

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 25 MARCH 2013

REPORT ON: CARE INSPECTORATE INSPECTION - HOME CARE ENABLEMENT (EAST) AND SOCIAL CARE RESPONSE TEAM

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 145-2013

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Committee of the Care Inspectorate's findings during the unannounced inspection of the Home Care – Enablement (East) and Social Care Response Team (the Service) carried out on 28 – 30 November 2012.

2.0 RECOMMENDATIONS

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

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Details of the Inspection

4.1.1. The inspection of the Dundee City Council Enablement East Team and Social Care Response Team (the Service) took place between 28 November 2012 and 30 November 2012. This was the first inspection of the Service since the Social Care services were re-registered as separate geographically based services. The Service was advised of the Inspection shortly before the Inspection took place. The Inspection included interviews with staff, focus groups, service user home visits and telephone conversations, and an examination of case and staff files.

4.1.2 For the purpose of the Inspection Report, the Care Inspectorate highlighted issues relevant to each team but applied any recommendations and requirements across both teams. The report of their findings was published on 4 December 2012.

4.2 Objectives of the Service

4.2.1 The Social Care Response Team is the amalgamation of two previous services; Community Alarm Service and the Interval Night Care Service. These services joined to form a new service in 2011 and now provide a more flexible, responsive service, to meet the needs of service users living in Dundee, at all times of the day.

4.2.2 The Social Care Response Team offers a call response service to approximately 3000 service users between 7.30am and 4.00pm rising to 6000 individuals between 4.00pm and 7.30am. The team aims to provide a response service to service users living in their own homes as well as a planned night care service to service users who require care and support over night.

4.2.3 At the time of the Inspection the Enablement Team was supporting approximately 100 people in their own homes. The team aims to help service users re-learn skills they may have lost in order that they become more independent or retain the independence they had prior to intervention. If an individual requires on-going support they are then assisted by the Dundee

City Council Locality Home Care Team or a service commissioned by the Social Work Department.

4.3 Focus of the Inspection

4.3.1 The Care Inspectorate focussed their inspection on the following Quality Themes;

- Quality of Care and Support (Statements 1.1 and 1.3)
- Quality of Staffing (Statements 3.1 and 3.3)
- Quality of Management and Leadership (Statements 4.1 and 4.4)

4.4 Views of Service Users

4.4.1 The Care Inspectorate received thirty five completed care service questionnaires. 97% of service users and carers agreed that they were satisfied or very satisfied with the overall quality of the Service. The following comments were made to the Care Inspector:

- I am happy with the service and people who operate it.
- The staff or carers are first class they cannot do enough for you. Will still be in hospital if they were not around. Cannot praise them enough.
- Very pleased with all the care and attention I have received during my illness.
- I'm very happy with the service. The care is to a high standard. Staff are pleasant and always happy to help.

4.5 Quality Theme 1; Quality of Care and Support – Statement 1 Quality Theme 3; Quality of Staffing – Statement 1 Quality Theme 4; Quality of Management and Leadership 1

These quality statements explore how the Service ensures that service users and carers participate in assessing and improving the quality of care and support provided.

4.5.1 *Service Strengths*

The Service had developed opportunities for people to be involved in assessing and improving quality which included:-

- A questionnaire posted to people immediately after they had stopped using the Enablement Service. This asked people for their views on the quality of the service they had received.
- A small group of five carers attended a focus group in November 2011. The Manager of the service attended this meeting and people were invited to share their views on the quality of the service.
- A "Home Care Survey" had been developed and is carried out when a review of the service users care needs was taking place.
- There was good evidence that peoples' views were gathered when a review of their care needs was taking place.
- A User Involvement Policy is in place. This detailed the Services commitment to involving people in improving the quality of services and stated how consultations will take place.

4.5.2 *Recommendations*

The Care Inspectorate made four recommendations with regards to these statements:-

Recommendation 1

The provider should consider ways to increase awareness of the complaints procedure to ensure people who use the service are fully aware of their right to complain.

Action

In response to this recommendation the current Service Written Agreements for the Service has been changed to include a signature block that confirms the Complaints Procedure has been explained by the visiting worker.

Recommendation 2

The provider should ensure that Service Users have a written agreement of support in place.

Action

In response to this recommendation a spreadsheet will be introduced to track the progress of Written Agreements and ensure all agreements are received by service users.

Recommendation 3

The provider should develop clear plans which detail what action has been taken in response to feedback received through participation opportunities.

Action

In response to this recommendation a revised participation strategy is being devised which includes methods to feedback responses to changes made by services users. This will include working with other sections of Dundee City Council Home Care Services.

