

**DUNDEE CITY COUNCIL****REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 22 JUNE 2015****REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – SOCIAL CARE EAST LOCALITY TEAM****REPORT BY: HEAD OF SERVICE, STRATEGY, INTEGRATION, PERFORMANCE AND SUPPORT SERVICES****REPORT NO: 235-2015****1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Committee of the outcome of the Care Inspectorate inspection of the Home Care East Service, which was carried out between 04–10 March 2015. The report outlines the findings of the Care Inspectorate and gives a summary of the grades achieved.

**2.0 RECOMMENDATIONS**

It is recommended that the Social Work and Health Committee:

2.1 Notes the contents of this report, and

2.1.1 Notes the improvement in the grades awarded to the service as outlined in paragraph 4.3.3.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT****4.1 Background Information**

4.1.1 The Home Care East team consists of 6 teams which cover the East side of Dundee City. The teams provide a mainstream social care service for individuals requiring support to remain in their own homes, including those living within Housing with Care Sheltered Housing Complexes, across three sites. Referrals to the service are now routed through the Resource Matching Unit based at Dilcec and the scheduling of duties along with the monitoring of service quality is carried out through access to an electronic system.

4.1.2 The annual inspection by the Care Inspectorate took place during the time period 04-10 March 2015. The inspection was a low intensity inspection.

4.1.3 The following evidence was used in order to grade the service:

- Certification of Registration
- Aims and Objectives of the service
- Complaints records
- Service users personal care files
- The services own quality questionnaires
- Team meeting minutes
- Staff training records
- Training plan
- Risk assessments
- The services quality assurance processes

- Care Inspectorate questionnaires from service users and staff
- Interviews with service users and relatives
- Shadowing of Social Care Workers on duty
- Discussions with Team Manager, Project Manager for CM2000, Social Care Organisers, Social Care Workers,

4.1.4 This Care Inspectorate Annual Report outlines the findings of the inspection, and gives a summary of the grades achieved.

## 4.2 Outcome of Inspection

4.2.1 The inspection was extremely positive, and an overall Grade 5 (Very Good) was awarded to the service. There were no requirements made. 2 Recommendations were made:

Recommendation 1: Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risk safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews. National Care Standards: Care at Home Standard 3.

Action Planned: Introduction of an audit process, via the review checklist, to monitor recorded information where risks have been identified and transferred to the personal plan section on "How To Keep Me Safe".

Recommendation 2: Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service. National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 – Management and Staffing Arrangements.

Action Planned: We are currently identifying training needs of staff through supervision, EPDR and Direct Observation records and we will continue to do this. We will use this information to populate a Training Plan relevant to the service, which will be fed into Dundee City Council's Learning and Workforce Development Department.

4.2.2 The summary of the Inspection Report stated that "The management and staff provided a very good quality of service to the people that they support. We know this because service users and relatives spoken with, told us that staff working for the service were professional, friendly and that they were happy with the standard of care and support they received". In conclusion, the report stated that "The staff team were enthusiastic and committed to meeting the individual needs of the service users they supported. Service users and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes".

4.2.3 The requirements made by the Care Inspectorate at the March 2014 inspection had been actioned and met within timescales.

4.2.4 The service was inspected on three quality themes; Quality of Care and Support, Quality of Staffing, and Quality of Management and Leadership. The Care Inspectorate made some very favourable comments regarding each of the quality themes.

4.2.5 The Care Inspectorate made the following comments:

- "It was clear through examination of care files and discussion with service users and relatives, that the service had very good processes in place for ensuring that the individual health and wellbeing needs of service users were met. This meant that service users and relatives spoken with found the support provided by the service a very helpful positive experience".
- "The Provider and service had a number of effective processes for involving the people who use the service and their representatives in assessing and improving the quality of care and support provided".

- “Service users and families had access to regular care reviews which were seen to be held within appropriate timescales. These were important opportunities for service users and families to have their say on what worked well and what didn’t in relation to the care and support provided by the service”.
- “The service had questionnaires ‘Your Homecare Service’ which had been distributed to service users. These gave people the opportunity to provide feedback on things like the staff and the support they provided.

#### 4.2.6 Views from service users about service

- “The service that I get is really great and staff treat me with dignity and respect. You should be proud of these members of staff”.
- “The carers my mother has are second to none. They are always meticulous, friendly, and highly competent in everything that they do and are highly professional and I cannot praise them enough. The care organiser is extremely helpful and communicates with my mother regularly. Altogether a highly professional and competent team”.
- “The organiser is excellent and visits for review meetings, last one was three weeks ago, I completed a customer satisfaction questionnaire about three weeks ago which was a struggle because I have difficulty writing now since having a stroke, I got a letter back thanking me for completing it”.

#### 4.2.7 Views from carers about service

- “Regular review visits are held, 3 since August last year. I am kept well informed and after review staff will send me a letter summarising what was discussed and actions”.
- “Carers have a good knowledge of my husband and know the help he needs. Social care organiser talked to us about his support needs and this helped plan help he needs”.
- “Very happy with the service my brother receives which offers real benefits to my brother. I have nothing but praise for all staff. I feel very much that we are all working together as a team”.

