

**DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 25TH OCTOBER 2010**

**REPORT ON: THE ANNOUNCED INSPECTION OF DUNDEE COMMUNITY LIVING - CARE AT HOME AND HOUSING SUPPORT SERVICE BY THE CARE COMMISSION ON 31 MAY AND 4 JUNE 2010.**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 614 - 2010**

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to report on the findings of the announced inspection by the Care Commission of Dundee Community Living.

**2.0 RECOMMENDATIONS**

2.1 It is recommended that the Social Work and Health Committee note the contents of this report.

**3.0 FINANCIAL IMPLICATIONS**

3.1 None.

**4.0 MAIN TEXT**

4.1 Dundee Community Living was inspected on 31 May and 3 June 2010 by the Care Commission. This was an announced inspection within two of the six houses in Dundee Community Living. The report on the findings of these visits was published on 26 July 2010.

The Care Commissions focus of inspection targeted the following themes;

- Quality of Care and Support ( Statements 1.1 and 1.3 )
- Quality of Staffing ( Statements 3.1 and 3.3 )

4.2 The Care Commission identified the following key strengths in the areas that were inspected:

- The Service involved relatives in the annual review of service users' care plans.
- The Service responded to service users' views about their care and support, such as planning holidays, changing rooms and wanting to have a work placement.
- Service users' care plans were very well written with comprehensive detail about their physical, mental and social needs.
- Staff advocated for service users in seeking better outcomes for service users such as asking for further assessment e.g. for continence care.

- There were detailed and personalised risk assessments for each service user considering hazards arising from daily living and from healthcare conditions. The service was in the process of renewing its risk assessments to ensure they were all current.
- Service users were involved in their self care as much as possible. For example a service user completed a motivational chart to monitor their attendance to their day service provision. This had helped to improve their attendance.
- All essential processes to support and monitor service users' healthcare and welfare needs were in place.
- The staff were very motivated and enjoyed their work. There was a strong commitment to team working to ensure continuity and consistency of care and support for service users and to seek ways to improve the service.
- There were regular meetings for staff in each house to co- ordinate working effectively as a team and ensure consistent support for service users.
- Staff had one to one supervision sessions which offered support for working with service users and identified training and development needs.

4.3 There is one requirement from the announced inspection detailed below:

The provider must ensure that where a service user displays challenging behaviours, there is a clear, appropriately recorded, management strategy which;

- sets clear objectives
- ensures all relevant people are informed
- arrangements are in place to monitor, evaluate and review progress.

This requirement has since been addressed.

4.4 There are 4 recommendations from the inspection detailed below:

1. The service should ensure that protocols for the management of behaviour, specific health conditions such as epilepsy and the use of as required medications are up to date and corroborated by appropriate healthcare professionals.

2. The service should improve it's procedures for varying dosages for insulin based on good practice advice given.

3. The service should use appropriate means to consult with service users and relatives about the quality of staffing and evidence what improvements have taken place as a result.

4. The service should use supportive communication approaches with service users to obtain their views and to give service users feedback about what happens as a result.

The service has taken appropriate action to ensure recommendations one and two are implemented alongside best practice advice given and is currently consulting with relevant parties with regards to quality of staffing and the use of supportive communication approaches.

4.5 Some of our areas for improvement and development are identified below:

- The manager planned to improve the record keeping and practice of consulting relatives about the quality of service between reviews.
- The service relies upon verbal instructions to change the dosages of insulin.
- Where relatives and advocates are unhappy about the use of relief staff or staff changes this should be addressed by the service through consultation.

The service will improve its procedures for varying dosages of insulin based on good practice advice given. The rapid response report from NHS National Patient Safety Agency, safer administration of insulin has been obtained and discussed with all Dundee Community Living staff at team meetings. Guidelines from the Nursing and Midwifery Council and Royal Pharmaceutical Society of Great Britain will be followed with regards to insulin administration and details are now documented in the service user's personal care plan.

Service users and carers will be consulted on their views regarding the key aspects of recruitment and quality of staffing for the service, through discussion and written formats. All outcomes will then be measured against expectation and actual achievement.

#### 4.6 **QUALITY INDICATORS**

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

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

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

- Quality of Care and Support 4 - Good (Previous grade 5)
- Quality of Staffing 4 - Good (Previous grade 4)
- Quality of environment- N/A
- Quality of management and leadership- N/A

#### 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.

5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equimpact/>.

