

## **DUNDEE CITY COUNCIL**

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

**REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – HOMECARE SOCIAL CARE RESPONSE SERVICE**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 81 - 2014**

### **1.0 PURPOSE OF REPORT**

The purpose of this report is to advise the Committee of the outcome of the Care and Inspectorate inspection of the Homecare Social Care Response Service, which was carried out on 15 November 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, and the morale of the staff working within the service. This has been ratified by the Care Inspectorate, who have awarded the service an overall grade 4 (Good). The service will build on the improvements already made, and it is expected that the future planned changes will further enhance the service.

### **3.0 FINANCIAL IMPLICATIONS**

None.

### **4.0 MAIN TEXT**

#### **4.1 Background Information**

The Social Care Response Service offers a 7 day a week call response service to approx. 3000 people between 7.30am and 4.00 pm rising to 6000 people between 4pm and 7.30am. The service also provides a night care service.

At an inspection in November 2012 a number of requirements and recommendations were made. Improvements were made to the service, and all requirements and recommendations were 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.

Following the last inspection, a decision was made to change the registration of the service, and to register the Social Care Response Service as an individual service, rather than it being registered together with the Home Care Enablement (East) Service. This allowed the registered manager to focus on the Social Care Response Service.

The annual inspection by the Care Inspectorate took place between 12 November 2013 and 15 November 2013. The inspection was a medium intensity inspection, and the following evidence was used in order to grade the service:

- Self Evaluation
- Interviews with 20 staff
- Interviews with 12 service users
- Interviews with manager and senior staff
- Inspection of personal plans
- Inspection of records
- Inspection of policies and procedures
- Observation of staff practice within the control room

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 *'the service provides good support to its staff, and has high levels of satisfaction from its service users and is committed to improvement. This results in a response service that is able to respond to people quickly and to give them professional and effective support. As one service user said: without their support I'd probably be in a nursing home'*.

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 Leadership and Management. The Care Inspectorate made some very favourable comments regarding each of the quality themes, which include:

*'The Service has put a lot of work into improving their participation practice which was criticised in their last inspection 13 months ago and should be commended for this. They were now more responsive to service user views'*

*'The service had a good level of care provision for service users within the remit of what it provides'*

*'The inspector was impressed with the pride that staff took in their jobs and in their ability to discuss their work in a professional and open way. The staff group were confident and committed to providing good care'*

*'It is clear that a lot of work has been done by all at the service to make a lot of improvements in a very short time and the manager in particular should be commended for this.'*

### 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 to the Home Care Enablement (East) and Social Care Response Service in December 2012 and the grades awarded to the Social Care Response Service in November 2013.

**Table 1**

<b>Quality Theme</b>	<b>Grade December 2012</b>	<b>Grade November 2013</b>
Quality of Care and Support	2	4
Quality of Staffing	3	4
Quality of Management and Leadership	2	4

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

1. The service should further improve its support for staff development via the use of formal annual appraisal meetings
2. 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 with timescales and identified people to action them

The service will action the recommendations.

#### **4.2.2 Further Improvements to be made to the Service**

In addition to the improvements that have already been made to the service, there are further changes planned for the service.

The most significant planned change is the redesign of the Social Care Response Worker's role. At present the Social Care Workers carry out two roles; control room operator, and social care responder (direct care to service users). Staff are rotated in order that they spend periods of time carrying out both these roles.

During consultation with staff, and from evidence given at disciplinary hearings, some staff have reported feeling a lack of confidence and experience when carrying out the role of the control room operator. This is due to the fact that proportionally, in order to meet the needs of the service, they are required to spend a greater period of time as a social care responder.

In order to ensure that all staff have the expertise and confidence required, the service intends to create two separate staff groups, ie social care responders, and control room operators, rather than staff being rotated between the two roles. Each staff group will then receive specific training to that particular role, and the staff will build up expertise in their individual chosen role. This change is planned for the spring of 2014.

**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 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**

None.