Recommendation 4

The provider should ensure that staff are fully aware of how service users can be involved in the development of plans of support.

Action

In response to this recommendation First Line Managers are to undertake talks at their team meetings to confirm that staff are working in a consistent manner to ensure service users and carers are full participants in the development and review of their care plans.

4.6 **Quality Theme 1; Quality of Care and Support – Statement 3**

This quality statement explores how the Service ensures that service users' health and well being is met.

4.6.1 *Service Strengths*

The Care Inspectorate found the following service strengths in relation this statement:-

- Assessments had been completed which detailed how a person could be moved safely.
- Staff were notifying healthcare professionals when they had concerns.
- Staff received the training they needed to carry out their job.
- Service users confirmed that they were happy that staff had the skills to support them.
- Staff from the Enablement Team work alongside other providers to provide ongoing support and ensure a smooth transition of care for the individual. This was highlighted as good practice.
- Staff working within the Social Care Response Service had access to information relating to peoples' needs, including medical history, medical alerts, mobility and the aids and equipment the person used.

4.6.2 *Requirements*

The Care Inspectorate made two requirements regarding this statement:

- 1 The provider must make proper provision for the health, welfare and safety of service users. In particular, the provider must:-**
 - (a) Ensure that at all times suitably qualified and competent persons are working within the service in such numbers as are appropriate to meet the needs of service users and to deliver the care service in a way which promotes independence and respects dignity.
 - (b) Ensure accurate service user records are maintained at all times. This must include accurate records detailing calls made by the Social Care Response Service and records detailing the allocation of alarm systems.

- (c) Develop clear procedures detailing contingency arrangements staff must follow when mobile units cannot attend a call within satisfactory timescales and ensure all staff are aware of and implement such procedures.
- (d) Ensure processes are developed, implemented and actioned to monitor and improve the quality of the Social Care Response Team. This must include opportunities for service users, staff and other stakeholders to be involved in assessing and improving quality.
- (e) Ensure procedures are in place and sufficient time is allocated to maintain satisfactory communication during staffing handover periods.

Action

In response to these requirements the following actions will be implemented.

Control room training commenced February 2013. A new training schedule is in place and calendared training for 2013 is complete. A rolling training program will focus initially on new staff then refresher training will be provided. The numbers of trainers has increased to ensure greater flexibility within the service to meet training needs. Staff will continue to be trained through existing rolling programs involving NHS based Physiotherapists and Occupational Therapists.

Staff will continue to be reminded to maintain accurate recording through internal systems of communication including team meetings and email cascade. Quality assurance method including sampling are to be introduced to check the standard of recording.

A flowchart has been developed to support staff decisions in relation to contingency arrangements. This will be posted at each computer terminal and staff advised and reminded through team meetings and email cascade. Team meeting agendas will include this as a standard item. Social Care Response Service call handling procedures will be amended to reflect additional information. To minimise delays in reaching service users, mobile units have been deployed to East and West areas during both day and night shifts.

Existing quality assurance information is to be monitored on a daily basis in a bid to address any issues around response times to service users. The criteria of the service is to be reviewed to ensure referrals remain relevant and within the scope and constraints of the resources available. Existing and on-going development meetings will also identify and address quality assurance issues and improvements required within service. Participation opportunities for service users will be further developed to include sample based telephone feedback and reviews. Recording systems and follow through processes will be established to enable tracking and aid quality assurance monitoring within the management team.

Questionnaires to seek the views of service users and other stakeholders will be developed to help improve the quality of the service. In addition staff will have opportunities throughout the year to contribute to the improvement of the quality of the service through team meetings, supervision meetings and focus groups.

There are existing methods of communication for staff to communicate relevant information between shift change overs. These are to be reviewed and consideration will be given to amending current shift patterns to allow a handover period between shifts. Staff and trade unions will be consulted on any proposed changes.

2. The provider must ensure that personal plans clearly direct staff to the current needs of service users.

Action

In response to this requirement, as service users care needs change quickly in the Enablement Service, information will be recorded by staff on an amendment sheet which is attached to the plan. This will also reflect any temporary changes made to support service users and will ensure consistency between Enablement Services in the East and West.

