

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 31ST OCTOBER 2011

REPORT ON: THE ANNOUNCED INSPECTION OF DUNDEE COMMUNITY LIVING - HOUSING SUPPORT SERVICE AND SUPPORT SERVICE: CARE AT HOME BY THE CARE INSPECTORATE ON 13 JUNE, 16 JUNE, 22 JUNE AND CONCLUDED ON 29 JUNE 2011

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 742 - 2011

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 Dundee Community Living was inspected on 13 June 2011 by the Care Inspectorate. This was an announced inspection to the office base at Balmerino Road with visits to two teams on 16 June and 22 June. The inspector concluded the inspection providing feedback on 29 June 2011. The report on the findings of these visits was published on 23 August 2011.

At the time of the inspection there were sixteen tenants supported by Dundee Community Living on a 24 hours a day/seven days a week basis.

- 4.2 The Care Inspectorate's focus of the inspection targeted recommendations and requirements from previous inspection, complaints and other regulatory activity as well as the following Quality Themes and Statements:
- Quality of Care and Support (Statements 1.1, 1.4 and 1.5)
 - Quality of staffing (Statements 3.1 ,3.4 and 3.5)
 - Quality of Management and Leadership (Statements 4.1,4.2 and 4.4)

4.2.1 The Care Inspectorate identified the following key strengths in the areas that were inspected

- The Service held tenants' meetings monthly. The minutes of these meetings clearly evidenced that Service Users were fully involved in these and that their views and opinions on the services being provided were sought and appropriate action taken.
- The Service responded to service users' views about the decor of their homes, holidays and activities.
- Service users and their relatives were fully involved in reviews of the services being provided.
- Staff had involved a Speech and Language Therapist to provide training and guidance for staff in relation to service users' communication needs.
- Service users' personal plans provided detailed person-centred information on communication needs.
- There was comprehensive information on service users' needs in relation to challenging behaviour. The personal plans outlined the methods used by staff to support service users. The guidance for staff was clear and documented appropriate interventions.
- Staff supported service users' independence. This was evidenced in personal plans, observed during the inspection and service users spoke to confirmed that staff encouraged them to be independent and make choices.
- The Service had developed a recruitment focus group; the notes of these meetings evidenced that staff sought service users' views on the type of person they would like to be supported by.
- Staff had access to a range of training opportunities to support them in their role and meet service users' needs.
- Staff were observed to be professional, knowledgeable and enthusiastic about the work they do.
- Staff confirmed that they were encouraged to give their views and suggestions about developing the service.

4.3 There are no requirements from the announced inspection.

There was one requirement from the previous inspection which has been met.

4.4 There is one recommendation from the inspection detailed below:

4.4.1 The service should consider further development of the quality assurance systems to evidence outcomes for service users. This should include the views of stakeholders on the quality of the service provided.

4.4.2 The service has taken appropriate action to ensure this recommendation is met by developing current quality assurance systems to obtain the views of stakeholders. The plan is to develop the use of digital stories to provide better evidence of this.

- 4.5 Some of the areas for improvement and development are identified below:
- The service highlighted that they planned to promote service users involvement by developing digital stories.
 - The service should continue to develop a range of ways to involve staff in determining the direction and future objectives of the service. They should document any actions they take following staff comments or suggestions.
 - The service should consider further development of their quality assurance systems to evidence outcomes for people using the service.

4.6 **QUALITY INDICATORS**

- 4.6.1 The Care Inspectorate use a 6 point scale for performance.

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

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

Quality of Care and Support 5 - Very Good (Previous grade 4)
Quality of Staffing 4 - Good (Previous grade 4)
Quality of management and leadership 4 - Good (Previous Grade 4)

(Quality of environment is not assessed as the service is provided to people in their own homes.)

5.0 **POLICY IMPLICATIONS**

- 5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no issues.
- 5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equimpact/>.

6.0 **CONSULTATION**

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

7.0 **BACKGROUND PAPERS**

Inspection Report Dundee City Council - Dundee Community Living
Equality Impact Assessment

Care service inspection report

Dundee City Council - Dundee Community Living Housing Support Service

Social Work Department

Balmerino Road

Dundee

DD4 8RW

Telephone: 01382 307582

Inspected by: Lynn Kennedy

Linda Weir

Type of inspection: Announced

Inspection completed on: 29 June 2011



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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2004081929

Contact details for the inspector who inspected this service:

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Summary

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

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

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Service users comment positively about the service they receive.

Staff were committed, professional and motivated for the work they do.

There was high quality information within the personal plans which reflected the principles of person centred care.

What the service could do better

The service should further develop their quality assurance systems to evidence outcomes for service users.

What the service has done since the last inspection

The service had met 1 requirement and the 3 recommendations made at the last inspection.