**JENNIFER G TOCHER  
DIRECTOR OF SOCIAL WORK**

DATE: 5 February 2014

## Care service inspection report

# Dundee City Council - Homecare - Social Care Response Service Housing Support Service

Social Work Office

353 Clepington Road

Dundee

DD3 8PL

Telephone: 01382 435555

Inspected by: Timothy Taylor

Type of inspection: Announced (Short Notice)

Inspection completed on: 15 November 2013



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### Service provided by:

Dundee City Council

### Service provider number:

SP2003004034

### Care service number:

CS2011286191

### Contact details for the inspector who inspected this service:

Timothy Taylor

Telephone 01382 207200

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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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

This service provides good support to its staff, has high levels of satisfaction from its service users and is committed to improvement. This results in a response service that is able to respond to people quickly and to give them professional and effective support. As one service user said: without their support I'd probably be in a nursing home.

### What the service could do better

The service has a good grasp of where it needs to improve after a poor last inspection. This has resulted in the service bringing in an experienced manager who has galvanised the staff and made effective changes to the service. Staffing levels have risen and workload is carried in a more efficient way. The service knows it has to maintain its momentum and further improve in areas such as annual appraisal and quality assurance.

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

A new manager has resulted in an in depth appraisal of the service which has resulted in changes to staffing levels and in the ways some things are done. 10 staffing vacancies have been filled which has resulted in quicker response times and the service has piloted one organiser to assess for, and install all equipment in peoples home. This has vastly improved installation times and improved service user's understanding of equipment and has saved a lot of time. The service has also progressed its participation and supervision strategies.

### **Conclusion**

This service has greatly improved since its last inspection. It has set about asking staff and service users how it can improve and has actioned many of those improvements. This has resulted in a more effective and responsive service for people.

### **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](http://www.careinspectorate.com).

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

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

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

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

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

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

## Inspection report continued

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 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 after an announced inspection which took place on 12 - 15 November 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.

40 questionnaires were sent to the service to distribute to service users and staff - 10 were returned.

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

- Interviews with 20 staff.
- Interviews with 12 service users.
- Interviews with manager and senior staff.
- Inspection of personal plans.
- Inspection of records.
- Inspection of policies and procedures.
- Observation of staff practice within the control room.

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

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

#### **The requirement**

The provider must make proper provision for the health, welfare and safety of service users. In particular, the provider must; (a) ensure that at all times suitably qualified and competent persons are working within the service in such numbers as are appropriate to meet the needs of service users and to deliver the care service in a way which promotes independence and respects dignity. (b) ensure clear service user records are maintained at all times. (c) develop clear procedures detailing contingency arrangements staff must follow when mobile units cannot attend a call within satisfactory timescales and ensure all staff are aware of and implement such procedures. (d) ensure processes are developed, implemented and actioned to monitor and improve the quality of the Social Care Response Team. This must include opportunities for service users, staff and other stakeholders to be involved in assessing and improving quality. (e) review systems currently in place for staff to communicate between shift changes to ensure these robustly support a full exchange of information. This review should include the views of all staff working within the Social Care Response Team. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 3 and 4(1)(a) and 4(1)(b) and 15(a) Timescale for completion: (a), (b) - Immediately upon receipt of this report. (c) (d) and (e) -To commence upon receipt of this report and be completed within eight weeks.

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

The service has increased staffing levels via filling vacant posts and using staff from other homecare services who are not busy. This has increased staff on every shift and has improved response times considerably. The service has embarked on a programme of focus groups for service users as well as other participation strategies. This is now up and running and effecting how the service is delivered. Staff have been consulted on what was going wrong which has resulted in one person identified as the person who assesses for and installs new alarms and other equipment. This has improved efficiency and communication. Staff at interview felt they now had time to handover at the end of a shift. The new manager has implemented change after listening to staff comments on what the service could do better.

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

### **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)

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

This is now the case for service users who receive planned care. A random check of care information showed all plans were up-to-date.

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

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

The service has positively addressed all the recommendations made at the last inspection:-

- Complaints: service users now get the service's and the Inspectorates complaint information in the information they are given when they commence the service.
- Written Agreements: all are now held in person's home with copy retained by the service.
- Participation Feedback: In their newsletter the service inform people of what actions have been taken in response to their raised concerns.
- Control Room Training: has now been increased to 6 weeks and longer if people need it.
- Training: There is now a full array of relevant training available for staff.
- Observation Of Staff Practice: now taking place and feeding into supervision.