#### 6.0 **CONSULTATION**

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

**7.0 BACKGROUND PAPERS**

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

Inspection Report Dundee City Council - Dundee Community Living  
<http://www.dundee.gov.uk/equanddiv/equimpact/>

**Alan G Baird**  
**Director of Social Work**

**Date: 13th October 2010**

### Action Plan

Service Name	Dundee City Council- Dundee Community Living
CS number	CS2004081929
Service Provider:	Dundee City Council
Address:	Social Work Department, Balmerino Road, Dundee, DD4 8RW
Care Commission Officer:	Patrick Sweeney
Date inspection concluded:	04 June 2010

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b><u>Quality Theme 1, Statement 1</u></b>  <b><u>Recommendation</u></b>            1            The service should use supportive communication approaches with service users to obtain their views and to give service users feedback about what happens as a result. National Care Standards, Care at home, Standard 10, Supporting communication</p>	<p>The service will endeavour to continue to seek and explore additional methods of supportive communication in order to support all service users effectively.</p> <p>Talk for Scotland Toolkit will be discussed and utilised in team development throughout Dundee Community Living in order to develop practice and facilitate communication principles into practice.</p>	<p>August 2010 and continuously</p>	<p>Claire Garven-Team Manager- Dundee Community Living/ All DCL staff</p>

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**Action Plan (continued)**

<b>Requirements and Recommendations</b>	<b>Action Planned</b>	<b>Timescale</b>	<b>Responsible Person</b>
<p><b><u>Quality Theme 1, Statement 3 Requirement</u></b> 1</p> <p>The provider must ensure that where a service user displays challenging behaviours, there is a clear, appropriately recorded, management strategy which:</p> <ul style="list-style-type: none"> <li>• sets clear objectives</li> <li>• ensures all relevant people are informed</li> <li>• arrangements are in place to monitor, evaluate and review progress</li> </ul> <p>This is in order to comply with SSI 114 Regulation 4(1) (a) - that providers shall make proper provision for the health and welfare of service users. Timescale for implementation-within 4 weeks of receipt of this report.</p>	<p>Service user's personal plans will be closely monitored and reviewed on a six monthly and as required basis to reflect any changes in behaviour. Subsequent guidelines for staff will be formulated and implemented to aid consistency of a multi disciplinary team approach.</p> <p>All changes are communicated to staff through regular team meetings and daily discussions. Families, carers and health professionals are informed as required and this is evidenced in communication log in each service user's house.</p> <p>Evidence of all reviews undertaken is now evidenced in a review and evaluation sheet in personal file.</p>	<p>Immediate and ongoing</p>	<p>Claire Garven/SSCO'S</p>

<p><b><u>Recommendations</u></b></p> <p>1 The service should ensure that protocols for the management of behaviour, specific health conditions such as epilepsy and the use of "as required" medicines are up to date and corroborated by appropriate healthcare professionals. Standard 7, Keeping well-healthcare</p> <p>2 The service should improve its procedures for varying dosages for insulin based on good practice advice given. Standard 7, Keeping well-healthcare</p> <p><b><u>Quality Theme 3, Statement 1 Recommendation</u></b></p> <p>1 The service should use appropriate means to consult with service users and relatives about the quality of staffing and evidence what improvements have taken place as a result. Standard 11 Expressing your views.</p>	<p>All current guidelines relating to management of behaviours and specific medical conditions are now reviewed each month by staff and signed and dated appropriately. This is evidenced in service user's review and evaluation sheet in their personal file. Consultation with health professionals, relating to information in guidelines, is documented in medical contact sheets which clearly reflects any changes required.</p> <p>Rapid response report from NHS National Patient Safety Agency, safer administration of insulin obtained and discussed throughout DCL team meetings. Guidelines from NMC and RPSGB to be followed with regards to insulin administration and are now documented in service users care plan.</p> <p>Service users and carers will be consulted on their views regarding the key aspects of recruitment and quality of staffing for the service, through discussion and written formats. All outcomes will then be measured against expectation and actual achievement.</p>	<p>Immediate</p> <p>September 2010</p> <p>January 2011</p>	<p>Claire Garven/SSCO'S</p> <p>Claire Garven/SSCO'S</p> <p>Claire Garven/SSCO'S</p>
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Name	Claire Garven
Designation	Team Manager
Signature	Date