### 4.3 Summary of Grades

#### 4.3.1 The Care Inspectorate can award one of six grades for each of the Quality Themes:

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

#### 4.3.2 The Care Inspectorate can inspect a service against 4 Quality Themes: Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management and Leadership. As the service is provided in a service users’ own home, Quality of Environment does not apply. Each quality theme contains a number of quality statements as part of the inspection. Each quality statement will be awarded an individual grade, which is then aggregated up to an overall grade for each quality theme.

Table 1 shows the grades awarded to each quality statement and the overall grade awarded to each quality theme.

**Table 1**

<b>Quality of Care and Support</b>	<b>5 – Very Good</b>
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.	5 – Very Good
Statement 3 – We ensure that service users' health and wellbeing needs are met.	5 – Very Good
<b>Quality of Staffing</b>	<b>5 – Very Good</b>
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.	5 – Very Good
Statement 3 – We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.	5 – Very Good
<b>Quality of Management and Leadership</b>	<b>5 – Very Good</b>
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.	5 – Very Good
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.	5 – Very Good

4.3.3 Table 2 details the grades for each Quality Theme awarded at the 2013 and 2014 inspections

**Table 2**

<b>Quality Theme</b>	<b>Grade February 2013</b>	<b>Grade March 2014</b>
Quality of Care and Support	5	4
Quality of Staffing	5	4
Quality of Management and Leadership	5	4

#### **4.4 Service Improvements**

4.4.1 The service continues to look for improvements which will increase the quality of the service, and continues to deliver a service which is highly valued by service users, carers and stakeholders. In addition the service continues to develop in response to the changing needs of vulnerable people and new models of service.

#### **5.0 POLICY IMPLICATIONS**

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

5.2 An Equality Impact Assessment has been carried out and is attached to this report.

**6.0 CONSULTATIONS**

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

**7.0 BACKGROUND PAPERS**

7.1 Care Inspection Report – 16 March 2015

**Laura Bannerman**  
**Head of Service**  
**Strategy, Integration, Performance and Support Services**

**Date: 10<sup>th</sup> June 2015**



## Care service inspection report

# Dundee City Council - Home Care - Locality Teams and Housing with Care - East

## Housing Support Service

Douglas House Home Care  
Jack Martin Way  
Claverhouse East  
Dundee  
DD4 9FF

Type of inspection: Unannounced

Inspection completed on: 16 March 2015

## Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	16
4 Other information	33
5 Summary of grades	34
6 Inspection and grading history	34

### Service provided by:

Dundee City Council

### Service provider number:

SP2003004034

### Care service number:

CS2011286187

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)



## 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	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The management and staff provided a very good quality of service to the people that they support. We know this because service users and relatives spoken with, told us that staff working for the service were professional, friendly and that they were happy with the standard of care and support they received.

### What the service could do better

The provider should ensure that all staff have access to Adult Support and Protection training and any refreshers to support staff in their roles, in keeping service users safe. In addition they should continue with plans to introduce outcomes focussed assessments and care plan and to further develop their quality assurance processes.

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

Service users were now seen to have access to regular reviews. In addition the management and staff had worked hard to develop the information contained in the services training matrix, which would be used to identify staff training needs to support them to effectively meet service users needs. Work had been undertaken to ensure that times service users were to receive their support, was discussed and agreed with them and then recorded in the support plans.

### Conclusion

The staff team were enthusiastic and committed to meeting the individual needs of the service users they supported. Service users and relatives spoken with felt that



# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was registered with the Care Inspectorate on 10 January 2012.

## Requirements and Recommendations

If we are concerned about some aspects of a service, or think it could 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 but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- 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 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 Inspectorate.

Dundee City Council Home Care - Locality Teams and Housing with Care East was supporting approximately 200 people at the time of our inspection. Six teams of social care workers each led by a social care organiser provided care and support to people in their own homes, throughout the east end of the city of Dundee. The service was provided to older people and people with disabilities in a variety of settings, including sheltered housing complexes. The service state their aims and objectives as:

### Locality Teams

The objective of home care locality teams is to provide a range of care and support, carried out in an individuals own home to meet their personal and social care needs. There are a number of teams which are based in localities across the city.

### Housing with Care

The objective of the housing with care teams is to provide a range of care and support, carried out to meet individuals personal and social care needs. Teams work closely with the landlord to provide a range of services located within the premises.

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

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](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

The service was inspected during an unannounced visit on 03 March and five announced short notice visits on the 04, 05, 06, 09 and 10 March 2015. As part of these visits we went to the following housing complexes - Craigie Street, Baluniefield, Powrie Court, and Brington Place.

This inspection was carried out by two Care Inspectorate inspectors.

### Evidence

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

A review of a range of policies, procedures, records and other documentation, including the following:

Examination of a range of documentation which included:

- Certificate of registration
- Aims and objectives of the service
- Complaints records
- Service users care files
- The services own quality questionnaires
- Team meeting minutes
- Staff training records
- Training plan
- Risk assessments
- The services quality assurance processes.

Discussion took place with a range of care staff including:

- The manager
- The project manager for CM2000

- Senior social care organisers
- Social care workers.

All of the above information was taken into account and included within the body of the report.

Feedback was provided to the manager, resource manager and social care organisers on 16 March 2015.

### **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](http://www.firelawscotland.org)

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

#### **The requirement**

The provider must ensure that personal support plans were reviewed with individuals and their relatives or representatives where appropriate at least six-monthly, and more frequently if people's needs changed significantly or they asked for a review.

