



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 27 MARCH 2018
REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – WHITE TOP CENTRE (RESPITE)
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC21-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection of White Top Centre (Respite).

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report and the content of the inspection report (attached as appendix 1).
- 2.2 Notes the one recommendation from the inspection report as outlined in paragraph 4.8 and the submitted action plan to address this (attached as Appendix 2).
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the extremely positive comments made by carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 White Top respite support was inspected by the Care Inspectorate on 22 November 2017. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	6 - Excellent
Staffing	5 – Very Good

Previous inspections	Themes inspected	Grade
6/01/17	Two quality themes inspected	2 x 6 - Excellent
10/12/15	All 4 quality themes inspected	4 x 6 - Excellent
22/09/14	All 4 quality themes inspected	4 x 6 - Excellent

4.2 The White Top respite flat is a domestic style three-bedroom flat. The respite flat forms part of a purpose built centre for adults with profound and multiple impairments and accompanying disabilities. The development of the Centre was the result of a collaboration between Dundee City Council Social Work Department, the University of Dundee and NHS Tayside.

- 4.3 Due to the profound nature of the disabilities of people the service supports, direct feedback from carers and family members is particularly important. Extremely positive comments were received from families, including

“staff are all brilliant”

“I would change nothing, couldn't do better”

Parents commented on the flexibility of the service and the team's understanding of personal demands facing carers.

- 4.4 The inspectors found evidence of staff demonstrating an excellent understanding of each person's needs and their plan of care. Care plans and supporting documents were found to be of a high standard, with reviews being linked to individual outcomes.
- 4.5 The inspectors reported that there was evidence of excellent co-working alongside health professionals such as physiotherapists and speech and language therapists. This ensures that people who are supported also have access to good support around their health needs. The inspectors particularly liked the Holiday Summary Sheet, which showed clear short-term, respite based outcomes which fed into the individual's generic care plan. This ensures that the person using the service is consulted and relevant information shared with their relative. This open communication is essential in promoting a good relationship between the service and relatives. It creates trust and a mutual understanding of objectives and aspirations.
- 4.6 It was found that staff received a full comprehensive induction. This equips new staff with the essential skills to support people in accordance with best and safe practices. Inspectors were delighted to see that staff commenced a programme of refreshing induction training, this to ensure that staff continue to operate at a high level and maintain the skills they had when they commenced their post. Evidence was found of competency assessments where practice is observed to ensure it is of the required standard e.g. administration of medication. Inspectors were told by staff their perspective that the current mix of age, skills and experience within the team offers them a lot of in-house knowledge to call upon.
- 4.7 Staff reported that they felt well supported by management and found them to be approachable and accessible. Management maintain this level of support by arranging staff team meetings over two separate dates to ensure the whole team are engaged and can participate.
- 4.8 One recommendation was made regarding staff supervision and appraisals. Some appraisals (Employee Development Reviews) were found to be marginally out of date and supervision timescales were not always being achieved. In order to be able to comply with the service's own policy, timescales for supervision sessions have been reviewed and amended to ensure complete compliance whilst ensuring a safe system of support for the team. The new arrangements will involve a minimum of 4-5 formal supervision sessions per year per team member but with the continuing option of additional (formal or informal) support sessions.
- 4.9 An action plan was submitted to the Care Inspectorate regarding the recommendation made. All supervision and appraisal arrangements will meet the requirements of the service policy within 6/8 months respectively.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None

Dave Berry
Chief Finance Officer

DATE: 9 March 2018

Arlene Mitchell
Locality Manager
Health & Social Care Partnership

White Top Centre Care Home Service

Westfield Avenue
Dundee
DD1 4JT

Telephone: 01382 435198

Type of inspection: Unannounced
Inspection completed on: 22 November 2017

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000512

About the service

The White Top respite flat is a domestic style three-bedroom flat situated just off the Perth Road in the centre of Dundee. The respite flat forms part of a purpose-built centre for adults with profound and multiple impairments and accompanying disabilities. The centre was the result of a collaboration between Dundee City Council Social Work Department, the University of Dundee and NHS Tayside.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We sent out three questionnaires to relatives and carers, we received two back. Although one felt that they weren't involved in developing the service they still agreed that, overall, they were happy with the service. The other response 'strongly agreed' that, overall, they were happy with the service and stated that 'staff are professional and knowledgeable concerning all aspects of my son's care'.