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

# Inspection report

## Dundee City Council - Dundee Community Living Housing Support Service

Social Work Department  
Balmerino Road  
Dundee  
DD4 8RW  
01382 307587

**Inspected by:** Patrick Sweeney  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 4 June 2010

	<b>Page Number</b>
<b>Summary of this inspection report</b>	3
<b>Section 1: Introduction</b>	
About the Care Commission	6
About the National Care Standards	7
What is inspection?	8
How we decided what to inspect	10
What is grading?	11
About the service we inspected?	12
How we inspected this service	13
<b>Section 2: The inspection</b>	18
<b>Section 3: Other information</b>	
Other Information	26
Summary of Grades	27
Terms we use in our reports and what they mean	28
How you can use this report	30
People who use care services, their relatives and carers	30

**Service provided by:**

Dundee City Council

**Service provider number:**

SP2003004034

**Care service number:**

CS2004081929

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

Patrick Sweeney

Telephone 01382 207200 Lo-Call: 0845 6008331

Email [enquiries@carecommission.com](mailto:enquiries@carecommission.com)

## Easy read summary of this inspection report

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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 N/A

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

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

### What the service does well

The service responded to service users' views about their care and support, such as planning holidays. All essential process to support and monitor service users' healthcare and welfare needs were in place. Service users were involved in their self care as much as possible. The staff were very motivated and enjoyed their work.

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

The service must use clear, recorded, management strategies for challenging behaviours.

The service should;

- use supportive communication approaches with service users to obtain their views
- have up to date protocols for health conditions and corroborated by healthcare staff
- improve its procedures for varying dosages for insulin
- consult with service users and relatives about the quality of staffing.

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

We spoke to a carer who was confirmed that they received up to date information from the service about their relative's care and they were confident that it reflected the support they received.

The service asked service users and their relatives at reviews if they were happy with the keyworker arrangement.

## **Conclusion**

The service has a particular strength in the motivation and skills of its staff team. Improvements are needed to what is otherwise good practice in supporting service users' health and welfare needs. The service needs to make sustained improvement to how it consults service users and relatives about the quality of the service.

## **Who did this inspection**

**Lead Care Commission Officer**

Patrick Sweeney

**Other Care Commission Officers**

Not applicable.

**Lay Assessor**

Not applicable.

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

## About the Care Commission

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

Regulation involves:

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

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

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

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

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

The "Care services" area of our website also:

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

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

## About the National Care Standards

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

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

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

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgoverment@booksource.net](mailto:scottishgoverment@booksource.net)

## What is inspection?

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

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

When we inspect a service, typically we:

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

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

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

Our work must reflect the following laws and guidelines:

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

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

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

## **Recommendations, requirements and complaints**

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

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

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

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

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

## How we decided what to inspect

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

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

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

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

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

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

Our inspections take account of:

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

## What is grading?

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

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

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

We grade each heading as follows:

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

We do not give one overall grade.

### **How grading works.**

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

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

## About the service we inspected

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Dundee City Council Dundee Community Living is registered by the Care Commission since 26 November 2004 to provide a care at home and a housing support service.

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 houses. The service is provided on a 24 hour basis. Service users can choose to have an alternative care at home provider, and that this is part of their service agreement.

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

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

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

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

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

## How we inspected this service

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

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

### **What activities did we undertake during the inspection**

This report was compiled following an announced inspection that took place on the 31 May and 3 June 2010 by Patrick Sweeney, Care Commission Officer. There was a feedback meeting with the manager of the service on 4 June 2010.

#### The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

#### The Self-Assessment Form

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

#### Views of service users

The views of service users were sought through;

- Questionnaires completed by 14 service users, often with help from the service's staff.
- Questionnaires completed by seven relatives or representatives.
- Visits to two houses. In one house two service users were interviewed. In the second house it was not possible to interview the service users.
- Phone interviews with two relatives.

#### Intensity of Inspection

The inspection was based on the a sample of two Quality Statements under two 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 service users' and staff records.
- Interviews with the manager, two senior social care officers and two social care officers.

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](http://www.carecommission.com).

### **Fire safety issues**

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

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

#### Requirement 1

The provider must utilise a range of methods of communication which ensure that family members and staff receive adequate consistent information from the service regarding the care of service users. This is in order to comply with SSI 114 Regulation 4(1) (a) - that providers shall make proper provision for the health and welfare of service users. Timescale for implementation - within 4 weeks of receipt of this report.

#### **Action taken on the Requirement**

We spoke to a carer who was confirmed that they received up to date information from the service about their relative's care and they were confident that it reflected the support they received.

