

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 24 FEBRUARY 2014

REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – HOMECARE ENABLEMENT & SUPPORT CITYWIDE, AND COMMUNITY MENTAL HEALTH OLDER PEOPLE TEAM

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 80 – 2014

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Committee of the outcome of the Care Inspectorate inspection of the Homecare Enablement and Support Citywide Team and Community Mental Health Older People Team which was carried out on 10 October 2013.

2.0 RECOMMENDATIONS

It is recommended that the Social Work and Health Committee notes the contents of this report, and the improvements made to the service. The changes made within the service have significantly improved the quality of the service for service users. This has been ratified by the Care Inspectorate inspection, who have awarded the service with an overall grade 5 (Very Good). The service will build on the good work done, and continue to look for ways of enhancing the service further.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Background Information

The Enablement Service provides short term intervention to individuals, the purpose being, to maximise the individual's independence and to support the enablement and recovery ethos. The Mental Health Team supports individuals over the age of 65 who have mental health difficulties and who may find it more difficult to engage with services.

The Homecare Enablement (East) Service was previously registered together with the Social Care Response Service. At an inspection in December 2012 a number of requirements and recommendations were made. Improvements were made to the services, and all requirements and recommendations met within the required timescales. Reference is made to Article V of the minute of the meeting of Social Work and Health Committee held on 23 September 2013 where report 371–2013 was submitted in relation to Outcome of Improvements made to the Home Care – Enablement (East) and Social Care Response Service, following Care Inspectorate Inspection dated November 2012.

A decision was made to reorganise Enablement services and combine both the Homecare Enablement (East) Service and the Homecare Enablement (West) Service into a single city wide service managed by a single manager. The Community Mental Health (Older People) Team was included in this registration. This enabled the registered manager of the service to focus on Enablement and Mental Health Services.

The annual inspection by the Care Inspectorate of this service took place between 8 October 2013 and 10 October 2013. The inspection was a low intensity inspection, and the following evidence was used in order to grade the service:

- Self evaluation
- Interviews with 11 staff
- Interviews with 11 service users
- Interviews with manager and senior staff
- Inspection of personal plans
- Inspection of records
- Inspection of policies and procedures
- Observation of staff practice

This report outlines the findings of the Care Inspectorate inspection, and gives a summary of the grades achieved. The inspection was extremely positive, and the grades awarded to the service showed a marked improvement.

4.2 Findings of the Inspection

The Care Inspectorate's summary of the Inspection was that *'this was an effective service which supported its staff to deliver a high quality of support to service users. It dovetailed well with other health providers. It produced confident and well trained workers and had a strong commitment to improvement and development'*.

All the recommendations made by the Care Inspectorate at the December 2012 inspection had been actioned and met within timescales.

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

'We were impressed with the commitment and enthusiastic approach shown by this service towards gathering people's views on what they do. There were many developments taking place which were as a direct result of this approach'

'The service had a very good level of care provision for service users. We were impressed with the way this large service received high levels of satisfaction from service users'

'The inspection team was impressed with the level of integration with other related services that occurred. This ensured a joined up service to people with complex needs and a quicker response to changes in their needs'

'We were very impressed with the high level of knowledge and professionalism of the workforce'

'The inspection team was impressed with how the manager, with the help and cooperation of staff, have improved the service's efficiency and effectiveness. As a consequence outcomes for service users were positive'.

4.2.1 Summary of Grades

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

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

Table 1 below details the grades awarded at the 2012 and 2013 inspections

Table 1

Quality Theme	Grade November 2012 Homecare Enablement (West) Service	Grade December 2012 Homecare Enablement (East) Service	Grade November 2013 Homecare Enablement and Support Citywide Team and CMHT Older People
Quality of Care and Support	4	2	5
Quality of Staffing	4	3	5
Quality of Management and Leadership	4	2	5

The Inspectorate did not make any requirements, but made the following three recommendations which they believe would further enhance the service:

1. Mainstream support plans should be visibly up to date
2. The service should further improve its support for staff development via the use of formal annual appraisal meetings
3. The service should develop an ongoing or annual improvement plan to ensure that it has an overview of how the service is going to improve and develop. This should outline the aims and objectives for improvement within timescales and identified people to action them

The service will action the recommendations.

5.0 POLICY IMPLICATIONS

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

- 5.1 An Equality Impact Assessment is attached to this report.

6.0 CONSULTATIONS

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

7.0 BACKGROUND PAPERS

None.

