confident, relaxed and professional in their approach. Service users were happy and relaxed in their care environment.

The inspector was impressed with the calibre of staff at the service: they were leaders. They were well informed, confident and knew what they were trying to do when supporting people. The attention to a person centred approach was impressive. The ethos of empowerment for service users clearly applied to the staff as well. This area of service provision was deemed excellent because of this. It was clear that an excellently supported staff group, committed to an empowerment and person centred ethos meant excellent outcomes for service users.

Areas for improvement

One stakeholder felt staff should know more about legal and external organisational frameworks. This was passed on to the manager of the service to address.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

Statement 1

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

Service Strengths

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

Areas for improvement

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

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service Strengths

The service had excellent leadership values throughout. Here are some of the strengths identified:-

- Regular audits were carried out of support plans, staff functions, medication and other performance indicators. This ensured that the organisation monitored quality of outcomes for service users. This showed quality leadership.
- The service has specific areas of responsibility for specific staff. Examples of this were; a person responsible for medication audits, a moving and handling trainer and staff trained in a healthy eating programme. Staff acted up when seniors were on holiday. This gave staff opportunities to be leaders and to learn skills. This was in line with the staff development practised and with the inclusive ethos of the service: an ethos which produced positive outcomes for the people using it.
- The service was continually planning its development and this was evidenced in its service improvement plan. This outlined how the service was going to develop and who was responsible for achieving this. The most recent plan included identified areas for improvement such as:- 'To review and adapt tenant's service questionnaire in a more user friendly format', 'To continue to maximise service user opportunities to access community resources' and 'Ensure workers have opportunities to develop leadership skills such as organising reviews'.
- Observation of staff practice showed them to be confident in their relationships with people. People who used the service felt staff, too, were good at helping them to achieve the things they wanted. The care manager interviewed, saw the service as high quality, proactive and flexible.

- The supports to staff such as supervision, appraisal and team meetings were geared towards making staff confident, knowledgeable and leaders. Staff themselves felt they were encouraged to put forward ideas to improve the service and gave examples of how their ideas on benefit reviews had been adopted.

The management of this service were clearly aware that supporting and encouraging staff to be leaders produced effective support for service users. This approach was achieved by a strong commitment from all involved and was very impressive which is why a grade of excellent has been awarded. As stated on the SSSC website (<http://www.sssc.uk.com/workforce-development/our-current-work/leadership-and-clf>) 'There is a direct link between good performance in social services and effective leadership'. This service is an excellent example of this.

Areas for improvement

The service should continue to roll out leadership training for staff and to continue to make leadership a central tenet of what they do.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
24 Nov 2014	Unannounced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

6 Dec 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good
6 Dec 2012	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 4 - Good
29 Jun 2011	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good 4 - Good
4 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
23 Apr 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good 4 - Good

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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