ITEM No …16……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 30 AUGUST 2016**

REPORT ON: **WEAVERS BURN CARE INSPECTORATE REPORT**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB45-2016**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to brief the Integration Joint Board on the outcome of a recent inspection of Weavers Burn, Care at Home/Housing Support Service undertaken by the Care Inspectorate in May 2016.

1.2 Weavers Burn is one of Dundee Health and Social Care Partnerships' internally provided support services. The service consists of 14 tenancies for people with a learning disability and/or autism who have complex needs. There are currently 12 people supported within the service.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):-

2.1 Notes the content of the attached Care Inspectorate report and accompanying action plan (attached as Appendix 1 and Appendix 2).

2.2 Notes that the service has also developed a more detailed operational improvement plan for use in addition to the Care Inspectorate Action Plan.

2.3 Remits to the Chief Officer to report improvements to the IJB after the Care Inspectorate's follow up visit.

3.0 FINANCIAL IMPLICATIONS

3.1 The cost of temporary additional management resources to assist the team manager with the implementation of the management action plan will be met from within existing financial resources within the Learning Disability Service.

3.2 An acceleration of the strategic commissioning intention to introduce additional nursing resources (with behavioural support expertise) to the Dundee Community Learning Disability Team will create a short term pressure of £41,637. This will be met from existing financial resources within the Learning Disability Service.

4.0 MAIN TEXT

4.1 Weavers Burn has been registered with the Care Inspectorate since May 2014. Prior to that the service was registered as a Care Home (Elmgrove House). The site of Elmgrove was used to develop purpose built flats for previous residents and for 4 or 5 additional individuals with complex needs.

4.2 The service was inspected during an unannounced visit on 09 May 2016 and three short notice visits on 19, 11 and 19 May 2016. Verbal feedback was received on 25 May 2016 and a letter of concern outlining areas for improvement that would feature within the report was received on 8 June 2016. A response was submitted on 13 June 2016 highlighting actions that were being taken by the service to address the concerns. The draft report and gradings

were received on 25 July 2016. The report was published on 12 August 2016 (see Appendix 1) and an action plan addressing all the recommendations and requirements is due to be submitted by 2 September 2016 (see Appendix 2).

4.3 Overall six quality statements were used as a focus for the inspection, two from each of the three themes below. Four of the six statements were graded 3, two were graded 2 as follows below:

Quality of Care and Support

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential." **Grade 3**

We ensure that service users' health and wellbeing needs are met." **Grade 2**

Quality of Staffing

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice." **Grade 3**

"We ensure that everyone working in the service has an ethos of respect towards service users and each other." **Grade 3**

Quality of Management and Leadership

"We involve our workforce in determining the direction and future objectives of the service." **Grade 3**

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide." **Grade 2**

Where a quality theme is graded differently for respective statements, the lower grade will become the overall grade for the theme. The service has therefore been given the following overall grades for the inspection:-

Quality of Care and Support	2 Weak
Quality of Staffing	3 Adequate
Quality of Management and Leadership	2 Weak

4.4 As outlined within 4.3, two of the six statements that formed the focus of the inspection were graded 2. A total of five requirements and five recommendations were made and detailed actions in respect of each requirement and each recommendation have been incorporated within the action plan due to be submitted to the Care Inspectorate (Appendix 2) and within the service's own more detailed operational improvement plan.

4.5 During inspections Care Inspectorate Inspectors review the progress made in relation to any requirements and/or recommendations made at the last inspection. At the last inspection of 24 August 2015, one requirement and six recommendations were made. During the inspection in May the Inspector found that the previous requirement and one of the recommendations had been met, a further two recommendations are to remain in place, one had been partially met but now is a requirement and the remaining two previous recommendations have also now become requirements. The outstanding recommendations from the 2015 report have been incorporated within the requirements and recommendations of the current report.

4.6 Staffing levels are a theme of concern that features within the report. At the time of the inspection the staffing level was lower than the usual level that had consistently been in place during the preceding months. The level of staffing at the time of inspection was due to the level of sickness absence at that time and vacancies within the service. At the time of inspection further additional Social Care Staff had already been appointed and were awaiting necessary checks as part of the safer recruitment process, and further experienced senior staff had been identified from elsewhere within the service. Four senior staff and a temporary assistant manager are now in place to support the management of the service and a minimum of ten social care staff are on shift during the day to support the twelve tenants. Night shift cover of four wakened night staff and one sleepover remains.

4.7 Both action plans will form the basis of a work plan for the senior team within the service and for monitoring/audit purposes, involving both the senior team and the respective Resource Manager and Service Manager. In the short term weekly updates will be provided by the Team Manager to ensure improvements are continuous and that any necessary corrective action is undertaken without delay.