Relatives commented extensively on the quality of staff with such examples as; 'staff are all brilliant'. Also, relatives thought 'it's a very good idea that staff go across both services (day care and respite) as this helps them get to know him (son)'. As a general comment on the respite service, one relative stated, 'she (daughter) loves it here, if it's not broke don't fix it. I would change nothing, couldn't do better'.

Self assessment

Every year all care services must complete a 'self-assessment' form telling us how their service is performing. A self-assessment was not required to be completed at this inspection; however the service had completed a service plan and management action plan and they spoke about their goals and aspirations for the forthcoming year.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of environment	not assessed
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

Our discussions with staff demonstrated an excellent understanding of peoples' individual assessed needs and their plan of care. People were assisted to maintain their identity and were treated with dignity and respect. We saw staff taking time with people, spending one to one time, and were being supported to be involved in meaningful person-centred activities and interests. We saw that the service had detailed information in relation to safety, care and support. This was evident through Family Information, Personal Evacuation Plans, Medicine Administration Records and person-centred Care Plans. We liked that the outcome categories of the care review were also person-centred and a clear link was made to an individual action plan.

We saw that there was excellent co-working alongside health professionals such as physiotherapists and speech and language therapists. This ensures that people that use the service also have access to good support around their health needs. We also liked the Holiday Summary Sheet, which showed clear short-term, respite based outcomes which fed into the individual's generic care plan. This also showed us that the person using the service was consulted and relevant information shared with their relative. This open communication is essential in promoting a good relationship between the service and relatives. It creates trust and a mutual understanding of objectives and aspirations.

We were also told and could read that care plan reviews took account of family views but were ultimately centred on the person they were supporting. Although the person using the service is the centre of decisions it is important that all those around them are involved. Staff were very familiar with enabling and supporting communication on an individual basis. We evidenced that the team encouraged the use of tablets, and the group had been involved in making music and sounds through the use of sound-beam technology. This had been used in some of the groups' music and drama projects, which gave a great enjoyment and a sense of achievement, which everyone seemed very proud of.

The rota and respite plans were very detailed, organised and considerate to individual circumstance. Parents commented on the flexibility of the service and it's understanding of personal demands. Staff were also praised for their commitment and motivation. Parents told us that staff would look for learning and development opportunities so that they could support the person in a better way. We received very positive feedback from all the relatives we spoke to. One example which illustrates this is, 'they put a value on my opinion, they ask you...that makes the service marvellous'.

We saw and read that staff received a full and comprehensive induction. This equips new staff with the essential skills to support people in accordance with best and safe practices. We were delighted to see that the service had commenced a programme of 'refreshing' induction training. This was to ensure that staff continued to operate at a high level and maintain the skills they had when they commenced in their post. We were told and could see that there was a wide range of training available, which staff were able to access to improve their practice, skills and knowledge. We saw very good evidence of competency assessments which is where practice e.g. administration of medication, is observed to ensure it is of the required standard. We were told by staff that the current mix of ages, skills and experience, within the team, gave them a lot of in-house knowledge to call upon.

Staff told us that they felt well supported by management and found them approachable and accessible. Management continued this level of support by arranging staff team meetings over two separate dates. This was to meet with the maximum number of available staff while continuing to provide a service. This makes sure that everyone in the team gets the same information so that a consistent service can be provided.

What the service could do better

Although care plan reviews were generally held within the legislative timescale, we found that some documents required evidence of being reviewed or up-dated. For example, the tool that can go to hospital with someone to assist hospital staff support them effectively, the DisDAT, was not always up-to date and we couldn't tell if this had been reviewed. We felt that some documents would benefit from more detail and include description of an outcome.