4.7 Quality Theme 3: Quality of Staffing – Statement 3

This quality statement evaluates if the Service has a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

4.7.1 *The Care Inspectorate found the following strengths in relation to this statement:*

- Staff were committed to providing a high quality service.
- Staff were aware of the National Care Standards and Scottish Social Services Council (SSSC) Codes of Practice.
- Each staff member had a copy of the Effective Support to Staff Strategy which included policies and SSSC Codes of Practice.
- The service had recently introduced computer based training. Training was offered in areas such as Fire Safety, Problem Solving, Active Listening, Active Body Language and Decision Making.
- Understanding was checked and scored to ensure the training was meaningful to each staff member.
- Staff had regular opportunities to attend team meetings which provided an opportunity for staff to be reminded of good practice and to discuss changes to the Service.

4.7.2 *Recommendations*

The Care Inspectorate made three recommendations regarding this statement:-

1 The provider should ensure that systems are in place to communicate to staff the actions being taken in relation to service improvements.

Action

In response to this recommendation the Team Manager will attend individual team meetings to discuss the Care Inspectorate report and areas for improvement. We will be conducting a review of all Home Care Services throughout the year and this will include full opportunities for staff participation.

2 The provider should develop systems to ensure all staff have the opportunity to attend regular and planned methods of support such as one to one supervision.

Action

In response to this requirement we will ensure that staff have a planned 1-1 supervision annually. Staff who have been identified as requiring additional support will be given additional supervision as appropriate. In addition staff will receive planned group supervision on an annual basis.

3 The provider should carry out a review of staff training needs to ensure staff have access training relevant to current good practice.

Action

In response to this recommendation all staff will undertake mandatory training and refreshers to ensure that they remain competent in carrying out their duties with service users and remain up to date with current practice. Staff training records will be reviewed in relation to the mandatory training relevant to their role. We will look at a variety of ways in which staff can keep abreast of current good practice, including toolbox talks, shadowing opportunities, peer support, reading and topic led agenda items on team meetings.

4.8 Quality Theme 4: Quality of Management and Leadership – Statement 4

This quality statement evaluates how the Service uses quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service provided.

4.8.1 *Service Strengths*

The Care Inspectorate found the following strengths with regards to this statement:-

- Staff focus groups had been held along with colleagues in Home Care (East and West) and Enablement West.
- Records of the meeting highlight positive aspects of the services
- Suggestions from staff regarding service improvement have been considered and fed back to staff.

4.8.2 *Recommendations*

The Care Inspectorate made one recommendation regarding this statement:-

- 1 The provider should ensure that planned systems are in place and carried out to directly observe staff.**

Actions

In response to this requirement a new Direct Observations form has been drafted for the Social Care Response Service to observe staff practices within the control room. This will be used to record observed practice of all System Controllers by Organisers. We will ensure that planned Direct Observations within the Enablement Service are undertaken and recorded annually. Where required additional observations will be implemented.

4.9 **Summary of Grades**

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

- 4.9.1 The delays in response times by the Social Care Response Service immediately prior to the Inspection was the primary reason for the low grades awarded to the Service.
- 4.9.2 The number of service users has grown exponentially in the past two years in line with the Scottish Government's 'Shifting the Balance of Care' agenda which promotes the support of individuals to remain in their own home. The increasing frailty of these individuals has resulted in the response visits taking longer and this has a knock-on effect to the overall response times. The inspection feedback has already led to several changes being made to the Social Care Response Service in a bid to deal with the high demand on the service. A further review of internal procedures is also beginning to address the comments made by the Care Inspectorate.
- 4.9.3 It should also be noted that although the Enablement East Service and the Social Care Response Service are jointly registered, the majority of the recommendations required in the Care Inspection relate to the Social Care Response Service. The Care Inspectorate stated during feedback that, as the aims and objectives of the two services differed greatly, consideration should be given to amend how the services are registered. This will be addressed through the current review of Dundee City Council Home Care Services.

5.0 POLICY IMPLICATIONS

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

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

7.0 BACKGROUND PAPERS

- 7.1 Care Inspectorate Inspection of Home Care – Enablement (East) and Social Care Response Team.
- 7.2 Equality Impact Assessment.

JENNI TOCHER
DIRECTOR OF SOCIAL WORK

DATE: 13.03.13

Care service inspection report

Dundee City Council - Home Care - Enablement (East) and Social Care Response Team

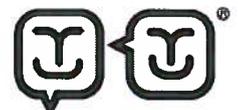
Housing Support Service

Social Work Office
353 Clepington Road
Dundee
DD3 8PL

Inspected by: Lorna Paton

Type of inspection: Unannounced

Inspection completed on: 4 December 2012



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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2011286191

Contact details for the inspector who inspected this service:

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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	2	Weak
Quality of Staffing	3	Adequate
Quality of Management and Leadership	2	Weak

What the service does well

We found staff we spoke with were committed to providing high quality services. Staff demonstrated sound values in how peoples' support needs should be delivered.