4.8 An audit tool designed specifically for resource services is currently being developed by a representative group of managers within Dundee Health and Social Care Partnership. This is due for completion in September 2016 and was discussed with the Care Inspector at the feedback session following the inspection. It is envisaged that this quality assurance system will enable managers of all grades within the Partnership to engage in a formal and ongoing process of improvements. Managers within the Learning Disability Service also plan to incorporate a programme of peer audit/quality assurance within their collective work plan.

4.9 As part of the strategic and commissioning intentions for people with a learning disability and/or autism, a review is being undertaken to ensure adequate resources are in place within the community to support people with a range of complex and behavioural support needs. Given the number of people with such needs being supported within their own tenancies, it has been agreed that this plan be accelerated and an additional Nurse Band 6 (with behavioural support expertise) be recruited to support this area of work. This will benefit many individuals, including those who live at Weavers Burn, and will enhance the skill mix within the Learning Disability Community Team.

4.10 Prior to the publication of the inspection report all families/Welfare Guardians and staff were briefed and meetings with families/staff are being arranged, involving the Service Manager, to allow for fuller discussion about the findings of the inspection and to offer some assurance to families/Guardians in particular.

4.11 The Chief Social Work Officer is Guardian for nine of the people supported within Weavers Burn. Members of the Learning Disability Team assume responsibility for Welfare Guardianship decisions as delegated by the Chief Social Work Officer. The remaining three people supported within Weavers Burn have private Guardians who are supervised by members of the Learning Disability Team.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. No major issues have been identified.

6.0 CONSULTATIONS

The Director of Finance of NHS Tayside, the Executive Director, Corporate Services of Dundee City Council, the Chief Officer and the Clerk have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

David W Lynch **Date: 11 August 2016**
Chief Officer

care inspectorate

Care service inspection report

Full inspection

Weavers Burn
Housing Support Service

315 South Road
Dundee

HAPPY TO TRANSLATE

Inspection report for Weavers Burn
Inspection completed on 25 May 2016

Service provided by: Dundee City Council

Service provider number: SP2003004034

Care service number: CS2014324110

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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	2	Weak
Quality of staffing	3	Adequate
Quality of management and leadership	2	Weak

What the service does well

We felt that staff had a clear commitment to supporting people who used the service. We saw that experienced staff had good skills in working with individual people who used the service, and clearly knew them well and were able, for example, to identify what caused them anxiety.

The service maintained good links with associated professionals such as care managers and social workers, and with the Behavioural Support and Intervention team who made regular visits to the service to support staff in managing a range of issues.

What the service could do better

The service did not have a comprehensive quality assurance process in place. This would be able to help the service identify areas for improvement and monitor how successful improvements had been. The manager was able to confirm that the provider was developing a quality assurance document which would be put in place and we said that we would follow this up at the next inspection.

What the service has done since the last inspection

The service had taken action to provide appropriate training for staff, particularly in relation to the management of behaviours which could be perceived as challenging.

Conclusion

Relatives spoken with generally provided positive feedback regarding the quality of support provided by staff. They had some concerns which had already been raised with the service. Staff spoken with demonstrated that they were very aware of the needs of the people they support and their families, and said that they felt they had good support from colleagues they worked with.

1 About the service we inspected

The service provides support for adults with a learning disability (who may also be on the autistic spectrum and have a physical disability) living in their own homes and in the community.

The service had previously been a registered care home, but had redesigned the service to provide purpose-built flats with access to communal areas and garden spaces.

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.scswis.com

The service was registered with the Care Inspectorate on 19 May 2014.

Recommendations
A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements
A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 2 - Weak
Quality of staffing - Grade 3 - Adequate
Quality of management and leadership - Grade 2 - Weak

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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

The service was inspected during an unannounced visit on 9 May 2016, and three short notice visits on the 10, 11 and 19 May 2016. We also visited the service on the night of the 9 May 2016. Feedback was given to the manager and service manager of the service on 25 May 2016. The inspection was carried out by three Care Inspectorate inspectors.

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

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

- certificate of registration
- aims and objectives of the service
- service users' care files
- team meeting minutes
- staff training records
- training plan
- risk assessments.

Discussion took place with:

- the manager
- senior social care officers
- social care workers
- relatives of service users.

Observation of staff practices.

Observation of the environment.

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

Feedback was provided to the manager and service manager on 25 May 2016.

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.firescotland.gov.uk

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: No

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 service was not asked to submit a self assessment prior to the inspection but was asked to submit this as soon as possible after the inspection.

Taking the views of people using the care service into account

People who used the service found it difficult to comment directly on the service they received. However during the inspection we observed interactions between service users and staff and felt that these were very positive and supportive. We thought that people who used the service appeared to get on well with staff.

Taking carers' views into account

During the inspection we spoke with two relatives of people who used the service. They spoke positively about many aspects of the service, but had some concerns which they had already raised with the service.

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: 2 - Weak

Statement 2

"We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential."