This is in order to comply with Scottish Statutory Instruments (SSI) 2002/114 Regulation 5(2)(b)(i)&(ii).

**Timescale for implementation - three months from receipt on this report.**

#### **What the service did to meet the requirement**

This is reported on under **Quality Theme 1, Statement 3.**

**The requirement is:** Met - Within Timescales

#### **The requirement**

The provider must ensure that comprehensive risk assessments are completed for each service user that is relevant to their particular needs and circumstances and clearly identifies the risks, triggers and control measures in place for each person. Risk assessments must contain clear guidance on what action staff must take in order to manage identified risks safely. Risk assessments should be reviewed and updated as often as required and at least once in each six month period alongside reviews of personal support plans.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Welfare of Service Users.

**Timescale for implementation - within three months of receipt of this report.**

#### **What the service did to meet the requirement**

This is reported on under **Quality Theme 1, Statement 3.**

**The requirement is:** Met - Within Timescales

### **The requirement**

The provider must carry out and retain a record of the training needs analysis for each member of staff, and use the information from this to develop an annual training plan for the service. The provider needed to demonstrate that this linked to staff supervision, and appraisal in order to evidence that the training delivered supported the identified professional development needs of staff and the needs of the service.

This is to comply with SSI 2002/114 Regulation 13(c)(i) - Staffing and Regulation 19 - Records.

**Timescale for implementation - six months from receipt of this report.**

### **What the service did to meet the requirement**

This is reported on under **Quality Theme 3, Statement 3.**

**The requirement is:** Met - Within Timescales

### **The requirement**

The provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as agreed in the support plan.

This is to comply with Social Work Improvement Scotland (Requirements for care services) 2011 (SSI 2011/210) Requirement 4 (1) (a) Welfare of users - A provider must make proper provision for the health, welfare and safety of service user.

It also takes account of the National Care Standards for Care at Home services, Standard 2 The written agreement, and Standard 4 Management and staffing.

### **What the service did to meet the requirement**

This is reported on under **Quality Theme 1, Statement 3.**

**The requirement is:** Met - Within Timescales

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

There were three recommendations made since the last inspection.

1. Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, and direct observations to identify individual training needs for each member of staff from which to develop an



annual training plan that is relevant to the service.

In making this recommendation the following National Care Standards for Housing Support and Care at Home services have been taken into account; Standard 3 - Management and Staffing Arrangements (Housing Support Services) and Standard 4 - Management and Staffing (Care at Home services).

This is reported on under **Quality Theme 3, Statement 3.**

2. The manager should ensure that direct observations were planned to coincide with supervision meetings to provide staff and managers with the opportunity to use this practice to full effect.

In making this recommendation the following National Care Standards for Housing Support and Care at Home Services were taken into account; Standard 3 - Management and Staffing Arrangements (Housing Support Services) and Standard 4 - Management and Staffing (Care at Home services).

This is reported on under **Quality Theme 3, Statement 3.**

3. The manager should develop an effective improvement plan for the service. In order to achieve this he needed to establish a pattern of regular audit to identify areas of strength and where improvements could be made. Action plans should include SMART (Specific, Measurable, Achievable, Realistic and Time related). Results should be evaluated and reviewed so that a continuous cycle of improvement can be embedded in practice.

In making this recommendation the following National Care Standards for Housing Support and Care at Home services have been taken into account; Standard 3 Management and Staffing Arrangements (Housing Support Services) and Standard 4 - Management and Staffing (Care at Home Services).

This is reported on under **Quality Theme 4, Statement 4.**

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

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

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

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

Prior to the inspection we received 33 CSQs from service users and relatives. Of these 21 strongly agreed that they were overall happy with the level of care and support provided, 10 agreed, 1 disagreed and 1 was uncompleted.

Comments included:

"All of these girls who come in to me are very respectful and polite to me. I have no bad reports about any of them, they seem happy with their work and the help they give me. I know all of their names and they are chatty with me and I with them. I have no faults with the service I receive".

"Staff are always very cheerful, always asking if there is anything else they can do for you".

"The service that I get is really great and staff treat me with dignity and respect. You should be proud of these members of staff".

"I feel without this service I wouldn't manage my everyday tasks. I would also like to say that the carers are all very polite and understanding and I feel at ease in their care".

"I am very happy with the care and service I am being given and can't ask for anything more".

"Regular staff are not always on at night time when the clients can be more vulnerable, not enough support at night time".

"The carers my mother has are second to none. They are always meticulous, friendly, and highly competent in everything that they do and are highly professional and I cannot praise them enough. The care organiser who is extremely helpful and communicates with my mother regularly. Altogether a highly professional and competent team".

"Very happy with the support".

"I do feel that the shortage of staff at times does not help and the change of staff does affect my relative when new people come in her room and the home, she likes the faces she recognises. I also know this cannot be helped but it does upset them quite a bit".

Seventeen service users were spoken with directly and a further two by telephone during the inspection, they said that they thought they received a high quality service and that the staff who supported them were friendly, approachable and professional.

Comments included:

"The staff are all very good".

"I am very involved in making decisions about the support I receive".

"Staff always ask me what I would like and this is part of the help I get".

"Very good quality, times of visits suit and staff will adjust timings if I ask".