What the service could do better

We have told the service to make improvements to the Social Care Response Service as a matter of priority. There were occasions where we were concerned by the length of time it took the service to respond to a call and how the quality of this part of the service was assured.

What the service has done since the last inspection

This was the first inspection since the service was registered.

Conclusion

Although the service had some strengths, there are important weaknesses which the provider must address.

Who did this inspection

Lorna Paton

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. This service was registered with the Care Inspectorate on 10th January 2012. Information in relation to all care services is available on our website at www.careinspectorate.com.

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Dundee City Council - Home Care - Enablement (East) was supporting approximately 100 people at the time of our inspection. The enablement service provided support to people in their own home and aimed to help people re-learn skills they may have lost in order that they can become more independent. This service was designed to be delivered over a six week period but may be extended if it was thought to be in the best interests of the person. Support was delivered by four enablement teams of Social Care Workers each directly managed by a Social Care Organiser.

The Social Care Response service offered a call response service to approximately 3000 people between 7.30am and 4.00pm rising to approximately 6000 people between 4.00pm and 7.30am at the time of our inspection. This service was developed in October 2011 following a merger of the Community Alarm service and Interval Night Care. This service provided a call handling and response service to people living at home. A planned night service was also provided to people who may require support and care overnight.

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

Quality of Care and Support - Grade 2 - Weak

Quality of Staffing - Grade 3 - Adequate

Quality of Management and Leadership - Grade 2 - Weak

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 0845 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

This report was written after an unannounced inspection of the service which was carried out by Inspector Lorna Paton.

We spoke with the Team Manager on 28th November 2012 at 9am to make sure they were available for inspection.

Visits were made to the service on;

- Wednesday 28th November 2012 between 11am and 3pm
- Thursday 29th November 2012 between 10am and 3pm; and
- Friday 30th November 2012 between 10am and 2.30pm

We requested to have feedback with the provider as a matter of priority. This feedback took place on Tuesday 4th December 2012 between 11am and 1.15pm.

Evidence was gathered from a range of sources which included;

- Questionnaires we asked staff to complete before our inspection
- Questionnaires we asked people who use the service or their relatives/carers to complete before our inspection
- Telephone interviews with two Social Care Workers
- Face to face discussions with;
 - four Social Care Workers
 - five Social Care Organisers
 - the Team Manager
- end of service questionnaires
- minutes from a carers focus group
- home care surveys

- information within service users' personal files which included;
 - contact sheets
 - written agreements
 - enablement plans

- response sheets
- client notes
- an audio recording of one call made to the Social Care Response Service
- call handling procedures
- minutes of team meetings
- records of staff supervision
- staff training records
- minutes from staff focus groups

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.firelawscotland.org

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: No

Comments on Self Assessment

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

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

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

Taking the views of people using the care service into account

We asked people or their relatives and carers to complete a questionnaire before our inspection. 35 were returned to us. When asked about the overall quality of the service;

- 16 people were very satisfied;
- 18 people were satisfied; and
- 1 person was dissatisfied

Comments people made to us have been included within this inspection report.

Taking carers' views into account

The experience of relatives and carers has been included above.

One carer told us;

"All staff who attend to my (relative) are respectful and helpful"

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: 2 - Weak

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

Before our inspection we asked the service to complete a self assessment to tell us how they involved people using the service in assessing and improving quality. We sampled some of this information as part of our inspection.

The service had developed adequate opportunities for people to be involved in assessing and improving quality. These included;

- A questionnaire was posted to people immediately after they had stopped using the enablement service. This asked people for their views on the quality of the service they had received. Administration staff were responsible for processing questionnaires which had been returned.
- A small group of five carers who had received a care service from Dundee City Council attended a focus group in November 2011. The Manager of the service attended this meeting where people were invited to share their views on the quality of the service they had received.
- A "Home Care Survey" had been developed. There was an expectation that these would be carried out when a review of a persons care needs was taking place. This asked people questions which included;
 - Do you find the workers to be caring, pleasant and professional?
 - Do staff treat you with dignity and respect?
 - Were you involved in developing your personal plan?
 - Do you feel that the workers adhere to your personal plan?

- There was good evidence that peoples' views were gathered when a review of their care needs was taking place.
- Dundee City Council had developed a User Involvement Policy. This detailed their commitment to involving people in improving the quality of services and how consultations may take place.
- Every service user received a letter of service agreement. This letter contained reference to the right to complain and detailed who complaints should be made to.