### **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**

Twelve service users or their carers, were interviewed during this inspection and 14 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:-

- They help me access my toilet and they do it in a respectful and professional manner.
- The staff are very friendly and helpful.
- They usually help me when I have fallen and need assistance to get back on my feet. They are very good and come quickly.
- Yes I do have some written information on the service.
- I know who to call if I had a complaint but I don't.
- Very happy with the service on the few occasions I have used it.
- If they didn't come I'd be in a nursing home.
- I couldn't live at home without them.
- Most of the time they come quickly when I use my pendant.
- Staff are friendly, polite and respect my privacy.
- I have no complaints this is a good service.
- I have no problem putting my faith in them.

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

See above section which incorporates carers' responses.

## 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: 4 - 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 provides a 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 used focus groups of service users who are centralised in complexes belonging to other housing providers to look at its provisions and improve them. Issues that were raised were fed back to all service users via a newsletter. This newsletter reported back what had been done. In the last newsletter people wanted to know more about how the service was structured and this was highlighted.
- 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 organisers.
- The service sent out 6 monthly questionnaires to service users and stakeholders which gathered their views. These were then assessed and the service replied in person to people who had raised issues. Otherwise any common themes were addressed by the service. An example of this was the improvement to response times and a plan to publicise when a person would be better to call for an ambulance directly as this would save them time. It was also noted that the questionnaires asked people to define the qualities they wanted to see in staff. This was fed into recruitment of staff where these qualities were actively looked for.



- Those people who receive planned care had their case reviewed every 6 months by the service. Those who only used the response service had their details reviewed annually in line with guidance from their senior management who had received guidance from the Care Inspectorate in relation to being proportionate in relation to regulations relating to reviews.
- The service has a complaints procedure which is given, along with a leaflet on the Care Inspectorate's complaints procedure, to service users when they commenced the service.

The service had put a lot of work into improving their participation practice which was criticised in their last inspection 13 months ago and should be commended for this. They were now more responsive to service user views.

### **Areas for improvement**

The service needs to continue to improve its participation practice. It should focus on involvement in recruitment by service users, expanding the focus groups to people not part of a housing complex and reaching out to stakeholders more effectively.

**Grade awarded for this statement:** 4 - 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 good level of care provision for service users within the remit of what it provides. This is largely service responses to people activating their community alarm, as well as a very few planned care service users at night. 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 getting up after a fall, accessing toilet facilities or offering reassurance and advice. Staff were seen as good at their job, professional in the use of moving and handling techniques and always correct in their use of personal protection equipment such as gloves and aprons.
- Where planned care took place at night - the service had clear guidance from the commissioning service on what care to provide. Support plans were in place which were regularly reviewed.
- Where staff identify that service users have needs which are outwith their remit they pass this on to their organisers who liaise with GP's, care managers, district nurses and other services which might benefit the person. This helps promote a full package of care for those that need it. The service uses an event recording system which, at point of recording, is used to highlight significant occurrences to others, such as care managers or the falls team, via use of email communication. Observation by the inspector in the control room saw staff recording events and where protocol dictated emailing relevant health professionals such as the Dundee Falls Team.
- The service is piloting the use of one organiser to assess for and install all telecare equipment. This ensures that the variety of monitoring and alarm equipment is efficiently and quickly installed according to the person's needs. This pilot is ongoing but it is hoped to be made a permanent arrangement once its impact has been assessed. Installations times have improved from 5 days to 3.5 days since the pilot was set up. Care staff reported it was a task they used to do but they felt the pilot had removed a difficult and time consuming task from their day to day duties allowing them time to respond to alarm calls more efficiently.
- Among the telecare equipment provided are silent alarms for use where there is a risk of domestic violence or abuse. These can be sent directly to the police to attend.

- The system in use in the control room allows operators to track calls from recipient of call to response to finish of visit. This allows monitoring of individual calls and responses which has improved response time and overview by management of where any shortfalls in response might be. Calls are also prioritised so that staff attend the most urgent first - such as a call activation where the person has not responded when contacted.

Following the last inspection which was critical of response times it is clear that the service has effected some changes that have had a positive impact on response times. The service is now using the technology available to it to ensure a person's immediate and ongoing needs are addressed.