" My morning call was too early, I asked for this to be changed and now have a later call which suits me better".

"I make my own choices about most things, I manage my own medication, however, I find it frustrating that the carers are not able to help apply cream prescribed for me or put in eye drops which would make the service better".

"The help I get is very well organised and the carers are very good and always seem happy at their work".

"The carers are friendly and approachable, if I was not happy with anything I would tell carers and contact manager myself if I was not satisfied".

"I enjoy the three times per week visits from carers and feel I get a very good quality of care".

"I like the timings of my visits and I generally get the same few care workers unless they are on holiday or off sick".

"I feel quite confident with staff helping me; they are all very good and capable".

"I have had review meetings, I am very independent and don't require much support".

"The carers do a fantastic job and look after me very well".

"The care times suit me, I know the time to expect them and it is usually the same carers who visit".

"The carers are kind and considerate".

"The organiser is excellent and visits for review meetings, last one was three weeks ago, I completed customer satisfaction a questionnaire about three weeks ago which was a struggle because I have difficulty writing now since having a stroke, I got a letter back thanking me for completing it".

"I always know when the carers are going to visit and they always have time for me, I like to blether".

"The service I get is 100%".

"Quite satisfied with service".

"I completed a questionnaire last year about service and have review meetings, last one was five weeks ago and various people attended".

"I have no complaints and would contact the office if I did, the staff are all polite and approachable".

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

Seven relatives were spoken with during the inspection, two directly and five by telephone to seek their views on the quality of care provided to their loved ones.

Comments included:

"Staff always talk to me about any decisions to be made regarding X's care".

"Regular review visits are held, 3 since August last year. I am kept well informed and after review staff will send me a letter summarising what was discussed and actions".

"Timings of visits are very suitable and staff will call ahead if they are going to be held up".

"We were given information before X's service started which helped me to decide if I could continue to support X at home".

"I find all staff very professional and helpful".

"Carers have a good knowledge of my husband and know the help he needs. Social care organiser talked to us about his support needs and this helped plan help he needs".

"Review every year when organiser comes to house and we make any changes necessary".

"Fill out questionnaire about once per year to make our views on service known. We once attended focus group however this wasn't for us".

"Very happy with the service my brother receives which offers real benefits to my brother. I have nothing but praise for all staff, I feel very much that we are all working together as a team".

"Can't say anything other than excellent service".

"Would rate carer service 10/10 carers are always very helpful and if I had any complaints would phone the organiser".

"Don't think much of phone scan system it takes away any trust between carer and employer and I don't think it will save money".

"All carers know my husband's routine and how he likes to be helped, My husband insists on a rota being sent out to him as he likes to know what carers are coming. We know most carers as we have been having service for 5 year".

"Anything we need carers will do this willingly".

"We completed a questionnaire about the service a few weeks ago and I would contact organiser X if I was unhappy with service.

"We would give service a 10/10".

"Staff will even put my husband's prescription into chemist if I am not able".

### 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: 5 - Very 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 manager provided very good evidence of how they involved the people who use the service, and their families in assessing and improving the quality of care and support provided by the service.

The provider and service had a number of effective processes for involving the people who use the service and their representatives in assessing and improving the quality of care and support provided, these included:

The provider had a participation policy and strategy, which explained the importance of involving service users and their families in the having a say on the development and improvement of the care and support provided, and how they could do this.

The provider had a complaints policy and procedure which gave people the opportunity raise concerns and provide feedback on the quality of care provided. Service users and families said they were aware of this.

Service users and families had access to regular care reviews which were seen to be held within appropriate timescales. These were important opportunities for service users and families to have their say on what worked well and what didn't in relation to the care and support provided by the service.

The service had questionnaires 'Your Homecare Service' which had been distributed to service users. These gave people the opportunity to provide feedback on things like the staff and the support they provided.

Questionnaires had also been sent to relatives and other stakeholders asking them for their views on the service and any suggestions for improvement.

Some of the comments received included:

"The home care service is very good, I have found service users to be very satisfied with the care they provide".

"Don't know much about training there is, believe it is a combination of training and commitment, fortunately my mum has had both".

"I am very happy with the care X gets, everyone is very good with them, thank you".

"Communication from supervisor/managers about changes to care times, plan etc. Notification of what carers are working and times they visit. More staff at weekends so client stop getting their times reduced - very important".

Service users were encouraged to provide feedback on the meal provision, using feedback forms **(See Areas for Improvement)**.

Service users if they wished could be involved in the staff recruitment process. Service users had also developed questions that were to be asked as part of the interview process.

Service users had access to service user meetings and forums which gave them the opportunity to discuss things of interest of them and to have their say on the running of the service.

In addition service users and families had been written to advising them of the introduction of the 'Electronic Monitoring and Scheduling System' that the provider hopes will introduce improvements in the consistency and effectiveness of the support provided.

Care Standards Questionnaires (CSQs) showed that mostly people either strongly agreed or agreed, that they were overall happy with the standard of care and support that they or their relative received.

Service users and relatives spoken with felt that support was provided by friendly staff and that they were fully involved in developing and identifying the care and support delivered to meet their individual circumstances.

Service users and relatives spoken with told us:

"Staff always talk to me about any decisions to be made regarding X's care".

## Inspection report continued

---

"Regular review visits are held, 3 since August last year. I am kept well-informed and after review staff will send me a letter summarising what was discussed and actions".