Service Strengths

The service was able to provide adequate evidence in support of this statement.

As part of the inspection we sampled personal plans of people who used the service. We saw that these had recorded a range of opportunities for people who used the service to make choices about areas in their lives such as activities, daily routines and mealtimes. These choices were based on previous experiences of people who used the service, where staff had observed how they reacted in specific environments, spoken with family members and where possible had also spoken with people who used the service. We saw that this had resulted in opportunities to attend activities such as going to the local pub, shopping trips, going for lunch or outdoor activities such as walking in a nearby park. Where possible existing community connections had been maintained, such as regular contact with family members. Some people who used the service had additional support from other support agencies which allowed them to access other opportunities within their local community.

Personal plans sampled recorded the likes and dislikes of people who used the service, not only in relation to preferred activities but also important details such as favourite foods and important environmental details. We saw that the service had recorded important information using tools such as 'All about me' and 'Disdat', both of which recorded personal details, and in the case of

'Disdat', how people communicated when they were happy or sad, or feeling anxious or angry.

In addition to speaking with people who used the service and their families, the service had involved a variety of associated professionals in gathering this information, for example the Behavioural Support and Intervention (BSI) team provided a high level of support to the service. Risk assessments and support plans recorded information on the environmental and support requirements which should be in place to allow people who used the service to feel safe and secure.

During the inspection we were invited to visit the flat of someone who used the service, and we could see that they had been able to make choices in regard to decor, colour, etc. More experienced staff knew people who used the service well, and were able to gauge how they were enjoying activities, and use past experience to suggest new activities.

Areas for improvement

During the inspection we noted that the service had staff vacancies which had affected opportunities for service users to have dedicated one-to-one support. The service had tried hard to maintain these opportunities, but we saw that there had been occasions where staff had been asked to consider whether service users could share staff support to allow them to access activities outwith the service. Records showed that when the service was short-staffed people who used the service had not been able to access external activities to the same level as when there were sufficient staff on duty.

In some daily contact records we saw entries such as "all activities carried out", with no details of what had been done or whether service users had enjoyed the activity, which meant that it could be difficult to monitor or audit activities for people who used the service.

Grade
3 - Adequate
Number of requirements - 0

Recommendations
Number of recommendations - 1

1. People who use the service and who have been assessed as requiring one-to one support for social activities should receive support as identified in their support plan. Records should show what activities they have accessed; whether they enjoyed them, and if not why not.

National Care Standards Housing Support Services - Standard 5: Lifestyle - Social Cultural and Religious Belief or Faith

Statement 3

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

Service Strengths
We graded this statement as weak as we had some concerns, particularly in relation to staffing levels. **See areas for improvement.**

As part of the inspection we sampled the personal plans of people who used the service. We found that there was comprehensive information on the needs of individual service users, including likes and dislikes as well as potential triggers which may upset people who used the service.

The service had support from the local Behavioural Support and Intervention (BSI) team, which includes a range of associated professionals such as speech and language therapist, community learning disability nurse, clinical psychologist and psychiatrist. Individual service users could be referred to this team by staff from the service in order to seek additional support. We saw information in personal plans which included strategies on how to manage behaviours which could be perceived as challenging. The BSI team visited the

service every two weeks, and all staff had the opportunity to record any questions or issues in relation to individual service users, and ask the team for advice. We could see that information and support provided by the BSI team had been used in compiling personal plans and Risk Assessments.

In addition to the support provided by the BSI team, the service also supported people who used the service to access a range of related healthcare services , such as local GP practice, specialist dentistry services, and opticians.

At the last inspection we noted that the service had developed core groups of staff who would work with specific service users. These had been developed into two teams, one of which supported people on the ground floor while the other team supported people upstairs.

Although most flats within the service were very similar, we saw that where specific flats did not meet the needs of a service user then the service were able to identify whether another flat would be more suitable and take steps to allow a move to happen. This was reflected in the risk assessment process which looked at environmental issues.

Areas for improvement

When we carried out the inspection we felt that aspects of this quality statement were not met and this gave us cause for concern.

Both prior to the inspection and while we were carrying out the inspection staff told us that they felt there were not enough staff to allow them to meet the needs of people who used the service. We could see that there were vacancies at both senior social care officer level and at social care officer level, some of which were due to long-term sick or maternity absences. Staff told us that this meant that at times they worked for long periods in what could be stressful situations, managing difficult and potentially violent behaviours.

People who used the service were assessed as requiring varying amounts of one-to-one support from staff, and some people required two staff members to support them when they left the building. We saw that the staff team had had discussions about this at team meetings, and had been advised that in order to maximise opportunities for service users to access facilities outwith the building

then they should consider whether 'doubling up' on support was suitable for some people who used the service. We have made a requirement about this, **see requirement 1**, as we felt this was seriously impacting on the quality of support provided to people who used the service. We sent a letter to the service immediately after the inspection informing them of this requirement and asked them to tell us what they had done. The service sent us an action plan identifying how they would address the problem. We will continue to monitor the progress the service makes on this issue.

