

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 22 JUNE 2015

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – SOCIAL CARE WEST LOCALITY TEAM

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

REPORT NO: 243-2015

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Committee of the outcome of the recent Care Inspectorate inspection of the Home Care Social Care Services that was carried out between 16th – 19th 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 note the contents of this report, and
- 2.2 note the improvements in the grades awarded to the service as outlined in paragraph 4.3.4.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background information

Care at Home Social Care services provide care provision based on a comprehensive assessment to individuals who live within their own homes in the community. The service consists of five locality teams across the west of the city and one housing with care service at Rockwell Gardens. Services are provided to support individuals to live as independently as reasonably possible with the care and support from our front line social care staff who provide assistance with aspects of daily living.

- 4.1.1 The service was inspected during announced short notice visits on 16th – 19th March 2015. The inspection was a low intensity inspection.
- 4.1.2 The following evidence was used in order to grade the service:
 - Certificate of registration
 - Aims & Objectives of the service
 - Complaints records
 - Service user's care files
 - Service quality questionnaires
 - Team meeting minutes
 - Staff training records
 - Risk assessments
 - Service quality assurance processes
 - Discussion with a range of care staff including the registered manager, social care organisers, social care staff.

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

4.2 **Outcome of Inspection**

The inspection was very comprehensive and extremely positive, an overall Grade 5 (Very Good) was awarded to the service. As a result of the inspection the service was given two recommendations and no requirements.

4.2.1 **Recommendations**

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

Recommendation 2: Staff training needed to be prioritised and targeted to meet the needs of the service users and 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.

4.2.2 The summary of the inspection report stated that 'The management and staff provided a very good quality 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.'

'The staff team were enthusiastic and committed to meeting the individual needs of the service users they supported. Service user and relatives spoken with felt that they received a very good quality of care and support which allowed them to maintain their independence and remain in their own homes.

4.2.3 Views of some a number of service users about the service

- Staff couldn't be any better
- Carers couldn't be any better, most carers know what I like and don't like
- Carers who visit are good people who do a good job and I would rate my service six out of six
- I am happy with the help I get and I am able to live in my own home
- They are a wonderful set of carers, I don't know what I would do without them, they know their job really well

4.2.4 Views from carers

- Carers adapt to our requirements and the service is second to none
- All carers very efficient, obliging and friendly
- The staff are very respectful, 'we have never had a bad one'

4.3 Summary of the Grades

4.3.1 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. 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.

4.3.2 The Care Inspectorate can award one of six grades for each Quality Theme.

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

4.3.3 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

Quality of Care and Support	5 – Very Good
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
Quality of Staffing	5 – Very Good
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
Quality of Management and Leadership	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.	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

4.3.4 Table 2 – this details the grades awarded for each Quality Theme during the 2013 and 2014 inspections.

Table 2

Quality Theme	Grade December 2013	Grade 2014
Quality of Care and Support	5	4
Quality of Staffing	5	4
Quality of Management and Leadership	4	4

4.4 **Service Improvements**

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 – 23 March 2015

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

Date: 10th June 2015

Care service inspection report

Dundee City Council - Home Care - Locality Teams and Housing with Care - West

Housing Support Service

Social Work Office
Jack Martin Way
Claverhouse Road
Dundee
DD4 9FF

Type of inspection: Announced (Short Notice)

Inspection completed on: 23 March 2015



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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2011286184

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

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. The times service users were to receive their support was discussed and agreed with them as part of their housing support or care at home agreements, these should also then be recorded in the support plans and reviewed regularly. In addition the service 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 service's training matrix, which would be used to identify staff training needs to support them to effectively meet service users' needs.

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 they received a very good quality of care and support which allowed them to maintain their independence and to remain in their own homes.

1 About the service we inspected

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

This service was 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.

Support was being provided to approximately 120 people at the time of our inspection. Six teams of social care workers operated across the West of Dundee City, with each team led by a social care organiser. The stated aims and objectives of the service were:

Locality Teams

"To provide a range of care and support tasks which are carried out in an individual's 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

"To provide a range of care and support tasks which are carried out to meet individuals' personal and social care needs. Teams work closely with the accommodation provider, be this the local authority or one of the external housing providers, 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 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 announced short notice visits on 16, 17, 18 and 19 March 2015. As part of these visits we went to the Housing Complex at Rockwell Gardens, as well as shadowing staff and visiting service users and relatives in their own homes.

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 service's own quality questionnaires
- Team meeting minutes
- Staff training records
- Training plan
- Risk assessments
- The service's quality assurance processes.