Recruitment Focus group had recently been implemented to gain service users views on the quality of the staffing.

Conclusion

Dundee Community Living service provides a friendly, supportive and encouraging environment for service users. staff have a good level of understanding and awareness of service users needs and the intervention required to promote independence and decision making.

Who did this inspection

Lynn Kennedy

Linda Weir

Lay assessor: Not Applicable.

1 About the service we inspected

Social Care and Social Work Improvement Scotland (SCSWIS) is the new regulatory body for care services in Scotland. It will award grades for services based on the findings of inspections. The history of grades that services were previously awarded by the Care Commission are also available on the SCSWIS website

This service was registered with Social Care and Social Work Improvement Scotland on 1 April 2011.

The service is provided by Dundee City Council Social work Department to people with learning disabilities requiring care and housing support services in their own home.

The service aims to meet the emotional, physical and spiritual needs and development potential of its service users.

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

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - 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.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

This report was written following an announced inspection that took place on 13 June 2011 by Inspectors Lynn Kennedy and Linda Weir. And two further announced visits on 16 and 22 June 2011 by Inspector Lynn Kennedy.

In this inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including;

- * evidence from the service's most recent self assessment
- * personal plans of people who use the service
- * training records
- * health and safety records
- * questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates and staff members
- * discussions with various people, including:
 - the manager
 - care staff
 - the people who use the service
- * observing how staff work

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 where a service user displays challenging behaviours, there is a clear, appropriately recorded, management strategy which;

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

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

What the service did to meet the requirement

Examination of personal plans provided evidence that this requirement had been met.

The requirement is: Met

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

The service had met the recommendations made at the last inspection.

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 service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who use the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

We received 15 completed Care Standards questionnaires before the inspection. Service users had been assisted to complete these by staff. When asked 'overall, how happy are you with the quality of service you receive?' - 8 were very happy, 5 were happy and 2 did not answer.

Comments included:

'Would like to go out more with staff on a 1-1 basis but this isn't usually possible due to staffing ratio'

Service users we spoke with during the inspection were positive in their comments about staff:

'Staff fine. Able to do my own thing'

'Staff mostly are good'

Taking carers' views into account

We had 9 care Standard Questionnaires returned which had been completed by relatives or advocates. When asked - overall, are you happy with the quality of care service, 6 strongly agreed and 3 agreed.

Comments included:

'The service we get for (relative) has always been very good and he always seems happy. Also may I add the staff are always very good'

'My only concern with my sons care is the turn over in staff'

'She seems very contented and happy within her home'

'I find the staff looking after this person are very supportive and encouraging. She is enabled to pursue as many interests as she finds enjoyable and her wellbeing is always met and looked after. She is very settled and content'

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

Overall 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

Tennant's meetings were held monthly. The minutes of these evidenced that service users had been fully involved in these. Service users we spoke with confirmed that staff asked for their views on the service being provided. This included, planning for holidays, re-decoration within the house, activities and weekly routines.

There was evidence of service user comments, views and preferences being actioned. For example, one service user requested a new clock for the lounge. This was agreed at the Tennant's meeting and staff had supported the service user to purchase a clock.

Service users and relatives had been involved in reviews of their care. There was comprehensive information documented at the reviews. We observed on relative expressed their appreciation for the care the service user received at the service.

There was evidence of areas discussed at the reviews being acted on. For example, one review had discussed a possible referral to the supported employment team. There was evidence in the personal plan of this being completed.

Staff had supported service users to complete the Care Standards Questionnaires before this inspection.

Service users confirmed they were routinely involved in day to day decisions within the house, and that staff supported them in this.

Areas for improvement

The service highlighted in their self assessment that they planned to promote service users involvement by developing digital stories.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use a range of communication methods to ensure we meet the needs of service users.

Service strengths

Staff had involved a Speech and Language Therapist in providing training and guidance for staff in relation to service users communication needs. The therapist had been able to adapt one service users communication aid to enable them to attend and participate in the Recruitment Focus Group.

Service users personal plans provided detailed person centred information on communication needs. For example, one plan documented 'will turn his head away from others to express lack of or no interest'.

One service users care plan documented that he had a 'photo box' and used this to identify which staff were on duty throughout the week. We observed that this was happening when we visited the service users house.

There was comprehensive information on service users needs in relation to challenging behaviour. The personal plans outlined the methods used by staff to support the service user. The guidance for staff was clear and documented appropriate interventions.

Areas for improvement

The service identified that they planned to explore new formats for the service agreement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 5

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

Service strengths

We found service users personal plans were written in a supportive and respectful manner. they identified service users present level of independence and abilities - 'what I can do for myself' and the interventions required from staff - 'ways to support me'.