As part of the inspection we sampled the personal plans of people who used the service. The service had comprehensive information on each service user, which resulted in very large files, making it difficult for staff to easily see how they should be managing situations or behaviours, or reducing triggers for people who used the service. Some people who used the service had been referred to the Behavioural Support and Intervention (BSI) team and this team also provided information on how to best support individual service users. We did not see that this information was always integrated into support plans, and staff also told us that as they were short-staffed they rarely had time to read support plans or catch up with reports. Staff told us that they often took advice from colleagues about how best to support service users, as they did not have enough allocated time to catch up on paperwork. This meant that there was a lack of consistency about how staff managed situations, and important information was lost or not acted on appropriately. We have made a requirement about this. **See requirement 2.**

During the inspection we spoke with 16 members of staff across all grades. The majority commented that they did not have enough time to have proper handovers, either with the individual member of staff who had been supporting a service user or with the team as a whole. They said that this seemed to be due to lack of staff, staff shift times starting at different times, or that there was no time allocated to read or update personal plans. One staff member gave an example of an instance when they came on shift and were unaware of a situation which had arisen with the service user they were supporting in the morning. We have made a recommendation about this. **See recommendation 1.**

In some of the personal plans we sampled it was not always clear whether a service user was under a guardianship order. A guardianship order is a legal condition under the Adults with Incapacity (Scotland) Act 2000 where a sheriff has appointed someone to look after the affairs of someone who is not able to do so themselves. Some personal plans contained some information on who the guardian was along with copies of the legal document which states which powers the guardian has. However not all did, and it was not always clear what this meant for staff supporting service users, and what duties the guardian had agreed the staff could carry out with permission from them. We signposted the service to a checklist produced by the Mental Welfare Commission for Scotland. We have made a requirement about this. **See requirement 3.**

Grade
2 - Weak

Requirements
Number of requirements - 3

1. The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that:

- there are suitably qualified staff, both in number and skill, on duty at all times
- a process is in place to accurately assess the needs of each individual service user
- all risks to each individual service users health and welfare are accurately assessed and managed
- the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is also to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

The following National Care Standards Housing Support Services
- Standard 3: Management and Staffing Arrangements

Timescale - within four weeks of receipt of the letter sent on 8 June 2016.

2. The provider must ensure that service users' personal plans reflect how staff will meet the health, welfare and safety needs of the person and that any specific guidance from other professionals and stakeholders must be reflected within each plan to ensure that staff have all the information required to support people safely and effectively.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(1). This is a requirement for providers prepare a written plan which sets out how service users' health, welfare and safety needs are to be met.

National Care Standards Housing Support Services - Standard 4: Housing Support Planning

Timescale - within 12 weeks of receipt of this report.

3. The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs.

In order to achieve this, the provider must ensure that;

- where a guardianship order is in place, that all information relating to the powers of the guardian are clearly recorded

- where the guardian has agreed delegated powers to the service this is clearly recorded.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

Timescale - within six weeks of receipt of this report.

Recommendations
Number of recommendations - 1

1. Staff should have opportunities to monitor and update information contained in support plans in order to ensure that people who use the service receive a consistent service from well-informed staff.

National Care Standards Care at Home - Standard 4: Management and Staffing

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 3

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

Service Strengths

The service was able to provide adequate evidence in support of this statement.

During the inspection we spoke with 16 staff members across all grades, and we spoke with them during both day shift and night shift. All staff commented that they felt that they had good support from their immediate colleagues, and that they were confident in being able to access support from them as required. Some social care officers also spoke positively about support they had received from senior social care officers, for example in helping them to access training.

The service had carried out some additional training following the last inspection and we saw that most staff had been able to access CALM (Crisis, Aggression, Limitation and Management) training within a reasonable time. Records were kept of training completed and staff could access online training through the service's intranet. Issues such as absence management were followed through by senior staff.

Areas for improvement

Although the service had held some team meetings since the last inspection due to staff shortages it was not always possible for staff to attend these. Minutes of team meetings were not detailed and so were not helpful to those staff who had not attended. Team meetings could be an opportunity to discuss good practice and set clear action plans for the development of the service. We made a recommendation about this at the last inspection and this remains in place. **See recommendation 1.**

Some staff commented that they did not feel confident that management were supportive of social care staff

Grade
3 - Adequate
Number of requirements - 0

Recommendations
Number of recommendations - 1

1. That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend.

National Care Standards Care at Home. Standard 4: Management and Staffing

Statement 4

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

Service Strengths
The service was able to provide adequate evidence in support of this statement.