Discussion took place with a range of care staff including:

- The manager
- 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 and social care organisers on 23 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

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

The requirement

The provider must ensure that support plans are reviewed with individuals and their relatives or representatives where appropriate at least six-monthly, and more frequently if people's needs change significantly or they ask 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, Quality 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 are relevant to their particular needs and circumstances and clearly identify 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 individual 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, Quality 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 needs to demonstrate that this links to staff supervision and appraisal in order to evidence that the training delivered supports 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, Quality 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 needs 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 needs 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, Quality Statement 3.**

2. The manager should ensure that direct observations are 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, Quality Statement 3.**

3. The manager should develop an effective improvement plan for the service. In order to achieve this he needs to establish a pattern of regular audit to identify areas of strength and where improvements can be made. Action plans should include SMART (specific, measurable, achievable, realistic and time related) targets. 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, Quality 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 25 Care Standards Questionnaires (CSQs) from service users and relatives. Of these, nine strongly agreed that they were overall happy with the level of care and support provided, 16 agreed.

Comments included:

"Staff are always, helpful, polite and caring"

"I find the carers very helpful and friendly and are most considerate"

"Staff should have more time, twice I have had strangers who came 1:45 past agreed time, they didn't know what to do even though it is in my plan of care, not happy with the many different faces. I prefer my own regular staff they know my ways and I know theirs"

"Shortage of staff (too much), not fair on staff"

"We get home care to provide personal care to my wife, but in a week we can see five carers"

"Overall we are pleased with the service which enables my mother to remain in her own sheltered housing flat. This is her preferred choice. We understand that it is always a dilemma to provide care services to meet the needs of many individuals and accept compromise, but from our point of view a different arrangement with staff to enable continuity of care would help not just my mother but staff and other clients, especially those with dementia. Mum can sometimes see 12 different carers in a week some for the first time and others very infrequently. However the care is always there and mum is no longer distressed by unfamiliar carers, she is used to it now"

"My carers work very hard to attend to my personal needs, but I sometimes feel that they are rushed due to having other duties and often have strangers who do not always understand my weaknesses, although this is in the care plan. I have a good core team who are excellent in meeting my required needs".

Twenty-one service users were spoken with directly and a further six 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. Some concerns were raised about the amount of changes to staff who provided them with direct support.

Comments included:

"I am provided with a schedule which tells me what time the carers will visit me, although I has no set time for my visits, staff are very flexible with their times and will accommodate me if I ask for any changes to timings"

"I always speak to someone if I am unhappy, if I want to change any aspect of my care I speak to carers and they listen and changes are made, for example, I do not

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wish male carers to assist me with personal care and now male carers are only scheduled to help with non-personal tasks"

"I think about 95% of carers work well and have the skills to do their job well"

"Very happy with the help I get, if I need any help staff provide"

"I have been involved in setting up my care plan and have a designated keyworker, I had a review recently and went over care plan with the manager and keyworker"

"Staff encourage me to be independent, I like to be as independent as possible to keep myself going"

"I meet with my keyworker and manager every four months or so, and I always feel listened to"

"Girls get on well together and seem to be polite and always laughing"

"Carers have got to know what I like and don't like"

"Staff have their finger on the pulse and always ask if I want to change anything"

"Staff couldn't be any better"

"I am quite happy with service, everything is perfect. We have review meetings about twice a year"

"I would score carers service six out of six, excellent service".

"I get on well with carers, when I feel down they cheer me up".

"I have a routine which suits me, I have a review meeting with carers and managers"

"Happy with the help I get from carers and find carers very helpful, nothing needs to change with my care"

"Focus group is a chance for people from different service areas to come together to talk about changes"

"Carers who visit are good people who do a good job and I would rate my service six out of six"

"I am happy with the help I get and that I am able to live in my own home"

"Timings of care visits suit me and carers do what they have to do in the time they

have"

"The care staff are all very nice and friendly, carers are always happy to change times and keyworker helps if there are any changes to be made to my care"

"Carers do everything I need, they keep me well and know what I like and don't like"

"I meet with the organiser from time to time and would speak to them or carers if I was unhappy about anything"

"Not always the same carers, I would like same carers all the time, I am very happy with service"

"They are a wonderful set of carers, I don't know what I would do without them, they know their job really well"

"When carers are off sick I get other carers from other areas and I need to tell them what's required, I don't like having strangers, though I am not really worried about it"

"Reviews with keyworker who asks me how things are and if I am happy with service"

"Just now I have been getting strangers and don't always know who is coming"

"At focus group you can talk to each other and discuss service"

"I know the carers when they come and I am happy now carers are helping me with my meals"

"Care couldn't be any better, most carers know what I like and don't like"

"I always know when carers are coming as I get a schedule which tells me time of visits and who is coming, this is better for me as I get mixed up"

"I always know who is coming and what time, carers will call me if they are going to be delayed"

"Carers mostly have time to give me the help I need".