"Timings of visits are very suitable and staff will call ahead if they are going to be held up".

"We were given information before X's service started which helped me to decide if I could continue to support X at home".

"Carers have a good knowledge of my husband and know the help he needs. Social care organiser talked to us about his support needs and this helped plan help he needs".

"Review every year when organiser comes to house and we make any changes necessary".

"Fill out questionnaire about once per year to make our views on service known. We once attended focus group however this wasn't for us".

"Very happy with the service my brother receives which offers real benefits to my brother. I have nothing but praise for all staff, I feel very much that we are all working together as a team".

"Can't say anything other than excellent service".

"The organiser is excellent and visits for review meetings, last one was three weeks ago, I completed a customer satisfaction questionnaire about three weeks ago which was a struggle because I have difficulty writing now since having a stroke, I got a letter back thanking me for completing it".

"I always know when the carers are going to visit and they always have time for me, I like to blether".

"The service I get is 100%".

"Quite satisfied with service".

"I completed a questionnaire last year about service and have review meetings, last one was five weeks ago and various people attended".

"I have no complaints and would contact the office if I did, the staff are all polite and approachable".

"Would rate carer service 10/10 carers are always very helpful and if I had any complaints would phone the organiser".



"All carers know my husband's routine and how he likes to be helped, my husband insists on a rota being sent out to him, as he likes to know what carers are coming. We know most carers as we have been having service for 5 year".

"We completed a questionnaire about the service a few weeks ago and I would contact organiser X if I was unhappy with service".

"We would give service a 10/10".

All of these processes evidenced how there is a good understanding of participation, and how this led to service users and families being meaningfully involved in how support was planned and delivered in a person centred manner.

### **Areas for improvement**

The manager and provider should continue reviewing and developing opportunities for members of the multi-disciplinary team to provide feedback on the quality of care and support and evidence how this leads to better outcomes for the people who use the service.

Service users were given the opportunity to provide feedback on meals provided using a designated feedback form. The provider should consider broadening the available format of the forms to ensure that people with disabilities can access these.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

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

#### **Service strengths**

The manager presented very good evidence of how they ensured that the health and wellbeing needs of the people who received the service were met.

There was evidence of service users being supported to do activities which helped them to maintain their confidence, interests and independent living skills.

Service users and relatives said:

"I am very involved in making decisions about the support I receive".

"Staff always ask me what I would like and this is part of the help I get".

"Very good quality, times of visits suit and staff will adjust timings if I ask".

"I am very happy with the care and service I am being given and can't ask for anything more".

"The carers my mother has are second to none. They are always meticulous, friendly, and highly competent in everything that they do and are highly professional and I cannot praise them enough. The care organiser who is extremely helpful and communicates with my mother regularly. Altogether a highly professional and competent team".

"Very happy with the support".

A requirement was made following other regulatory activity, that the provider must ensure that the service is provided at the agreed times, and in such a way that it meets the identified needs of the service user as agreed in the support plan.

Service users had care summaries which included the times care was to be provided, this was evidence that these had been agreed with service users.

This requirement has been met **(See also Areas for Improvement)**.

A requirement was made following the last inspection, that the provider must ensure that personal support plans were reviewed with individuals and their relatives or representatives, where appropriate at least six-monthly and more frequently if people's needs changed significantly or they asked for a review.

There was evidence in service users care files and files held in the office that service users had access to regular reviews. These were minuted and where possible signed and dated by service users and families. Service users and families spoken with confirmed this.

This requirement was found to have been met.

Service users where necessary were supported to access other relevant agencies and services to help them to have their health and wellbeing needs met.

There continued to be lots of opportunities for service users, families to discuss people's health needs and how these were to be met from the initial assessments, to support planning and regular care reviews.

Care files examined showed that these contained detailed and important information about each individual and their support needs **(See Areas for Improvement)**.

A further requirement was made following the last inspection, that the provider must ensure that comprehensive risk assessments are completed for each service user that is relevant to their particular needs and circumstances and clearly identifies the risks, triggers and control measures in place for each person. Risk assessments must contain clear guidance on what action staff must take in order to manage identified risks safely. Risk assessments should be reviewed and updated as often as required and at least once in each six month period alongside reviews of personal support plans.

Risk assessments were seen to focus on maintaining or developing independence and looked at what needs to be done to keep people safe.

Where a significant risk was identified in relation to things like moving and handling then a comprehensive assessment was undertaken and care plan developed and set in place which was reviewed regularly.

There had been good progress made and there were some very good examples found where service users support needs were identified recorded in their support plans in a person centred manner, these also identified any risks as well as the necessary actions staff should take to reduce these.

This requirement was found to have been met **(See also Areas for Improvement)**.

There was clear guidance in place for staff in relation to reporting Adult Support and Protection issues. Staff spoken with were very clear about what they should do if they had any concerns **(See also Areas for Improvement, Quality Theme 3, Statement 3)**.

It was clear through examination of care files and discussion with service users and relatives, that the service had very good processes in place for ensuring that the individual health and wellbeing needs of service users were met. This meant that service users and relatives spoken with found the support provided by the service a very helpful positive experience.

Service users and their families said:

"I feel without this service I wouldn't manage my everyday tasks. I would also like to say that the carers are all very polite and understanding and I feel at ease in their care".