### **Areas for improvement**

The service should continue to ensure that it is responding as quickly as possible in a way that prioritises the seriousness of the need. The inspector would like to see the pilot scheme formally adopted and for the service to continue to improve.

**Grade awarded for this statement:** 4 - 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**

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:** 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

The service had a good level of support for staff resulting in a professional and motivated workforce. 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 they had received core training such as moving and handling, adult protection and infection control, equality and diversity. Staff also received training that they had identified as being useful for them such as palliative care training, dementia and MS. 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. Talks were often arranged for staff on work related subjects. Staff in the control room get their own additional training in use of the call answering system.
- 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. The service had a comprehensive set of policies and procedures which laid out expectations of good practice for staff.
- All staff receive 6 monthly supervision and are formally observed doing their job in the community by their line managers. This feeds back into the supervision process. The manager stated she had plans to introduce annual appraisals for staff. At interview staff felt supervision was a supportive process.
- 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. There was enough time for handover of information when they came on shift and there were team meetings. Service users and carers who were interviewed were also very enthusiastic about the staff and highlighted their sensitivity, support and friendliness.
- Staff felt that under the new manager their views were listened to and that solutions were found to operational issues. They stated that the increased level of staff and the installation pilot scheme had allowed them to be more effective as a response team.

The inspector was impressed with the pride that staff took in their jobs and in their ability to discuss their work in a professional and open way. The staff group were confident and committed to providing good 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:** 4 - 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: 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**

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:** 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**

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 manager of the service attends 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.
- All staff have a dedicated email address which allows the provider to keep them up-to-date with any practice or legislation changes.
- 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 (pilot scheme for installation, control room training, more staff) and people felt the service was more effective.

It is clear that a lot of work has been done by all at the service to make a lot of improvements in a very short time and the manager in particular should be commended for this. It is hoped that this upward trend of improvement continues in order to stabilise the service and keep satisfaction levels high among service users.

### **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:** 4 - 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

The complaint was in relation to staff training in the control room. This has been addressed and when staff, who work in the control room, were asked they were happy with the level of training and with the level of other staff who can now work the control room system.

### 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

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

## 6 Inspection and grading history

Date	Type	Gradings
4 Dec 2012	Unannounced	Care and support 2 - Weak Staffing 3 - Adequate Management and Leadership 2 - Weak

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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This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: [www.careinspectorate.com](http://www.careinspectorate.com) or by telephoning 0845 600 9527.

### Translations and alternative formats

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

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-ہے بایتسد یم سونابز رگید روا سولکش رگید رپ شرازگ تعاشا ہی

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

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## DUNDEE CITY COUNCIL

### Equality Impact Assessment Tool

#### Part 1 Description / Consultation

Is this a <b>Rapid</b> Equality Impact Assessment (RIAT) ?	YES
Is this a <b>Full</b> Equality Impact Assessment (EQIA)?	NO
Date of assessment <b>07/01/2014</b>	Title of document being assessed Outcome of Care Inspectorate Inspection of Home Care Social Care Response Service
Committee report number 81-2014	
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 November 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) <b>Have any positive impacts been identified?</b> (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>The Care Inspectorate had identified good practice within the service and as a result of improvements made to the service has awarded a higher grade to the service.</p>
<p>2) <b>Have any negative impacts been identified?</b> (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>No</p>
<p>3) <b>What action is proposed to overcome any negative impacts?</b> E.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. see Good Practice on DCC equalities web page</p>	<p>N/A</p>
<p>4) <b>Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</b> (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>The inspection of registered care services is determined by the Care Inspectorate and the right to inspect care services is set in statute.</p>
<p>5) <b>Has a 'Full' Equality Impact Assessment been recommended?</b> (If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required) Seek advice from your departmental Equality lead.</p>	<p>N/A</p>
<p>6) <b>How will the policy be monitored?</b> (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)</p>	<p>Care Inspectorate Inspections take place on an annual basis, the date of which will be determined by the Care Inspectorate.</p>

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

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

#### **Type of Document**

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

#### **Contact Information**

<b>Manager Responsible</b>	<b>Author Responsible</b>
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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