Areas for improvement

We found there were limited opportunities for people using the Social Care Response Service (SCRS) to be involved in assessing and improving the quality of the service. We were informed that, although questionnaires had been discussed in the past, these had never been developed. We have asked the service to develop quality assurance systems which include involvement opportunities for people using the service and their carers (see Quality Theme 1, Statement 3, requirement 1).

We asked people who use the service or their carer to complete a questionnaire before our inspection. This asked if people were aware of both the service and the Care Inspectorate complaints procedure;

- 15 of the 35 people who responded did not know about the service complaints procedure; and
- 9 of the 35 people who responded did not know they could make a complaint about the service to the Care Inspectorate

It is important that people using the service are aware of how they can make a complaint if they are unhappy with the service they have received. A recommendation has been made (see recommendation 1).

During our sampling of personal files, we found copies of the service agreement letter had not always been signed. We were informed by the provider that signed copies of the letter had been retained by the person using the service. It would be our expectation that the service should retain copies of the signed service agreement letter (see recommendation 2)

Some Social Care Organisers working within the enablement teams had found it difficult to consistently find the time to complete the Home Care survey as detailed above. People were therefore not always being offered the opportunity to participate in this way. This was highlighted to the provider during our feedback to ensure this was considered when developing quality assurance systems.

It was difficult for us to track what improvements were made to the service as a result of participation opportunities such as end of service surveys. Where people had raised concerns or suggested improvements, there was no clear action plan which detailed how the service had addressed these. A recommendation has been made (see recommendation 3). In addition, we looked at a sample of these questionnaires which had been returned over recent months. Completed questionnaires were returned to clerical staff who logged these on a live computerised system. However, there was no system for highlighting to the Manager when questionnaires had been returned which raised concerns about the quality of service a person had received.

One person who returned a questionnaire told us;

"I am happy with certain members of staffs service but with other staff members they won't ask what you want therefore not done the way you want it".

It is essential that people using the service are fully consulted about how they prefer their support to be given. This information should be used to develop a plan which informs staff of a person's support needs and how they prefer this support to be provided. Questionnaires we asked people to complete before our inspection asked people if they had such a plan. Nine out of 35 people did not agree with this. We also noted this had been raised by people using the service through some of the opportunities described above. For example, one home care survey we viewed detailed the person had told the Social Care Organiser that care staff brought it in a folder but did not discuss it with them. A recommendation has been made (see recommendation 4).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The provider should consider ways to increase awareness of the complaints procedure to ensure people who use the service are fully aware of their right to complain.

National Care Standards: Standard 11, Care at Home - Expressing Your Views

2. The provider should retain copies of the signed service agreement letter

National Care Standards: Standard 2, Care at Home - The Written Agreement

3. The provider should develop clear plans which detail what action has been taken in response to feedback received through participation opportunities.

National Care Standards: Standard 4, Care at Home - Management and Staffing

4. The provider should ensure that staff are fully aware of how service users can and should be involved in the development of plans of support.

National Care Standards: Standard 4, Care at Home - Management and Staffing

Statement 3

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

Service strengths

Before our inspection we asked the service to complete a self assessment to tell us how they ensured peoples' health and wellbeing needs were met. We sampled some of this information as part of our inspection.

We looked at a sample of enablement personal files during our inspection visit. We noted;

- assessments had been completed which detailed how a person could be moved safely.
- evidence that staff were notifying healthcare professionals when they had concerns.

Staff we spoke with felt they had received the training they needed to carry out their job. Questionnaires we received from people using the service confirmed that they were happy that staff had the skills to support them.

Some people required ongoing help in their home after the enablement service ended. This would be provided by another care provider or by another team within Dundee City Council. Staff from the enablement team could work alongside staff who would be providing ongoing support for a short period. This was to ensure a smooth transition of care and should be highlighted as good practice.

Staff working within the SCRS had access to information relating to peoples' needs. This included;

- medical history
- medical alerts
- mobility
- aids and equipment the person used

Some comments we received through questionnaires were positive in relation to the support people had received. These included;

"I am happy with the service and people who operate it"

"The staff or carers are first class they cannot do enough for you. Will still be in hospital if they were not around. Cannot praise them enough"

"Very pleased with all the care and attention I have received during my illness"

"I'm very happy with the service. The care is to a high standard. Staff are pleasant and always happy to help"

Areas for improvement

During our inspection we identified significant areas of concern in relation to the SCRS. Prior to our inspection we asked staff to complete questionnaires. Some questionnaires which were returned to us raised concerns in relation to response times. Comments included;

"I feel we provide a great service but due to lack of resources service users are having to wait too long at times for a response due to volume of calls"

"Great service for service users enables them to stay at home and maintain their independence. Not enough resources to meet service user needs. Response times should be better. Staff/shifts are very busy"

"The service has the potential to be a great service but due to long term staff shortages (at least 8 staff have been off/position not filled) results in lengthy response times, increased stress levels with staff and service cannot provide as good a response time as would like"

These comments directed us to look more closely at how the SCRS was working.