"I am very happy with the care and service I am being given and can't ask for anything more".

"The carers my mother has are second to none. They are always meticulous, friendly, and highly competent in everything that they do and are highly professional and I

cannot praise them enough. The care organiser who is extremely helpful and communicates with my mother regularly. Altogether a highly professional and competent team".

"Very happy with the support".

"I do feel that the shortage of staff at times does not help and the change of staff does affect my relative when new people come in her room and the home, she likes the faces she recognises. I also know this cannot be helped but it does upset them quite a bit".

"Staff always ask me what I would like and this is part of the help I get".

"Very good quality, times of visits suit and staff will adjust timings if I ask".

"My morning call was too early, I asked for this to be changed and now have a later call which suits me better".

"I make my own choices about most things, I manage my own medication, however, I find it frustrating that the carers are not able to help apply cream prescribed for me or put in eye drops which would make the service better".

"The help I get is very well organised and the carers are very good and always seem happy at their work".

"I enjoy the three times per week visits from carers and feel I get a very good quality of care".

"I like the timings of my visits and I generally get the same few care workers, unless they are on holiday or off sick".

### **Areas for improvement**

There were seen to be some very good examples of person centred support plans. In order to enhance the information and consistency of these, the provider and manager should ensure that:

Agreed support times are entered into all service users support plans, these would then be reviewed regularly in order to ensure that they met service users wishes and needs.

Where changes to service users support needs have been identified and agreed, these should be entered into their support plans as soon as possible.

Hand written changes to support plans should be signed and dated by the person making them.

Details of any guardianship arrangements should be included in the care files.

Any information that is no longer current should be archived.

Support summaries should contain evidence that they have been reviewed to show the information accurately reflect service users support needs.

Although there were some very good examples of comprehensive risk assessments seen during the inspection, to improve consistency the provider and manager should continue with the progress made in this area by ensuring that support plans always contain the identified risks for service users, and detail the actions staff are to take to reduce these in a person centred manner **(See Recommendation 1)**.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. Support plans should contain clear guidance on what action staff must take in order to manage each service users identified risks safely. These risks along with the support plans should be reviewed and updated as often as required and at least once in each six month period as part of their care reviews.

National Care Standards: Care at Home Standard 3.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very 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 manager provided very good evidence that service users and their families participate in assessing and improving the quality of staffing in the service.

The service had sent out surveys asking service users and their families for feedback on staff and the quality of support they provided.

In addition there were lots of opportunities for people to also give feedback during things like service users forums, service user meetings and care reviews.

Further ways that the service had sought feedback about the quality of staffing in the service are detailed under **Quality Theme 1, Statement 1**.

Service users and relatives spoken with as part of the inspection provided very positive feedback in relation to the staff and the care and support they provided.

They told the inspector:

"Staff always talk to me about any decisions to be made regarding X's care".

"I find all staff very professional and helpful".

"Carers have a good knowledge of my husband and know the help he needs. Social care organiser talked to us about his support needs and this helped plan help he needs".

"Very happy with the service my brother receives which offers real benefits to my brother. I have nothing but praise for all staff, I feel very much that we are all working together as a team".

"All carers know my husband's routine and how he likes to be helped, my husband

## Inspection report continued

---

insists on a rota being sent out to him as he likes to know what carers are coming. We know most carers as we have been having service for 5 years".

"Anything we need carers will do this willingly".

"Staff will even put my husband's prescription into chemist if I am not able".

"The staff are all very good".

"Staff always ask me what I would like and this is part of the help I get".

"The help I get is very well organised and the carers are very good and always seem happy at their work".

"The carers are friendly and approachable, if I was not happy with anything I would tell carers and contact manager myself if I was not satisfied".

"I enjoy the three times per week visits from carers and feel I get a very good quality of care".

"I feel quite confident with staff helping me; they are all very good and capable".

"The carers do a fantastic job and look after me very well".

"The care times suit me, I know the time to expect them and it is usually the same carers who visit".

"The carers are kind and considerate".

"I have no complaints and would contact the office if I did, the staff are all polite and approachable".

### **Areas for improvement**

The provider and manager to continue further develop the ways for involving service users and their representatives in assessing the quality of staffing, evidencing how this leads to improvements in the quality of support provided.

**See also Quality theme 1, Statement 1.**

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

**Statement 3**

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

### **Service strengths**

The manager provided very good evidence that they have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Staff spoken with said that the manager and senior staff provided support, offered guidance, and monitored practice. All staff spoken with said that they felt well supported, and that there was always someone they could talk to if they had any queries.

A recommendation was made following the last inspection that the manager should ensure that direct observations were planned to coincide with supervision meetings to provide staff and managers with the opportunity to use this practice to full effect.

Staff in discussion confirmed that observations of their practice took place and that they found these supportive. The findings of these were evaluated as part of supervision and service users views were sought as part of the process which staff identified as being important.

This recommendation was found to have been met.

A requirement was made following the last inspection, that the provider must carry out and retain a record of the training needs analysis for each member of staff, and use the information from this to develop an annual training plan for the service. The provider needed to demonstrate that this linked to staff supervision, and appraisal in order to evidence that the training delivered supported the identified professional development needs of staff and the needs of the service.