#### **The requirement is:**

Met

#### Requirement 2

The provider must ensure that where a service user displays challenging behaviours, there is a clear, appropriately recorded, management strategy which;

- sets clear objectives
- ensures all relevant people are informed
- arrangements are in place to monitor, evaluate and review progress

This is in order to comply with SSI 114 Regulation 4(1) (a) - that providers shall make proper provision for the health and welfare of service users. Timescale for implementation - within 4 weeks of receipt of this report.

### **Action taken on the Requirement**

The protocols for the management of behaviour were undated and unsigned. A decision to change a service user's behaviour management plan, such as temporarily not to use public transport, was not recorded as a revised personal plan or protocol. The requirement is made again under Quality of care and Support, Statement 3, Requirement 1.

### **The requirement is:**

Not Met

### **Actions Taken on Recommendations Outstanding**

Quality of Care and Support, Statement 2, Recommendation 1

The service should ensure that it evidences that it consults with service users about who supports them and who is their keyworker as part of their written agreement. National Care Standards, Housing Support Service, Standard 2, The written agreement.

The service asked service users and their relatives at reviews if they were happy with the keyworker arrangement.

### **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**

A Self Assessment submitted by the service was completed with very comprehensive information about its processes to ensure very good quality outcomes for service users. The service had planned areas for future development. For improved grades the service should focus on the outcomes and benefits of its processes for service users, carers and staff.

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

One comment from a questionnaire was;

"I like going to pictures with staff, McDonald's, having and coffee and a chat."

Comments from one service user were;

"The house is nice and quiet. I swapped my room which I now prefer. The tenants get on well together. We meet together to decide where to go on holiday. The staff listen to me. I think it is a happy place."

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

We received five questionnaires from relatives and advocates. Almost all relatives told us they knew;

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

Almost all relatives strongly agreed or agreed that;

- their relative's needs and preferences have been detailed in the personal plan
- staff treated their relative with respect.

Two relatives strongly disagreed that the service asked for their opinion about how the service could improve.

While three relatives were happy overall with the quality of care and support, two strongly disagreed.

Comments from relatives and advocates included;

- "We are overall very pleased with the care service our relative receives. The staff are very good."
- "In the five years I have advocated for a service user I have seen their confidence grow. They are happy and content and now copes with changes in their staff much better. This is very much to the credit of the service and especially the patience and kindness of the staff."

- "As an advocate I feel that the service user's needs are being met through the service. In my last two visits there have been relief staff on shift, and it seems there are inconsistencies when staff have not worked in the service before or only rarely. I feel this has some impact on service users. However the service user is not displaying anxieties and seems content with the care."
- "I don't know the names of staff when there are relief staff working in the house which happens frequently."

## 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.

The service responded to service users' views about their care and support, such as planning holidays, changing rooms, wanting to have a work placement. Some service users could verbally state their views on their needs and wishes in one to one meetings with their keyworkers, in tenants meetings in the shared houses and in their care plan review meetings. Some service users could not state their views. Instead their views were appropriately gauged by the service from their overall health and wellbeing and their actions and their reactions to their care, daily routines and activities.

The service involved relatives in the annual review of service users' care plan.

#### Areas for Improvement

The service did not use supportive communication approaches with service users to obtain their views and to give service users feedback about what happens as result. (Recommendation 1)

The manager planned to improve the record keeping and practice of consulting relatives about the quality of the service between reviews.

For improved practice the service would need to ask service users and relatives what are the important aspects of the quality of care and support and use this to measure how well it is meeting their expectations.

#### Grade awarded for this statement

4 - Good

#### Number of Requirements

0

#### Number of Recommendations

1

## **Recommendations**

1. The service should use supportive communication approaches with service users to obtain their views and to give service users feedback about what happens as result. National Care Standards, Care at home, Standard 10, Supporting communication.

### **Statement 3**

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

#### **Service Strengths**

The service had good practice in this quality statement.

All essential process to support and monitor service users' healthcare and welfare needs were in place.

Service users' care plans were very well written with comprehensive detail about their physical, mental and social needs.

The service had put in place detailed protocols for the management of behaviour, specific health conditions such as epilepsy and the use of "as required" medicines.

There were detailed and personalised risk assessment for each service user in place considering hazards arising from daily living and from healthcare conditions. The service was in the process of renewing its risk assessments to ensure they were all current.

There was regular consultation with a range of healthcare professionals such as; GPs, consultants, specialist nurses and psychologists. Advice from healthcare professional was recorded and used in protocols and care plans written by the service. Healthcare staff were invited to house meetings or meetings of the while service to raise awareness of conditions for service users.

Staff advocated for service users in seeking better outcomes for service users such as asking for further assessment such as for continence care.