Taking carers' views into account

Seven relatives were spoken with during the inspection to seek their views on the quality of care provided to their loved ones.

Comments included:

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"I was able to say what I could or couldn't help with and this contributed to personal plan, the carers are very experienced and are all very good. We tend to have the same carers"

"We had a review not so long ago, there wasn't really any changes we wanted to make, carers adapt to our requirements and the service is second to none"

"The organiser often asks how we are finding service"

"Staff are all lovely and respectful, we are very pleased with care service, though feels a bit like big brother is watching with phone scanning system"

"All carers very efficient, obliging and friendly"

"All of the staff provide an excellent service"

"Only one complaint, recently there have been a lot of changes in staff, we can get five different carers, we would like more consistency, though all of them do a good job"

"The staff are very respectful, we have never had a bad one".

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 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 to raise concerns and provide feedback on the quality of care provided. Service users and families said they were aware of this.

The service had also kept records of compliments which had been received from service users and their families, these included:

- "On a personal note the input from yourself and the Charleston team has allowed for my mum to spend two years longer at home than she would have without your support"

Inspection report continued

- "Having been ill recently I must record my gratitude for the assistance I received during this time. The care as usual was 1st class, in this case staff excelled themselves, everyone contributing to this end, my thanks to the staff for their work"
- "Very special thanks to Dundee City Council Social Care Teams (Charleston / Dryburgh) who looked after mum so well over the last three years with professionalism, humour and dignity".

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.

Improving Services Through Listening Annual Report asked managers to identify any areas where improvements have been made and that these should include a summary of any customer research during 2014, also a description of any changes made as a result of surveys, consultation, feedback from customers, e.g, complaints, comments, and suggestions. Some of the improvements identified were a checklist for six-monthly reviews, service user participation in staff induction programme, service users' comments on staff training, service user focus groups, and questions from service users incorporated into the staff interview process.

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 Standard Questionnaires (CSQs) showed that 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:

"Only one complaint, recently there have been a lot of changes in staff, we can get five different carers, we would like more consistency, though all of them do a good job"

"I was able to say what I could or couldn't help with and this contributed to personal plan, the carers are very experienced and are all very good. We tend to have the same carers"

"We had a review not so long ago, there wasn't really any changes we wanted to make, carers adapt to our requirements and the service is second to none"

"The organiser often asks how we are finding service"

"At focus group you can talk to each other and discuss service"

"Focus group is a chance for people from different service areas to come together to talk about changes"

"I have been involved in setting up my care plan and have a designated keyworker, I had a review recently and went over my care plan with the manager and keyworker"

"I meet with my keyworker and manager every four months or so, and I always feel listened to"

"I am quite happy with service, everything is perfect. We have review meetings about twice a year"

"I have a routine which suits me, I have a review meeting with carers and managers"

"I am provided with a schedule which tells me what time the carers will visit me, although I has no set time for my visits, staff are very flexible with their times and will accommodate me if I ask for any changes to timings"

"I always speak to someone if I am unhappy, if I want to change any aspect of my care I speak to carers and they listen and changes are made, for example, I do not wish male carers to assist me with personal care and now male carers are only scheduled to help with non-personal tasks".

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.

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:

"staff encourage me to be independent, I like to be as independent as possible to keep myself going"

"Carers have got to know what I like and don't like"

"I have a routine which suits me, I have a review meeting with carers and managers"

"I am happy with the help I get and that I am able to live in my own home"

"Timings of care visits suit me and carers do what they have to do in the time they have"

"Carers do everything I need, they keep me well and know what I like and don't like"

"I know the carers when they come and I am happy now carers are helping me with my meals"

"Care couldn't be any better, most carers know what I like and don't like"

"Carers mostly have time to give me the help I need".