The service had developed a training matrix which set out core and additional training for staff. Staff also said that if they required extra training to meet specific service users' needs, then the social care organisers would work hard to ensure they got this training. Examples of this were seen during the inspection where a Huntington's nurse was visiting a housing complex to discuss providing training to staff.

Since the last inspection closer links had been developed with the west service to develop a fuller picture of staff training needs.

This requirement was found to have been met.

Staff training records showed the training that staff had access to included, moving and handling, first aid, food hygiene, dementia awareness, welfare reforms, protecting people, Adult Support and Protection, a Human Rights approach, personal safety and



conflict management, substance misuse in adults, enablement, palliative care, deaf and blind awareness **(See Areas for Improvement)**.

Staff were being supported to access the 'Best Practice in Dementia Care Course' which was a six part self-study course for domiciliary staff.

Staff spoken with said that they thought that the quality of training that they received to undertake their roles was of a good quality and thought all their training needs were met.

Staff had access to supervision sessions where they could receive and share information as well as discuss things that were important to providing a good service like training needs.

Staff were aware of the 'Scottish Social Services Council' (SSSC) codes of practice. The provider was working towards ensuring all staff had access to relevant 'Scottish Vocational Qualifications' (SVQ) for their roles as part of the registration criteria for the SSSC **(See Areas for Improvement)**.

Team meetings were held regularly, and staff spoken with thought that the team meetings were helpful as it gave them an opportunity to share information and discuss issues with the management of the service, and to network with their colleagues.

Staff in discussion were very knowledgeable, positive and motivated. They showed a very good understanding of the importance of keeping their training up-to-date, and how maintaining and developing their skills helped to meet the needs of service users.

The support structures that the provider had in place, meant that staff were knowledgeable and motivated to deliver a high standard of care which led to positive outcomes for the service users and their families they supported.

All of the staff spoken with said that they really liked their jobs and that key to this was that they felt part of a good and supportive team.

### **Areas for improvement**

A recommendation was made following the last inspection, that staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service.

The service had developed a training matrix and as part of this staff training needs

were being identified through supervision and direct observations, however this was still at an early stage. In addition the provider was in the early stages of rolling out their 'Employee Professional Development Review' (EPDR) which would also play a key part in assessing staff training requirements.

This recommendation will therefore be carried forward with the addition of information being gathered from the EPDR (**See Recommendation 1**).

Examination of training records showed that in some instances some staff were had, not had, or had not accessed training or refresher training in Adult Support and Protection for some time. This was discussed with the manager who agreed to conduct an audit of the training needs of all staff, and ensure where there are any gaps identified that staff receive the necessary training. This would also help meet a key part of the provider's service plan to raise awareness of Adult Support and Protection.

The provider and manager should raise awareness of the registration process with the SSSC as some staff in discussion were unaware of their roles and responsibilities for doing so.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from staff supervision, EPDR and direct observations to identify individual training needs for each member of staff from which to develop an annual training plan that is relevant to the service.

National Care Standards: Housing Support and Care at Home services, Standards 3 and 4 - Management and Staffing Arrangements.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### 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 manager provided very good evidence that the people who use the service participate in assessing and improving the quality of management and leadership of the service.

Staff spoken with felt that the line management of the service were supportive, friendly and approachable.

Service users and families said this:

"The carers my mother has are second to none. They are always meticulous, friendly, and highly competent in everything that they do and are highly professional and I cannot praise them enough. The care organiser who is extremely helpful and communicates with my mother regularly. Altogether a highly professional and competent team".

"The help I get is very well organised and the carers are very good and always seem happy at their work".

"The organiser is excellent and visits for review meetings, last one was three weeks ago, I completed customer satisfaction a questionnaire about three weeks ago which was a struggle because I have difficulty writing now since having a stroke, I got a letter back thanking me for completing it".

"Regular review visits are held, 3 since August last year. I am kept well-informed and after review staff will send me a letter summarising what was discussed and actions".

"We completed a questionnaire about the service a few weeks ago and I would contact organiser X if I was unhappy with service".

### Areas for improvement

Please also refer to Quality Theme 1, Statement 1.

---

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 4**

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

#### **Service strengths**

The manager provided very good evidence that they have quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service provided.

There was seen to be a strong focus on the involvement and participation of service users and their families within the service. The service had a number of processes for doing this and there was evidence that the feedback received was analysed and responded to. These processes are further discussed under **Quality Theme 1, Statement 1.**

Service users and relatives spoken with said that they knew how to make a complaint, and the provider had given them information explaining the services complaints procedure when they first started using the service. How to complain was also discussed as part of service users reviews.

The manager and senior staff stated that they were continually assessing the processes and practice within the service so they could identify and address any issues. They did this through team meetings, supervision and direct observations of practice. This was confirmed by staff who said that they would deal with any practice concerns immediately.

The manager had also as part of the 'Step into Leadership' course had used the 'Leadership Capability Feedback Tool' to seek feedback on their managerial style and skills. Evidence had to be provided of how they undertake their role as a manager, as well as how they empower staff to carry out their roles effectively. A key part was how families and other stakeholders are encouraged to have their say on the quality of the care provided.

A recommendation was made following the last inspection that the manager should develop an effective improvement plan for the service. In order to achieve this he needed to establish a pattern of regular audit to identify areas of strength and where improvements could be made. Action plans should include SMART (Specific, Measurable, Achievable, Realistic and Time related) Results should be evaluated and reviewed so that a continuous cycle of improvement can be embedded in practice.