Some guidance was out of date and we didn't know if this had been reviewed. We suggested the file audit tool could be reviewed to include this detail. Also, a 'review pack' could accompany staff into care plan reviews, containing those documents which need confirming as accurate with relatives, such as contact information and risk assessments.

We found the files quite bulky and suggest that these are thinned-out to make them easier to navigate and therefore information more accessible. This would need to be sympathetic to essential records and done in accordance with the services archiving and retention policy.

We heard several very positive and complimentary comments about the service, and think it would be worthwhile finding a way to capture these effectively for the staff team.

Although staff confirmed that they felt well supported in their role, the service was not meeting their own good practice guidance on supervision. This was evidenced through supervision records and what staff told us themselves. The services' annual Employee Performance and Development Plans also appeared to be marginally out of date. It is recommended that the registered manager develops a system that is both manageable and meets the services own guidance in respect of supervisions and appraisals (see recommendation 1). This process could also act as a monitor to ensure that staff are meeting the requirements of their professional registration.

The staff files were audited, but instructions on remedial action was not always clear. A more detailed note of omission or action would assist. Also, a further column would improve the audit by indicating when the necessary remedial action had been completed. We also suggest that a system be in place to ensure the competency of the assessor when observations of staff are carried out.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider to ensure that staff supervision and appraisals are carried out regularly in accordance with their own guidance.

National Care Standards, Short Breaks and Respite, Standard 5 - Management and Staffing Arrangements.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
6 Jan 2017	Unannounced	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	6 - Excellent
10 Dec 2015	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent
22 Sep 2014	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent
		Staffing	6 - Excellent
		Management and leadership	6 - Excellent
21 Oct 2013	Unannounced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	6 - Excellent
19 Feb 2013	Unannounced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	6 - Excellent
15 Nov 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
9 Sep 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good

Date	Type	Gradings	
14 Jan 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
24 Sep 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Mar 2009	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Feb 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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eForms Document

Inspection Documents **Action Plan**

White Top Centre

CS2003000512

General Information

General Information about the Inspection

Inspected by: Craig Mullay

Type of Inspection: Unannounced

Inspection Completed on (date): 22 November 2017

Additional Information: What you enter in the text area below will be shown to the provider when the Action Plan is released. You will need to select Yes from the drop-down that is below the text area when you have finished entering your notes.

Do not select YES until you are ready for the document to be released to the provider - you cannot reverse this decision once you have clicked on "Save & Exit"

Information to provider

Release this form to the service provider? Yes / **No**

Requirements

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme

Quality Statement

Requirement Number

Please enter responses for each of the requirements listed below

Recommendations

Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Recommendation Number
Staffing	1	1

Please enter responses for each of the recommendations listed below

1 record

Quality Theme	Staffing
Quality Statement/Theme No	1
Recommendation Number	1

The provider to ensure that staff supervision and appraisals are carried out regularly in accordance with their own guidance.

National Care Standards, Short Breaks and Respite, Standard 5 - Management and Staffing Arrangements.

Action Planned:

Supervision agreements to be reviewed for timescales of planning for staff receiving supervision and amended to according to the guidance in the agreement. Supervision agreements for Social Care Workers will now be timescales of approximately every 12 - 14 weeks giving approximately 4 - 5 supervisions yearly. Should either party feel the need for extra support between those scheduled then this can be arranged to suit the convenience of both parties. There is also the opportunity for ad hoc advice and/or guidance at any mutually agreeable, reasonable time either in person or by telephone or by e-mail.

Manager will monitor through Senior supervision

EPDR/Appraisals to be carried out on a yearly basis

Timescale:

6 months - supervision 8 months- EPDR/appraisal

Responsible Person:

Ann Murray

Submission Declaration

Declaration I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Ann Murray

I am: (Select an option)

The manager of the service / The owner of the service