The Team Manager informed us that there was currently two to three staff vacancies within the SCRS. Recruitment for these positions was underway at the time of our inspection. We were informed that the SCRS was developed in October 2011 as a result of the merging of the Community Alarm Team and Interval Night Care. This change was made to improve on response times. The Team Manager told us that no concerns regarding response times had been raised of late.

We were informed that the service provided 24 hour city wide coverage. Two mobile units were in operation from 7.30am to 10pm and six units in operation from 10pm to 7.30am. Each mobile unit was staffed by two Social Care Workers. Calls came via a control room which was staffed by Social Care Workers from the SCRS. Calls were prioritised using the following traffic light system;

- Red - a no response
- Amber - a fall
- Green - personal care

Other calls not falling into the above categories were assigned a lower priority. We were informed by the Team Manager and Social Care Organisers from the SCRS that the service aimed to respond to calls within a 20 minute period.

We sampled information within response sheets which detailed the type of call, when the call was received and when the mobile units attended. Where a call took in excess of 20 minutes, the computerised system automatically coloured this red. We were concerned to note a high percentage of calls were highlighted in this way. For example;

- 48 calls out of 80 highlighted as taking in excess of 20 minutes on one date
- 34 calls out of 67 highlighted as taking in excess of 20 minutes on one date

We were also concerned at numerous examples of lengthy response times we identified when examining response sheets. We asked for further details about some of these calls. Examples included;

- a call for support with personal care took the mobile unit 2 hours and 14 minutes to attend to. During this time the person's dignity had been extremely compromised.
- a no response call took the mobile unit 54 minutes to attend to. This person required support from the ambulance service.
- a no response call took the mobile unit 1 hour and 4 minutes to attend to. This person had suffered a fall and required support to stand.

Inspection report continued

- a call for support as the person had fallen took the mobile unit 1 hour and 3 minutes to attend to. This person had fallen and required to be supported into a chair.
- A call for support with personal care took the mobile unit 2 hours and 18 minutes to attend to. During this time the person's dignity had been compromised.
- A call for support as a person had fallen took the mobile unit one hour and 15 minutes to attend to. This person was admitted to hospital due to weight bearing concerns following the fall.

During our inspection we requested further information about two calls. Although this information could not be located at the time of our visit, this was provided to us at a later date. On examination of the written records provided and notes we had made during our inspection visit, we found it difficult to fully ascertain the chain of events leading from the initial call received from the person through to mobile units leaving their home.

Staff we spoke with during our inspection raised concerns over response times. We were informed that there had been occasions where, due to staffing issues, only one mobile unit had been operating where there should be two. In addition, there had been occasions where mobile units had been reduced from six to four overnight. Staff felt that this impacted significantly on response times. They told us of occasions whereby people using the service and their carers had been extremely unhappy with the time it had taken them to respond.

Some staff also raised concerns that no time was allocated for staff to have a handover meeting with the following shift. They were concerned that this may lead to poor communication about calls which were being handled during the change of shifts. The provider informed us that systems of communication during the handover period included a communications book, emails and a call log which detailed previous and outstanding calls.

We asked staff what contingency arrangements were in place when a priority call could not be answered promptly by mobile units. We were informed that, where possible, a keyholder would be contacted who may be able to attend. Staff told us, if a person was able to communicate that they were injured and required medical assistance, they would contact emergency services. Staff we spoke with told us they would not contact emergency services for a no response call even when there would be a delay in mobile units attending. Staff were unclear if written procedures were in place detailing what action should be followed in such situations. When we examined such procedures we found they did not fully guide staff in what contingency arrangements they should follow.

We looked at how the quality of the SCRS was being monitored. We would expect the service to have key indicators which would indicate how the service is performing. This should include analysis of data relating to response times. We found the service did not formally analyse such data and were unable to provide us with information such as average response times at different times of the day and night. It was therefore unclear how the service could consider what resources were required to meet the needs of people using the service.