Service users had service agreements which set out the support to be delivered and also included the times care was to be provided, this was evidence that these had been agreed with service users **(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 and 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, Quality 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 am quite happy with service everything is perfect. We have review meetings about twice a year"

"I have a routine which suits me, I have a review meeting with carers and managers"

"Happy with the help I get from carers and find carers very helpful, nothing needs to change with my care"

"Carers who visit are good people who do a good job and I would rate my service six out of six"

"Timings of care visits suit me and carers do what they have to do in the time they have"

"The care staff are all very nice and friendly, carers are always happy to change times and keyworker helps if there are any changes to be made to my care"

"Not always the same carers, I would like same carers all the time, I am very happy with service"

"When carers are off sick I get other carers from other areas and I need to tell them what's required, I don't like having strangers, though I am not really worried about it"

"I always know when carers are coming as I get a schedule which tells me time of visits and who is coming, this is better for me as I get mixed up"

"I always know who is coming and what time, carers will call me if they are going to be delayed"

"Carers mostly have time to give me the help I need".

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

Support plans and risk assessments should be signed and dated by service users or their representatives.

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

Any information that is no longer current should be archived

Permission slips for entry to service users houses should be signed and dated and this permission reviewed regularly

Checklists for six-monthly reviews should be used consistently throughout all service users' files.

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 user's 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: Personnel Plan.

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, Quality 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 are always, helpful, polite and caring"

"I find the carers very helpful and friendly and are most considerate"

"My carers work very hard to attend to my personal needs, but I sometimes feel that they are rushed due to having other duties, and often have strangers who do not always understand my weaknesses although this is in the care plan. I have a good core team who are excellent in meeting my required needs"

"I think about 95% of carers work well and have the skills to do their job well"

"Girls get on well together and seem to be polite and always laughing"

"Staff have their finger on the pulse and always ask if I want to change anything"

"Staff couldn't be any better"

"I would score carers' service six out of six, excellent service"

"I get on well with carers, when I feel down they cheer me up"

"Carers who visit are good people who do a good job and I would rate my service six out of six"

"The care staff are all very nice and friendly, carers are always happy to change times and keyworker helps if there are any changes to be made to my care".

Areas for improvement

The provider and manager to continue to 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.

Since the last inspection closer links had been developed with the East 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.

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 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.

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:

"I have a routine which suits me, I have a review meeting with carers and managers"

"Timings of care visits suit me and carers do what they have to do in the time they have"

"The care staff are all very nice and friendly, carers are always happy to change times and keyworker helps if there are any changes to be made to my care"

"I meet with the organiser from time to time and would speak to them or carers if I was unhappy about anything"

"Not always the same carers, I would like same carers all the time, I am very happy with service"

"Care couldn't be any better, most carers know what I like and don't like"

"I always know when carers are coming as I get a schedule which tells me time of visits and who is coming, this is better for me as I get mixed up"

"We had a review not so long ago, there wasn't really any changes we wanted to make, carers adapt to our requirements and the service is second to none"

"The organiser often asks how we are finding service"

"All of the staff provide an excellent service"

"Only one complaint, recently there have been a lot of changes in staff, we can get five different carers, we would like more consistency, though all of them do a good job".

Areas for improvement

Please also refer to Quality Theme 1, Quality 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, Quality 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 service's 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.

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) targets. 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 homecare west and the areas included were, Care Inspectorate requirements and recommendations, roll out of EPDR, staff training in Adult Support and Protection, protecting people, dementia, and risk assessment, embedding CM2000 (an electronic monitoring and scheduling system), the introduction of the service's outcomes framework, the promotion of the service user and carers focus groups.

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 provide, meets the individual expectations of service users and improves outcomes for them.

The provider to continue with the introduction of CM2000, the electronic monitoring

Inspection report continued

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

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

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

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

6 Inspection and grading history

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

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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DUNDEE CITY COUNCIL

Equality Impact Assessment Tool

Part 1 Description / Consultation

Is this a Rapid Equality Impact Assessment (RIAT) ?	YES
Is this a Full Equality Impact Assessment (EQIA)?	NO
Date of assessment	Title of document being assessed Outcome of Care Inspectorate Inspection - Social Care West Locality Team
Committee report number 243-2015	
1) This is a new policy, procedure, strategy or practice being assessed	This is an existing service (If yes please tick box) x 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 23 rd 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 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) Have any positive impacts been identified? (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) Have any negative impacts been identified? (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3) What action is proposed to overcome any negative impacts? E.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. see Good Practice on DCC equalities web page</p>	<p>N/A</p>
<p>4) Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome? (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) Has a 'Full' Equality Impact Assessment been recommended? (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) How will the policy be monitored? (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

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Signature of author of the policy: Lynn Kilicaslan

Date 14/5//2015

Signature of Head of Service area: Diane McCulloch

Date 19/01/2015

Name of Director / Head of Service Diane McCulloch

Date of next policy review:

At next inspection