Service users were involved in their self care as much as possible. For example a service user completed a motivational chart to monitor their going to day care. This had helped to improve their attendance.

Service users had support from staff while in hospital and written personal information was provided to hospital staff through an "all about me" booklet.

#### **Areas for Improvement**

The protocols for the management of behaviour, specific health conditions such as epilepsy and the use of "as required" medicines were undated and unsigned. These protocols contain critical information for the welfare of service users and it would be good practice for them to be corroborated by appropriate healthcare professionals.

(Recommendation 1)

The service relies upon verbal instructions to change the dosages of insulin.

(Recommendation 2)

A decision to change a service user's behaviour management plan, such as temporarily not to use public transport, was not recorded as a revised personal plan or protocol. (Requirement 1)

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

1

**Number of Recommendations**

2

**Requirements**

1.

The provider must ensure that where a service user displays challenging behaviours, there is a clear, appropriately recorded, management strategy which;

- sets clear objectives
- ensures all relevant people are informed
- arrangements are in place to monitor, evaluate and review progress

This is in order to comply with SSI 114 Regulation 4(1) (a) - that providers shall make proper provision for the health and welfare of service users. Timescale for implementation - within 4 weeks of receipt of this report.

**Recommendations**

1.

The service should ensure that protocols for the management of behaviour, specific health conditions such as epilepsy and the use of "as required" medicines are up to date and corroborated by appropriate healthcare professionals. Standard 7, Keeping well - healthcare.

2.

The service should improve its procedures for varying dosages for insulin based on good practice advice given. Standard 7, Keeping well - healthcare.

## 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 adequate practice in this quality statement.

Service users and carers are asked their views on the quality of the service during reviews of the care plan.

The service had asked service users if they were happy for a staff member they knew to return to work in the house. The service users were happy with this.

#### Areas for Improvement

The service had adequate practice as it had limited means to consult service users and relatives about the quality of staffing and did not demonstrate particular improvements or changes to staffing as a result of the views of service user or carers. (Recommendation 1)

Where relatives and advocates are unhappy about the use of relief staff or staff changes this should be addressed by the service through consultation.

For improved practice the service would need to ask service users and relatives what are the important aspects of the quality of staffing for them and to use this to measure how well it is meeting their expectations.

#### Grade awarded for this statement

3 - Adequate

#### Number of Requirements

0

#### Number of Recommendations

1

## **Recommendations**

1. The service should use appropriate means to consult with service users and relatives about the quality of staffing and evidence what improvements have taken place as a result. Standard 11 Expressing your views.

### **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 very good practice in this quality statement.

There were very good outcomes from the service's approach to support staff through team work and individual supervision to improve practice and to ensure they were appropriately qualified and trained.

The staff were very motivated and enjoyed their work. There was a strong commitment to team working to ensure continuity and consistency of care and support for service users and to seek ways to improve the service.

Staff had access to core training for their work, such as a detailed induction programme, first aid, food hygiene, makaton and active support. Staff said they valued the use of the active support approach to involve service users in all aspects of their daily lives. Staff were supported to obtain vocational qualifications for future registration with the Scottish Social Services Council.

There were regular meetings for staff in each house to co-ordinate working effectively as a team and ensure consistent support for service users. There were development sessions for the whole staff team to meet and learn together for example about healthcare needs, to share ideas and solutions for better outcomes for service users. The National Care Standards and Codes of Practice were referenced and discussed in staff meetings.

Staff had one to one supervision sessions which offered support for working with service users and identified training and development needs. There was evidence of how these sessions were used to identify areas where staff needed to improve their practice and how they were followed through to ensure improvement took place.

#### **Areas for Improvement**

The service should maintain its very good practice and aim to improve through reference to the excellent criteria in the grading scale.

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

5 - Very Good

#### **Number of Requirements**

0

**Number of Recommendations**

0

## Other Information

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### **Complaints**

The service had one complaint partially upheld since the last inspection.

You can find information about complaints that have been upheld or partially upheld on our website [www.carecommision.com](http://www.carecommision.com)

### **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

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<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	3 - Adequate
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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Date	Type	Gradings
23 Apr 2009	Announced	Care and support      5 - Very Good Staffing                      4 - Good Management and Leadership      4 - Good

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

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

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

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

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

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

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

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

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

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

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

## How you can use this report

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

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

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

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

## The Care Commission

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

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

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

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

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هذه بایتسد یم وونابز رگید روا رولکش رگید رپ شرازگ تعاشا هی

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

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

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Improving care in Scotland