**JENNIFER G TOCHER
DIRECTOR OF SOCIAL WORK**

DATE: 12 February 2014

Care service inspection report

Dundee City Council - Homecare - Enablement & Support Citywide and Community Mental Health Older People Team

Housing Support Service

Dundee Independence Living Centre
Unit T Charles Bowman Avenue
Claverhouse West Industrial Estate
Dundee
DD4 9UB

Inspected by: Timothy Taylor

Type of inspection: Announced (Short Notice)

Inspection completed on: 10 October 2013



HAPPY TO TRANSLATE

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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2011286180

Contact details for the inspector who inspected this service:

Timothy Taylor

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Email 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

This was an effective service which supported its staff to deliver a high quality of support to service users. It dovetailed well with other health providers. It produced confident and well trained workers and had a strong commitment to improvement and development.

What the service could do better

The service needed to further develop in the areas of quality assurance, support planning and staff appraisal. These are seen as minor improvements rather than serious failings.

What the service has done since the last inspection

The inspection team were impressed with the amount of time and energy had gone into developing the service. Here are some of the areas where improvements had been made:

- Weekly diary meeting for organisers and manager.
- Creation of the role of scheduler to allot service users to care staff.
- Duty cover by organisers.
- Keyworker system.
- Bank staff.
- Travel time allocation for care staff.
- Dementia training.

Conclusion

This service has visibly improved since its last inspection. Outcomes for service users were also improved.

Who did this inspection

Timothy Taylor

1 About the service we inspected

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

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

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

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

There were 8 city wide enablement and support teams provided to people over 18. They provide a first point of contact for people with homecare needs. Initial assessment and enablement periods of 6 weeks were followed by further intervention or referral to other homecare resources.

The Community Mental Health Older People element of the service was provided to people aged over 65 living in their own home who may have found it difficult to accept support in the past. Support was delivered by one team of Social Care Workers led by a Social Care Organiser. This service could be provided for as long as the person needed this support.

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 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We wrote this report after an announced inspection which took place on 8 - 10 October 2013.

As requested by us, the service sent us an annual return. The Care Inspectorate wrote to the service to request completion of the self assessment form which was duly completed.

50 questionnaires were sent to the service to distribute to service users and staff - 26 were returned.

In this inspection we gathered evidence from the following sources:-

- Interviews with 11 staff.
- Interviews with 11 service users.
- Interviews with manager and senior staff.
- Inspection of personal plans.
- Inspection of records.
- Inspection of policies and procedures.
- Observation of staff practice.

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 personal plans clearly direct staff to the current needs of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) and 5(1) Timescale for Completion: To commence upon receipt of this report and be completed within eight weeks.

What the service did to meet the requirement

This requirement had been met. Support plans outlined the current needs of service users in a high level of detail. Improvements in support plans have taken place since the last inspection and improvements in responsibility for who updates support plans (keyworker system) and monitoring (file audits) had produced better support plans.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that staff have adequate time to carry out the enablement role in line with the service aims and objectives. To achieve this, the provider must identify and address any issues which may impact upon the meeting of these aims and objectives. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 and 4(1)(a) Timescale for Completion: To commence upon receipt of this report and be completed within eight weeks.

What the service did to meet the requirement

The service had improved the system for allocating tasks to staff and for allocating travel time to go with this. This has resulted in a workforce who say they have enough time to carry out the care tasks they need to.

The requirement is: Met - Within Timescales

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

All recommendations had been addressed by the new manager of the service:-

- Improvements had been made to involvement practice.
- All staff now get regular team meetings and supervision.
- Service users had been made aware of their right to complain. A checklist was set up to record, among other things, when a service user had been told about their right to complain.
- The mental health team now sent out user involvement questionnaires in line with what is done by the enablement teams.

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.

The Care Inspectorate received an extensively detailed and fully completed self assessment document from the service provider. We were very impressed with the way this had been completed and with the information they had provided under each theme that we were inspecting.

Taking the views of people using the care service into account

Thirteen service users or their carers were interviewed during this inspection and 26 care service questionnaires with written comments by service users or their carers were analysed. Both indicated that there was a very high level of satisfaction with the support received. Here are some of the comments they made:-

- I am very pleased with the support and care I receive. I find my carers to be friendly and good at making conversation with me. They are reliable and, when necessary, adapt to my needs for earlier or later visits.
- Very pleased with the care provided. I was surprised at the skill and professional work carried out by these carers.
- Very satisfied with the service. No complaints.
- The team have been most pleasant and helpful.
- The service is very good and the morning arranged to suit me.
- They come in and they lift my mood.

- They always wear gloves and aprons.
- They let me do for myself unless I ask for assistance.
- I know who to make a complaint to but I have no complaints.
- Yes - I have a service agreement.

Taking carers' views into account

These were again very positive. Here are some of the comments:

- They treat my husband with utmost respect.
- They are very supportive.
- Friendly, willing and cheerful.
- They will do anything to help my wife.