In summary, we were concerned;

- there had been occasions whereby the time taken for mobile units to respond to a call was unsatisfactory
- on one occasion we were not satisfied that written records provided a clear account of events from the initial contact with the person through to the call being fully closed
- although arrangements were in place for staff to communicate with each other between shift changes, some staff were concerned that there was no time allocated for a handover meeting
- no clear contingency arrangements were in place to address actions staff should take when mobile units cannot respond within satisfactory timescales
- the monitoring of the SCRS was unsatisfactory

We have made a requirement in relation to these concerns and have asked the service to address this as a matter of priority.

Questionnaires we asked staff to complete prior to our inspection raised some issues regarding the enablement aspect of the service. Comments included;

"Sometimes the service user times are cut to suit management and to fit in extra service users. We don't always get travel time between calls therefore are rushing between duties/calls"

"We are quite busy and do not have enough time with service users to be able to enable them. Sometimes not relevant information before first visit. No travel time between visits"

Questionnaires we asked people who use the service or their carer to complete before our inspection asked if; "staff have enough time to carry out the agreed support and care". Seven of the 35 people who responded disagreed with this. One person commented;

"On the days I receive a shower I feel it is a bit of a rush. Otherwise I am delighted with the care I receive"

We spoke with staff working within the enablement service during our inspection visit and through telephone interviews. Staff told us that, due to pressures of time, they were not always working in a way which promoted a person's independence. Staff told us they often felt rushed and may have ten visits over a six hour shift with no travel time incorporated into their schedule. This led to occasions where staff were "doing for" people in order to save time. In addition, some staff were concerned that there had been occasions whereby the first visit to a service user had been reduced from one hour to 30 minutes. Staff felt this was insufficient time to gather information about the person and complete the necessary paperwork. The Team Manager acknowledged that he was aware of staffs' concerns regarding pressures of time. At the time of our inspection early discussions were taking place to consider issues which may be contributing to such time pressures. A requirement has been made (see requirement 1).

During our inspection visit we sampled a number of personal files. We found enablement plans did not consistently detail the support a person needed. This meant there was insufficient information to guide staff. A requirement has been made. A requirement has been made (see requirement 2).

Given the concerns we identified in relation to the SCRS we have awarded a Grade 2 (weak) for this Quality Statement. We award this grade where, though there may be some strengths, there are important weaknesses which cause concern.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In particular, the provider must;

(a) ensure that at all times suitably qualified and competent persons are working within the service in such numbers as are appropriate to meet the needs of service users and to deliver the care service in a way which promotes independence and respects dignity.

(b) ensure clear service user records are maintained at all times.

(c) develop clear procedures detailing contingency arrangements staff must follow when mobile units cannot attend a call within satisfactory timescales and ensure all staff are aware of and implement such procedures.

(d) ensure processes are developed, implemented and actioned to monitor and improve the quality of the Social Care Response Team. This must include opportunities for service users, staff and other stakeholders to be involved in assessing and improving quality.

(e) review systems currently in place for staff to communicate between shift changes to ensure these robustly support a full exchange of information. This review should include the views of all staff working within the Social Care Response Team.

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 3 and 4(1)(a) and 4(1)(b) and 15(a)

Timescale for completion:

(a), (b) - Immediately upon receipt of this report.

(c) (d) and (e) - To commence upon receipt of this report and be completed within eight weeks.

2. The provider must ensure that personal plans clearly direct staff to the current needs of service users.

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) and 5(1)

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The grade awarded for Quality Theme 1, Statement 1 has been accepted for this Quality Statement.

Areas for improvement

The grade awarded for Quality Theme 1, Statement 1 has been accepted for this Quality Statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

Before our inspection we asked the service to complete a self assessment to tell us how they ensured they had a professional, trained and motivated workforce. We sampled some of this information as part of our inspection.

Staff we spoke with throughout our inspection were committed to providing a high quality service. Staff were aware of the National Care Standards and Scottish Social Services Council (SSSC) Codes of Practice. These codes and standards detail what is expected of social care staff as they carry out their daily work.

We were informed the service had a staff development strategy named "Effective Support to Staff". Each staff had a copy of the information within this strategy which included policies and SSSC Codes of Practice.

The service had recently introduced "E-Lab" training. This was computer based training available to all staff. Training was offered in areas such as;

- Fire Safety
- Problem Solving
- Active Listening
- Active Body Language
- Decision Making

Understanding was checked and scored to ensure the training was meaningful to each staff member.

Staff had regular opportunities to attend team meetings. We looked at records of some team meetings. We found they provided a good opportunity for staff to be reminded of good practice and to discuss changes to the service.