During the inspection we saw that staff had a clear commitment to supporting people who used the service. We felt our observations showed that some experienced staff had demonstrated good skills in working with service users, they clearly knew them well and were able to identify triggers which might cause them anxiety. As commented on in Quality Theme 3 - Statement 3, the service held team meetings and the agenda for meetings was distributed prior to meetings, and minutes displayed after the meeting. The service had identified that they would benefit from team development, and additional development days had been planned for the staff team later in the summer.

A supervision policy was in place and records were kept of supervisions carried out. **See areas for improvement.**

Areas for improvement

Staff told us that supervision had been irregular, and records confirmed this. Records were not always detailed, or signed by those taking part. Where actions were identified, no timescales were decided on, and actions were rarely followed up at the next supervision session. There was no evidence of reflection of previous issues raised at supervision, and at times intervals between supervision sessions meant that these were unlikely to be of value. We made a recommendation about this at the last inspection and as we did not see any improvement in this we have now made a requirement. **See requirement 1.**

Although we noted that staff had had access to additional core training, the service would benefit from identifying what training is essential and regarded as core training, and timescales for staff to achieve this, for example within the first three months of taking up their post. **See recommendation 1.**

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.

This is to comply with
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) - Requirements to ensure that persons employed in the provision of the care service receive-
(i) training appropriate to the work they are to perform; and
(ii) suitable assistance, including time off work, for the purpose of obtaining further
qualifications appropriate to such work.

Timescale - within eight weeks of receipt of this report.

Recommendations
Number of recommendations - 1

1. The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.

This is in order to comply with National Care Standards Care at Home - Standard 4: Management and Staffing.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 2

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

Service Strengths

The service was able to provide adequate evidence in support of this statement.

As the service was part of the Local Authority provision, all staff had access to a range of policies and procedures in place. Staff received a regular newsletter from the provider, and also had access to the intranet which allowed them to access information on staffing and professional issues.

We saw that although we had raised some issues about supervision, there had been some good supportive approaches in some of the records we sampled.

The service had identified that they would benefit from further development, and were in the process of planning team development days for later in the summer.

Areas for improvement

Supervision and team meetings have been discussed in Quality Theme 3 - Statement 4.

The service had a compliment of five senior social care officers, although at the time of the inspection there were two vacancies. This lack of senior staff had contributed to the reduced frequency of supervision and team meetings and we have discussed this in more detail in Quality Theme 1 - Statement 3.

Grade
3 - Adequate
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

We graded this statement as weak as we had some concerns, particularly in relation to the monitoring and evaluation of the quality of support provided.

The service had a key working system in place, where staff had a responsibility to work closely with identified service users, for example updating support plans or attending reviews. We saw that the service had close involvement with a range of associated professionals, for example the Behavioural Support and Intervention team, and care managers, who visited regularly and attended reviews.

The service carried out a number of internal audits, for example, of medication and finances, and we could see that when issues were raised in relation to these audits action was taken.

Areas for improvement

When we carried out the inspection we felt that aspects of this quality statement were not met and this gave us cause for concern.

The service would benefit from a comprehensive, outcome focussed quality assurance process. This should identify actions, who is responsible, and timescales for completion. This process should feed into an overall development plan for the service. The Service Manager was able to confirm that this is currently under development for all services provided by the local authority. We had previously made a recommendation about this and we have now made this a requirement. **See requirement 1.**

Staff support process such as staff supervision and team meetings did not happen as frequently as identified in the service's policy and procedures. We have talked about this in Quality Theme 3 - Statement 4.

Due to technical issues the service had not been able to submit an annual return as requested by the Care Inspectorate. Although accident and incident forms (violence and aggression forms) were completed it was difficult to see how these were audited and what follow up is carried out. Some staff commented that they were not asked how they felt following an incident, or were asked a few months after the event. We would expect this to be considered as part of a quality assurance process. **See requirement 1.** Some of the incidents recorded on violence and aggression forms resulted in injuries to staff, and we would expect that these would be notified to the Care Inspectorate through the eforms system. We signposted the service to the Care Inspectorate guidance on notifications.

We made a recommendation at the last inspection when we looked at Quality Theme 1 - Statement 1 relating to the service developing opportunities for service users and their representatives to be involved in providing feedback on the quality of care and support. This remains in place.

Grade
2 - Weak

Requirements
Number of requirements - 1

1. The provider and manager should ensure that the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.

This is in order to comply with

The Social Care and Social Work Improvement Scotland (Requirements for Care

Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

Timescale: To be completed within eight weeks of receipt of this inspection report.

Recommendations
Number of recommendations - 1

1. The manager and provider should continue to review and develop opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service.

National Care Standards Care at Home - Standard 11: Expressing your Views

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

Previous requirements

1. The provider must ensure that all staff are suitably trained to support the needs of service users. This should include an appropriate induction process for new staff with identified timescales for completion.