The manager had developed an improvement plan for home care east and the areas to be included were, Care Inspectorate requirements and recommendations, home care review, service user involvement and participation opportunities and the integration of health and social care.

Some of the other checks and audits the service had in place to ensure that support provided to service users safely and was of a good quality included:

- Service user surveys
- Stakeholder surveys
- Service user meetings
- Care reviews
- Checklist for six-monthly reviews
- Service user forums
- Team meetings
- Staff supervision
- Complaints procedure and policy
- Accident and incident records
- Care file audits
- Training matrix
- Scottish Vocational Qualification (SVQ) assessments.

Service users and relatives spoken with were enthusiastic about the standard of support that they received (**See 'views of people using the service' earlier in this report**).

There was evidence of how the provider used the above processes to ensure that the service and support offered were of a very good standard.

This recommendation was found to have been met.

### **Areas for improvement**

The service was currently reviewing the paperwork prior to introducing their outcomes framework. The provider and manager should continue with the introduction of this as a way of measuring how the service, and the care they provides meets the individual expectations of service users and improves outcomes for them.

The provider to continue with the introduction of CM2000 the electronic monitoring and scheduling system, which it is hoped will provide information that will allow the provider to monitor and improve the consistency of the support provided to service users and their families.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

One complaint has been upheld since the last inspection.

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

### Enforcements

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

### Additional Information

#### 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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
18 Mar 2014	Announced (Short Notice)	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 Feb 2013	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

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



### To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0345 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: [www.careinspectorate.com](http://www.careinspectorate.com) or by telephoning 0345 600 9527.

### Translations and alternative formats

This inspection report is available in other languages and formats on request.

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

অনুবোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه بايتسد ريم نونابز رگيد روا رولكش رگيد رپ شرازگ تعاشا هي

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

ی.ر.خ.ا.ت.ا.غ.ل.ب.و.ت.ا.ق.ی.س.ن.ت.ب.ب.ل.ط.ل.ا.د.ن.ع.ر.ف.ا.و.ت.م.ر.و.ش.ن.م.ل.ا.ا.ذ.ه.

本出版品有其他格式和其他語言備索。

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

Telephone: 0345 600 9527

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

Web: [www.careinspectorate.com](http://www.careinspectorate.com)



# DUNDEE CITY COUNCIL

## Equality Impact Assessment Tool

### Part 1 Description / Consultation

Is this a <b>Rapid</b> Equality Impact Assessment (RIAT) ?	YES
Is this a <b>Full</b> Equality Impact Assessment (EQIA)?	NO
Date of assessment 18/05/2015	Title of document being assessed Outcome of Care Inspectorate Inspection of Home Care East Service
Committee report number 235-2015	
1) This is a new policy, procedure, strategy or practice being assessed	This is an existing service (If yes please tick box) ✓ <input type="checkbox"/>  Care Inspection Report
2) Please give a brief description of the policy, procedure, strategy or practice being assessed.	The committee report advises the Social Work and Health Committee of the Care Inspectorate Inspection of March 2015
3) What is the intended outcome of this policy, procedure, strategy or practice?	To advise of the outcome of the inspection and improvements made to the service
4) Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	None
5) Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	No
6) Please give details of council officer involvement in this assessment. (E.g. names of officers consulted, dates of meetings etc)	N/A
7) Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?  (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	Feedback on the service will be sought from service users by the service and will also be collected by the Care inspectorate at the time of the next Care inspectorate inspection.

## Part 2 Protected Characteristics

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

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

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

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

**Part 3 Impacts / Monitoring**

<p>1) <b>Have any positive impacts been identified?</b> (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>The Care Inspectorate had identified good practice within the service and as a result of improvements made to the service has awarded a higher grade to the service.</p>
<p>2) <b>Have any negative impacts been identified?</b> (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3) <b>What action is proposed to overcome any negative impacts?</b> E.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. see Good Practice on DCC equalities web page</p>	<p>N/A</p>
<p>4) <b>Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</b> (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>The inspection of registered care services is determined by the Care Inspectorate and the right to inspect care services is set in statute.</p>
<p>5) <b>Has a 'Full' Equality Impact Assessment been recommended?</b> (If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required) Seek advice from your departmental Equality lead.</p>	<p>N/A</p>
<p>6) <b>How will the policy be monitored?</b> (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.</p>	<p>Care Inspectorate Inspections take place on an annual basis.</p>

#### **Part 4 Contact information**

**Name of Department or Partnership: Social Work**

#### **Type of Document**

Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	x

#### **Contact Information**

<b>Manager Responsible</b>	<b>Author Responsible</b>
Name Frank Thomson	Name Diane McCulloch
Designation Team Manager	Designation Head of Service (Community Care)
Base Claverhouse Social Work , Jack Martin Way Dundee	Base Claverhouse East, Social Work Office
Telephone 438945	Telephone 4383002
Email frank.thomson@dundeecity.gov.uk	Email Diane.McCulloch@dundeecity.gov.uk

Signature of author of the policy: Frank Thomson

Date 19/5//2015

Signature of Head of Service area: Diane McCulloch

Date 28/05/15

Name of Director / Head of Service: Diane McCulloch

Date of next policy review:

At next inspection