Areas for improvement

Most staff we spoke with as part of our inspection told us staff morale was low as a result of the issues highlighted within Quality Theme 1, Statement 3. Specific comments included;

"motivation is low as nobody is listening"

"people are feeling overwhelmed"

"Morale is at an all time low....don't feel listened to"

"Staff are tired and morale is low"

The commitment of staff to provide a quality service was clearly evident. However, most staff we spoke with demonstrated frustration as they felt there were inadequate resources for them to provide support in the way they believed it should be delivered. Although staff felt they had raised these concerns with their direct line Manager, they were frustrated that improvements had not been seen. We have asked the service to make improvements to some aspects of the service within Quality Theme 1, Statement 3. This has included developing quality assurance procedures which include opportunities for staff involvement. To further address the issues of staff frustrations and low morale, the provider should ensure that staff are fully and regularly updated regarding the actions being taken to improve the service. A recommendation has been made (see recommendation 1).

Supervision agreements had been completed for some staff. This detailed; "individual supervision will take place regularly". From the staff files we sampled we noted all staff had received one to one supervision within the past year. However, we found that such meetings were not consistently held on a regular basis. For example, in one file we sampled we noted;

- One to one supervision meetings had taken place in 2005 and again in 2012; and
- A direct observation of practice had taken place in 2007

Such meetings provide staff with an opportunity to reflect on their practice and identify future training needs. A recommendation has been made (see recommendation 2).

One Social Care Organiser we spoke with felt, due to a lack of resources and time, staff training had been impacted upon. Whilst staff were updated on core training such as moving and handling, they felt less time was available for staff to attend training outwith refresher events. For example, dementia and continence care training. We noted some evidence of this during our sampling of staff training. Records provided to us suggested long periods of time had elapsed since some staff had attended training such as continence care, palliative care and dementia awareness. We noted in one document presented to us as evidence for our inspection that the service had identified it needed to improve upon palliative care and access to dementia awareness training. A recommendation has been made (see recommendation 3).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The provider should ensure that systems are in place to communicate to staff the actions being taken in relation to service improvements.

National Care Standards: Standard 4, Care at Home - Management and Staffing

2. The provider should develop systems to ensure all staff have the opportunity to attend regular and planned methods of support such as one to one supervision.

National Care Standards: Standard 4, Care at Home - Management and Staffing

3. The provider should carry out a review of staff training needs to ensure staff have accessed training relevant to current good practice.

National Care Standards: Standard 4, Care at Home - Management and Staffing

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

The grade awarded for Quality Theme 1, Statement 1 has been accepted for this Quality Statement.

Areas for improvement

The grade awarded for Quality Theme 1, Statement 1 has been accepted for this Quality Statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

Information detailed within Quality Themes One and Three were considered when awarding the grade for this Statement.

Staff focus groups had been held in January 2012. Staff from Mainstream Homecare, Enablement and the SCRS had been invited to attend. Records from the meeting show staff had highlighted positive aspects of the services and had made some suggestions for improvement. Feedback on some of these suggestions had been fed back to staff at a later date.

Areas for improvement

As detailed within Quality Theme 1, Statement 3 we had significant concerns about the lack of quality assurance systems in place for the SCRS. We have asked the provider to develop and implement such systems and ensure people who use the service, staff and other stakeholders have opportunities to be involved in assuring the quality of the service (see Quality Theme 1, Statement 3, Requirement 1). We have also recommended the service develop systems to ensure staff are fully and regularly updated regarding the actions being taken to improve the service (see Quality Theme 3, Statement 3, Recommendation 1).

During our inspection we examined staff files. We were concerned that there was no record of some staff receiving a direct observation of their practice or some years had passed since such an observation had taken place. We would consider that, due to the lone working aspect of the service, such observations are a necessary component of assuring quality. A recommendation has been made (see recommendation 1).

As detailed within Quality Theme 1, Statement 1, some people told us they did not know how to make a complaint about the service. A recommendation has been made (see Quality Theme 1, Statement 1, Recommendation 1).

As detailed within Quality Theme 1, Statement 1 it was not always clear to us how the service had responded to suggestions for improvement. A recommendation has been made (see Quality Theme 1, Statement 1 Recommendation 3).

Given the concerns we identified in relation to how the quality of the SCRS was assured we have awarded a Grade 2 (weak) for this Quality Statement. We award this grade where, though there may be some strengths, there are important weaknesses which cause concern.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that planned systems are in place and carried out to directly observe staff practice.

National Care Standards: Standard 4, Care at Home - Management and Staffing

4 Other information

Complaints

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

Enforcements

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

Additional Information

The service was not required to submit an annual return.

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 SCSWIS 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).

5 Summary of grades

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

6 Inspection and grading history

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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