This is to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) - Requirements to make proper provision for the health and welfare of service users.

This is also to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for

Care Services) Regulations 2011, No. 210: 15 (a) - Requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 15 (b) (i)- ensure that persons employed in the provision of the care service receive.

National Care Standard Care Homes for People with Learning Disabilities - Standard 9: Feeling Safe and Secure.

Timescale: to be completed within three months of receipt of this inspection report.

This requirement was made on 24 August 2015

The service has carried out additional training for staff and this requirement is met.

Met - Within Timescales

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

Previous recommendations

1. The manager and provider should continue reviewing and developing opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service.

National Care Standards Care at Home. - Standard 11: Expressing your Views

This recommendation was made on 24 August 2015

This recommendation remains in place.

2. The provider should continue to ensure that there are enough staff on duty at all times in order to meet the health, wellbeing, and social needs of service users.

National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 24 August 2015

This recommendation has now been made into a requirement.

3. The provider to continue plans to include information about service users' individual likes and dislikes in support plans, and to make support plans outcome focussed.

National Care Standards Care at Home - Standard 3: Your Personal Plan

This recommendation was made on 24 August 2015

The service has taken some action on this and the recommendation has been partially met. We have talked about his in another requirement.

4. The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.

National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 24 August 2015

We have made a requirement about this.

5. The provider to review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide.

National Care Standards Care at Home - Standard 4: Management and Staffing

This recommendation was made on 24 August 2015

This recommendation has been met.

6. That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend.

National Care Standards Care at Home - Standard 4: management and Staffing.

This recommendation was made on 24 August 2015

This recommendation remains in place.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
24 Aug 2015	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate 3 - Adequate

12 Sep 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good

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Contact Us
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

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CARE INSPECTORATE ACTION PLAN					
FOCUS AREA/THEME	**REQUIREMENTS AND RECOMMENDATIONS**	**ACTION POINTS**	**TIMESCALE**	**PERSON RESPONSIBLE**	**STATUS – 26/8/16**
Quality Theme 1: Quality of Care and Support					
Statement 2 - "We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential" – Grade 3	**No requirements noted** **One recommendation noted** - People who use the service and who have been assessed as requiring one-to-one support for social activities should receive support as identified in their support plan. Records should show what activities they have accessed; whether they enjoyed them, and if not why not.	• Support is provided to tenants on a 1:1 basis for those tenants who have been assessed for this. • Capacity within our community health team will be used to provide additional opportunities during the day for individuals. • We will develop an 'activity log' which will identify what the planned activity is; the desired outcome of the activity; and the individual's response to the activity.	3 months	Team Manager/ Assistant Manager / 4 Senior Social Care Workers	• In place. • In place. • An appropriate system has been considered as part of an audit of personal plans and will be incorporated within updates to plans.
Statement 3 – "We ensure that service users' health and wellbeing needs are met." – Grade 2	**Three Requirements Noted** (1) – The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs. In order to achieve this, the provider must ensure that: - There are suitably qualified staff, both in number and skill, on duty at all times - a process is in place to accurately assess the needs of each individual service user - all risks to each individual service users health and welfare are accurately assessed and managed - the physical layout of the building (living environment) is taken into account in the management of risk to each individual's health and welfare.	• The LD service has an ongoing recruitment process where staff go through a robust application and interview process. • Since inspection we have had one new member of staff start (who has previous experience), and have had two members of staff move into Weavers Burn from other parts of the LD service, who are also very experienced. • We currently have four senior Social Care Workers, available to provide supervision and guidance to staff across daytime hours. • A temporary assistant manager has been put in place in order to support the management of the service. • As new staff are appointed, assessment is made on an individual basis as to where best to place them in the LD service. • All service users have a personal plan in place which is reviewed 6 monthly as a minimum. • As a service we are moving towards outcome focussed assessment and review – this will be implemented as individual's reviews are undertaken. • A piece of work has begun in conjunction with care management and health, to further assess everyone's needs in Weavers Burn in our six outcome areas, to support further development in individual support plans and ensure there is multi-disciplinary input. • Action is taken to ensure incident reports/changes to individuals circumstances are analysed timeously, and any implications incorporated to support plans. • Risk management meetings will continue to be a feature of assessing and responding to risks related to the health and wellbeing of tenants. • Risk assessment continues to be an ongoing process, informed by effective communication between all members of the multi-disciplinary team, including the Behavioural Support and Intervention team. • Risk assessments will be reviewed at 6 monthly reviews, or earlier to respond to changing needs of the individual.	Within four weeks of receipt of the letter sent on 08 June 2016	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Recruitment process continues – 4 additional staff identified from recent recruitment. • Further new member of staff has started, after a thorough two week induction in another service, followed by shadowing at Weavers Burn. • 4 seniors still in place. • Temporary Assistant Manager in place. • In place. • Personal plans are currently being audited, and updated, and a schedule for reviews is in place. • First review taking place on 26/08/16 using outcome focussed framework. • Process complete for 9 of the tenants. • In place. • Multi-disciplinary risk management meetings continue as required. • Risk assessments are up to date and in files, with a particular focus on health, finance, medical and environmental aspects. A multi-disciplinary approach is being used to inform updates to risk assessments. A new checklist to aid audit of risk assessment is in the process of being introduced and incorporated within each person's file. • Risk assessments have been reviewed as part of an audit of personal plans, and continue to be reviewed and updated on an ongoing basis.