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

This service provided a very good level of participation for service users who were routinely involved in assessing and improving care and support within the setting. Here are some of the service's strengths in this area:-

- The service had a service user involvement policy for homecare services which emphasised gathering views from service users. Face to face interviews were held with service users at the end of the intervention to ascertain their opinions of the care they received.
- The service uses Celebrate Age Network, an independent advocacy group, to gather views face to face from service users. Findings were fed back to the service and any actions required were addressed.
- The complaints procedure was well publicised and service users have made use of this for individual issues. Complaints had been recorded and used to inform service development.
- The service set up staff focus groups to look at improvement of the service. This was confirmed by staff during a focus group meeting with the inspector and it was felt that their views had resulted in improvements in the service.
- Service users confirmed at interview that there were reviews of their personal plans at which they could have their say in their own care. Each service user now has a keyworker assigned to their case. This improves the links between service user needs and the service.
- Service users who were interviewed confirmed that the service listened to any issues they raised on an informal basis and were good at finding solutions. They felt they had a good working relationship with all staff.

- The service agreement encourages people to discuss any concerns they have with management and it provides phone numbers they can ring. One service user commented on how open to discussion the manager of the service was.
- The service encourages people to advocate for themselves by providing a lot of information on other services they might need to access. This was done via the Dial-Op service.

We were impressed with the commitment and enthusiastic approach shown by this service towards gathering people's views on what they do. There were many developments taking place which were as a direct result of this approach.

Areas for improvement

The service had also made better links with health care professionals such as pharmacy and physiotherapy. More could be done to gather views from other stakeholders besides service users.

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 service had a very good level of care provision for service users. We were impressed with the way this large service received high levels of satisfaction from service users. Here are some examples of the strengths:-

- Service users commented on how staff were good at supporting them in their given task, this might be assistance with showering, accessing toilet facilities or encouraging them to re-use skills they had lost due to illness. Staff were seen as good at their job, professional in the use of moving and handling techniques and at helping people to become as independent as possible. Service users acknowledged that staff would not leave them if they were needing support and would call for health intervention on their behalf if they needed it.
- The care plans that were inspected reflected the identified needs of the people the service was caring for, as well as more general information about their background, beliefs and health. All plans had stated goals for the care provided and contained good levels of detail around how tasks were to be carried out. Outcomes for service users gathered from interviews indicated that people felt the quality of their lives had improved due to the service's intervention.
- The service worked in an effective integrated way with district nursing, GPs and other community health professionals. The service had set up a new scheme where a pharmacy advisor, physiotherapists and occupational therapists worked alongside staff on a day to day basis to provide support, advice and intervention. This was reported as speeding up response times for service users and thus was an improvement in care delivery.
- The service actively encouraged service users to tap into wider supports such as alcohol services, daycare support and the Dial-Op information line.
- The service worked closely with the meals service and any mental health services or those who needed them.

The inspection team was impressed with the level of integration with other related services that occurred. This ensured a joined up service to people with complex needs and a quicker response to changes in their needs.

Areas for improvement

Although reported outcomes were very positive, it was noted that support plans would benefit from some further tightening. These plans need to record that they are up-to-date. A monthly confirmation record by keyworkers to show that even when a plan has not changed someone has checked and signed it.

See recommendation 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Mainstream support plans should be visibly up-to-date.

See NCS 3 Care at Home - Your Personal Plan

You can be confident that the service will meet your care needs and personal preferences. Staff will develop with you a personal plan that details your needs and preferences and sets out how they will be met, in a way that you find acceptable.

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

Please see Quality Theme 1 statement 1 for information in relation to this statement.

Areas for improvement

Please see Quality Theme 1 statement 1 for information in relation to this statement.

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

We were very impressed with the high level of knowledge and professionalism of the workforce at this service. Here are some of their strengths:-

- Staff at the service had a high level of training. Training records and staff interviews confirmed that all staff had been through an induction programme when they began work and that this included core training such as moving and handling, first aid and infection control. Staff also received training that they had identified as being useful for them such as palliative care training, dementia and care planning. The service also provided vocational awards such as SVQ. Staff interviewed felt that if they identified a training need it would be addressed if it benefited their work role. One worker being interviewed said that because they worked closely with the NHS locally, if they needed training on a particular illness or syndrome there were always expert nurses who would come and give them a talk on the subject. Outcomes for service users were that their care needs were addressed more quickly and effectively.
- Staff felt they benefitted from the support and guidance they got from working very closely with advisors on pharmacy, physiotherapy and occupational therapy.
- Focus group interviews with staff showed that they were all aware of the National Care Standards and could apply them to their work role. All spoken with confirmed they had been given SSSC codes of practice. It was clear from discussion that the service was active in tackling practice that did not meet expected standards. The service had a comprehensive set of policies and procedures which laid out expectations of good practice for staff.
- Staff all stated that they felt they were supported to do their job and their ideas were valued by management. All felt they were part of a team that was supportive. They felt they had the proper equipment to carry out care tasks and enough time to do their allotted jobs. They felt they had not had enough time to complete the care tasks with service users after the service had developed how staff time was allocated with the use of a new system for scheduling work and travel time. Service users and carers who were interviewed were also very enthusiastic about the staff and highlighted their sensitivity, support, friendliness and flexibility.
- Staff were also supported by use of regular team meetings, supervision and organiser support.