Personal plans provided a high quality level of information on how to support service users with daily living skills. These evidenced staff awareness of providing care and support which reflected person centred values.

One service users personal plan provided detailed guidance on how staff supported the service users with a move of bedroom for mobility reasons. This included how this was introduced to the service user and the approaches used to support him.

There was evidence of service users choices and preferences being supported and acted on by staff in relation to leisure and recreational activities.

Staff supported service users independence. We read about this in the personal plans, observed this during the inspection and service users we spoke with confirmed staff encouraged them to be independent and make choices.

Areas for improvement

The service documented in their self assessment that they planned to look at implementing new day time opportunities for people using the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The service had developed a 'Recruitment Focus Group'. The notes of these meetings evidenced that staff had sought service users views on the type of person they would like to support them. One service user had expressed a preference for a male carer to work with him. A male member of staff had been recruited for this house. The service planned to review how this works.

Service users indicated what type of activities and opportunities they would like to new staff to support them with. The service had not used this information to influence the interview process yet but planned to do this at future recruitment.

The service had planned to seek service users views when developing a 'person specification' document for recruitment of staff. This was still to be progressed.

Areas for improvement

For an accurate audit trail, the service should date the notes from the recruitment focus group.

The service identified in their self assessment that they planned to consider additional methods for including service users in the self assessment and grading of the service.

Grade awarded for this statement: 4 - 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

Staff had access to a range of training opportunities to support them in their role and meet service users needs. For example, the Speech and Language therapist had provided training for staff in Makaton communication technique to enable them to support a service user.

We observed staff to be professional, knowledgeable and enthusiastic about the work they do.

Staff were encouraged to attend the regular staff meetings. Minutes of these evidenced support for staff through reflective practice and learning sessions in relation to meeting service users needs.

Staff were provided with regular one-to-one supervision as a further support. this also was used to reflect on practice and encouraging staff development.

Annual 'Employee Development Reviews' were carried out to support staffs professional and personal development in their work role.

The service had used the Mental Welfare Commission reports at staff meetings to discuss areas of practice and to confirm learning opportunities.

Areas for improvement

The service should continue with the very good practice evidenced for this statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The minutes of staff meetings provided evidence that staff were using methods of managing challenging behaviour in a way which shows respect and supports the resident whilst reducing or limiting the behaviour exhibited.

There was evidence within the review records that staff respected residents privacy and dignity. For example, one review documented that staff had supported a resident to have a key to their bedroom to support their privacy.

We observed staff respecting service users choices and decisions during the inspection.

Service users we spoke with confirmed that staff respected their privacy and personal space. For example, staff always knocked on their bedroom door and waited to be asked to enter. One service users we spoke with described staff using discreet and subtle practice to manage challenging behaviour in a respectful manner.

Areas for improvement

The service should continue with the very good practice evidenced for this statement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The evidence documented in quality statement 1.1 was also considered for this statement.

Areas for improvement

The service identified in their self assessment that they planned to develop independent mechanisms of consultation.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We involve our workforce in determining the direction and future objectives of the service.

Service strengths

Minutes of staff meetings provided evidence that staff were given information to kept them up to date with developments within the service. Staff were encouraged to give their views to complete the self assessment prior to this inspection.

Staff we spoke with confirmed they were encouraged to give their views and suggestions about developing the service. They were provided with information on any corporate decisions and developments within the council.

Staff stated they felt any suggestions they made would be positively received and acted on.

Areas for improvement

The service should continue to develop a range of ways to involve staff in determining the direction and future objectives of the service. They should document any actions they take following staff comments or suggestions.

Grade awarded for this statement: 4 - 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

A daily audit of service users medication was carried out at each change over of staff shifts. This made sure any discrepancies would be identified quickly.

Service users finance sheets were audited weekly. This allowed staff to quickly identify any errors.

There were a range of quality assurance systems in place at corporate level. The outcomes for these within the Community Living service were at an early stage.

The evidence documented in quality statement 1.1 in relation to involving service users and relatives in the service, was also considered for this statement.

Areas for improvement

The service should consider further development of their quality assurance systems to evidence outcomes for people using the service. this should include the views of stakeholders on the quality of the service provided (see recommendation 1).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should consider further development of the quality assurance systems to evidence outcomes for service users. This should include the views of stakeholders on the quality of the service provided.

CNS Care Homes for Older People, Standard 5 - Management and Staffing Arrangements.

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

None

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good
Statement 5	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	5 - Very Good
Statement 4	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
4 Jun 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership Not Assessed
23 Apr 2009	Announced	Care and support 5 - Very Good Staffing 4 - 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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ہے بایں تسد یم رونا بز رگی د روا رولکش رگی د رپ شرازگ تعاشا ہی

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

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