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CARE INSPECTORATE ACTION PLAN					
FOCUS AREA/THEME	**REQUIREMENTS AND RECOMMENDATIONS**	**ACTION POINTS**	**TIMESCALE**	**PERSON RESPONSIBLE**	**STATUS – 26/8/16**
		• Environmental factors are incorporated into the support plan and risk assessment for each individual. • We will continue to consider environmental factors for each person within their own flat, with assistance from Occupational Therapy and Behaviour Support and Intervention Team. • Where risks are foreseen in an individual's flat, this will be recorded in their risk assessment, and the risk minimised where possible. • As part of a larger piece of work with Care Management and Health risk factors are being considered in relation to tenants contact with others who live at Weavers Burn.			• In place. • In place. • In place. • Being progressed as part of multi-disciplinary assessment/outcomes process.
	(2) - The provider must ensure that service users' personal plans reflect how staff will meet the health, welfare and safety needs of the person and that any specific guidance from other professionals and stakeholders must be reflected within each plan to ensure that staff have all the information required to support people safely and effectively.	• Individual personal plans contain information on health, welfare and safety needs of each individual. • The personal plan is updated following 6 monthly (or more frequent if needed) reviews with all relevant professionals as well as the individual and their family. • We will work with the Behavioural Support and Intervention Team to develop a more condensed version of the Positive Behavioural Support Plan which is quicker and easier to read. • The LD department is committed to moving towards the use of outcomes focussed assessment and review – this will be implemented as people's reviews are due. Information will be incorporated into the personal plans from the Positive Behavioural Support Plan, Dieticians reports, etc, so that all information is in one document. The plans will be updated as the reviews fall due.	Within twelve weeks of receipt of this report.	Team Manager/ Assistant Manager / 4 Senior Social Care Workers	• Personal plans are being audited and further development of these is in course, including within the areas of health, welfare and safety. • Plans being updated and a schedule for reviews is in place. • The most crucial information in a Positive Behavioural Support plan is being considered with a view to producing a more condensed version for ease of access and as a quick initial guide for team members. • Outcome focussed review documentation is being implemented, with the first review to use this framework taking place on 26/08/16.
	(3) – The provider must ensure that each service users health, welfare and support needs are met in accordance with their assessed needs. In order to achieve this, the provider must ensure that: - where a guardianship order is in place, that all information relating to the powers of the guardian are clearly recorded - where the guardian has agreed delegated powers to the service this is clearly recorded.	• We will ensure that where a guardianship order is in place that all information in relation to the powers of the guardian are clearly recorded. The service will refer to the Mental Welfare Commissions information and guidance for people working in adult care settings. A guardianship checklist will be completed for each tenant where there is a guardianship order in place. • Delegated powers will be reviewed on a regular basis with the guardian and agreements clearly recorded.	Within Six weeks of receipt of this report	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• The Mental Welfare Commission's guardianship checklist has been adapted and is being incorporated within individuals' files. • Team Manager has progressed meetings with two relatives of individuals who are Welfare Guardians, to discuss delegated powers and ensure these are recorded and understood by team members.
	One Recommendation Noted. Staff should have opportunities to monitor and update information contained in support plans in order to ensure that people who use the service receive a consistent service from well informed staff.	• Staff will have the opportunity to inform the information in support plans and risk assessments via a variety of forums such as supervision; team meeting; completion of incidents reporting documentation; etc. • There has been a change to the way the rota is managed, allowing for a period of 'handover' at the time of shift change. • Frequency of team meetings to be changed to fortnightly, to allow more staff to attend. • More comprehensive minutes will be taken at each meeting and made available to all staff.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Audit system being developed to monitor progress. • In place. Rota pattern has been changed to ensure adequate handover time. • In place. Team meeting schedule has been changed to fortnightly, to allow more staff the opportunity to attend. • In place. Format of minutes have been changed to include action points. Minutes now recorded by a Senior, and edited/distributed by Team Manager.