The inspection team was very impressed with the high calibre of staff who were knowledgeable, enthusiastic and committed to providing good quality care.

Areas for improvement

The service should further improve its support for staff development via the use of formal annual appraisal meetings. This will further promote the quality of staff within the service. See recommendation 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should further improve its support for staff development via the use of formal annual appraisal meetings.

See NCS 4 Care at Home - Management and Staffing. 5 You are confident that the provider monitors all aspects of the service, especially its quality.

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

Please see Quality Theme 1 statement 1 for information in relation to this statement.

Areas for improvement

Please see Quality Theme 1 statement 1 for information in relation to this statement.

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 service had a very good quality assurance system supported by its external provider and from within the service itself. Here are some of the strengths identified:-

- It is clear that the health and wellbeing of service users was at the core of what this service does with its person centred and detailed approach. (The information for this can be found in Quality Theme 1 statement 3).
- The service had a high level of participation whereby service users, staff and other stakeholders can have an input into what the service delivers. (The information for this can be found in Quality Theme 1 statement 1).
- The service had effective systems in place to support staff, to develop their skills via training and supervision - they also involve staff in developing the service. (The information for this can be found in Quality Theme 3 statement 3).
- The managers of the service attend their own regular meetings as well as a weekly diary meeting and wider network meetings held by the provider Dundee City Council. These allow managers to keep up-to-date with wider developments in care.
- The organisers who manage the various teams that this service provides stated that they had been freed up to spend more time supporting staff now that they had administrative assistance with scheduling the work.
- All staff interviewed expressed the improvements to the service brought about by the work of the new manager who had looked at how the service was run and had asked staff to suggest how it could be run more effectively. These changes were now in place (scheduler, keyworkers, travel time allowances) and people felt the service was more effective.

The inspection team was impressed with how the manager, with the help and cooperation of staff, had improved the service's efficiency and effectiveness. As a consequence outcomes for service users were positive.

Areas for improvement

The service should develop an ongoing or annual improvement plan to ensure that it has an overview of how the service is going to improve and develop. This should outline aims and objectives for improvement with timescales and identified people to action them. See recommendation 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should develop an ongoing or annual improvement plan to ensure that it has an overview of how the service is going to improve and develop. This should outline aims and objectives for improvement with timescales and identified people to action them.

See NCS 4 Care at Home - Management and Staffing. 5 You are confident that the provider monitors all aspects of the service, especially its quality.

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 noted.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care 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
21 Nov 2012	Unannounced	Care and support 4 - 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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Translations and alternative formats

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هـه باى تسد سىم رونا بىز رگى د روا رولكش رگى د رپ شرازگ تعاشا هـى

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

یخا تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشن مل اذه

本出版品有其他格式和其他語言備索。

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

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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 07/01/2014	Title of document being assessed Outcome of Care Inspectorate Inspection of Home Care - Enablement and Support Citywide and Community Mental Health Older People Service
Committee report number 80-2014	
1) This is a new policy, procedure, strategy or practice being assessed	This is an existing service (If yes please tick box) <input type="checkbox"/> Care Inspection Report
2) Please give a brief description of the policy, procedure, strategy or practice being assessed.	The committee report advises the Social Work and Health Committee of the Care Inspectorate inspection of October 2013.
3) What is the intended outcome of this policy, procedure, strategy or practice?	To advise of the outcome of the inspection and improvements made to the service.
4) Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	None
5) Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	No
6) Please give details of council officer involvement in this assessment. (E.g. names of officers consulted, dates of meetings etc)	N/A
7) Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	Feedback on the service will be sought from service users by the service and will also be collected by the Care Inspectorate at the time of the next Care Inspectorate inspection.

Part 2 Protected Characteristics

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

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

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

	Positively	Negatively	No Impact	Not Known
Race, 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, the date of which is determined by the Care Inspectorate. The outcome of these inspections will be reported to the Social Work and Health Committee.</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

Manager Responsible	Author Responsible
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Signature of author of the policy: Denise Morton

Date 23/01/2014

Signature of Head of Service area: Diane McCulloch

Date 23/01/2014

Name of Director / Head of Service Diane McCulloch

Date of next policy review:

At next inspection