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CARE INSPECTORATE ACTION PLAN

FOCUS AREA/THEME	REQUIREMENTS AND RECOMMENDATIONS	ACTION POINTS	TIMESCALE	PERSON RESPONSIBLE	STATUS – 26/8/16
Quality Theme 3: Quality of Staffing					
	No requirements noted.				
Statement 3 - "We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice – Grade 3	**One recommendation noted** (1) - That the provider ensures that a system is put in place to ensure team meetings take place at regular intervals, comprehensive minutes are available of these meetings, and that staff are supported to attend. National Care Standards Care at Home. Standard 4: Management and Staffing.	• Team meetings will be scheduled fortnightly to provide more opportunity for different team members to attend. • A pro-forma will be created for team meeting minutes to ensure they are comprehensive and action focussed. • Team meeting minutes will be accessible for all staff to read. • We will ensure minutes are discussed with staff during supervision, and any actions are followed up.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• In place. • In place. • In place. • Supervision schedule in place.
Statement 4 – "We ensure that everyone working in the service has an ethos of respect towards service users and each other."	**One requirement noted** (1) – The provider to ensure that staff supervision is carried out in line with the provider's policies and procedures, and a system is in place to record when supervision sessions had taken place and when they were due.	• Supervision schedule will be put in place for all staff to show when supervision has taken place and is due. This record will also show where supervision has been cancelled or rescheduled and the reason why. • All carrying out supervision will ensure previous supervision is reflected upon and actions carried out. Supervision for all staff will be carried out as per Dundee City Council's Policy and Procedure. • Training and employee development will be a standard agenda item discussed at each supervision session. • Employee development reviews will be carried out in line with Dundee City Council Policy and Procedure.	Within 8 weeks of receipt of this report	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Supervision schedule is now in place. • Quality and frequency of supervision is priority focus of Assistant Manager's current role and task. This will support seniors and ensure a systematic and consistent approach to supervision processes. • Training and employee development is on the agenda of staff supervision. • Employee development reviews are on the supervision agenda.
	One Recommendation noted The provider should review the training needs of staff and ensure that training being provided is relevant to the service staff are expected to provide, and available with appropriate timescales.	• Core training will be identified for all staff during their induction period and training records will be updated accordingly and in an accessible format. • Systematic audits to be carried out by the manager. • Staff will review training and development needs at supervision and yearly employee development review, in conjunction with supervisor. • For team members who do not hold the appropriate qualification for their role, they will be invited to apply to complete a qualification in Social Care once they are deemed to be equipped to undertake the required assessment.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Thorough 2 week induction now in place. Core training in place for team members. • Will form part of overall framework for audit/quality assurance. • Training and employee development is on the supervision agenda. A schedule is being developed for Employee Development Reviews, supervision schedule in place. • There are approximately 46 team members in place at this time. Over three quarters of these team members already hold a professional/vocational qualification.
Quality Theme 4 – Quality of Management and Leadership					
Statement 2 – "we involve our workforce in determining the direction and future objectives of the service"	**No requirements or recommendations noted.**				
Statement 4 – "We use quality	**One requirement noted** (1) – The provider and manager should ensure that	• As we move towards using outcomes focussed assessment and review documents, these documents will provide a robust system for	8 weeks within	Team Manager /	• Personal plan audits are in place. Tenant files have been re-organised so that there is a separate daily

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CARE INSPECTORATE ACTION PLAN					
FOCUS AREA/THEME	**REQUIREMENTS AND RECOMMENDATIONS**	**ACTION POINTS**	**TIMESCALE**	**PERSON RESPONSIBLE**	**STATUS – 26/8/16**
assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.”	the service has robust quality assurance processes, and that audits and checks are completed within stated timescales and clearly evidence how any issues identified are to be addressed and by whom, and by when. The manager should sign these to evidence that they have been completed and issues are addressed.	auditing outcomes for individuals. • An overall framework for audit and performance improvement will be established within the service. • Audit tool for resources is in development and is scheduled for completion by September 2016. • Management action plan in place covering all aspects of the service. This will be reviewed and actions updated regularly.	receipt of this report	Assistant Manager / 4 Senior Social Care Workers	recording folder for each individual, for ease of audit. • Examples from other services are being considered. • Service audit tool is in draft form, due for agreement/implementation by November 2016. • In place.
	One recommendation noted (1) - The manager and provider should continue to review and develop opportunities for involving service users and their representatives in providing feedback on the quality of care and support, and evidence how this leads to better outcomes for the people who use the service. National Care Standards at Home - Standard 11: Expressing your Views	• Develop questionnaires and methods of collecting feedback from stakeholders. • Regular carers meetings will be set up to provide a forum to discuss concerns and to make suggestions. • Explore different ways for individuals who have complex needs and communication difficulties to give their opinion/make suggestions about the service.	3 months	Team Manager / Assistant Manager / 4 Senior Social Care Workers	• Examples from other services being considered prior to implementation. • First carers meeting has taken place (18/08/16) and further meetings have been agreed at 6 weekly intervals. • Examples from other services being considered as a means of involving tenants meaningfully in service developments.