

**REPORT TO: HOUSING COMMITTEE – 18 MAY 2015**

**REPORT ON: INSPECTION OF SHELTERED HOUSING WARDEN SERVICE BY  
THE CARE INSPECTORATE**

**REPORT BY: DIRECTOR OF HOUSING**

**REPORT NO: 184-2015**

**1. PURPOSE OF REPORT**

- 1.1. The purpose of this report is to report on findings of the Care Inspectorate inspection of the Sheltered Housing Warden Service.

**2. RECOMMENDATIONS**

- 2.1. It is recommended that the Housing Committee:
- i. Notes the contents of this report, and
  - ii. Instructs the Director of Housing to monitor progress towards meeting the areas for improvement contained in this report.

**3. FINANCIAL IMPLICATIONS**

- 3.1. None.

**4. MAIN TEXT**

- 4.1. The Sheltered Housing Warden Service was inspected in March 2015 by the Care Inspectorate. They published a report on their findings and this is attached as Appendix 1.

- 4.2. The Care Inspectorate identified the following key strengths of the service:

- The service listens to comments and takes action to improve the service for service users and staff.
- Comments included:
  - “They will help you answer any letters and anything else you may require help with or put you in touch with someone that can help you”.
  - “If the regular warden is going on holiday then we get notified and they will also let us know when they are having their days off and if there are changes then we are told about that too by letter”.
  - “There is a lovely buzz about the place just now and this is down to our lovely friendly wardens”.
  - “I’m just back from hospital and they have already been in today to update my medical file with the change of meds”.
  - “They hold regular Tenants Meetings where they discuss the funds we have – the activities for the following month and this usually includes our chippie tea night they also send out a news bulletin every so often that keeps you abreast of what is happening in the complex”.
  - “I get along great with the wardens and speak and see them anytime I wish. You just have to ask them to meet with you and they are always happy to do this”.

- All complexes hold regular tenants meetings to discuss changes and activities and outings with tenants. Their views are gathered and minutes are posted on notice boards in the complexes.
- The service has a comprehensive involvement strategy which commits to things such as communicating big changes by letter, to consultation, to involving tenants in decision making and to the tenants rep's forum for discussing things which matter to the sheltered housing service and there are regular newsletters.
- Each service user had a support plan (support agreement) which outlined how the service was going to support them. The support plans were reviewed every six months. This was confirmed by tenants who were interviewed and were evidenced by the records looked at. These plans were among the best ever seen for a sheltered housing service.
- Throughout all the complexes visited there was evidence of social activities taking place. There was also evidence of community support meetings where tenants got talks from fire safety officers and community police officers. Every complex was also open to non-tenants to use which made it a part of the wider community which had benefits for wider social links for tenants.
- Staff in the service had a high level of training. Training records and staff interviews confirmed that all staff had been through an induction programme when they began work and that this included core training such as values, manual handling, confidentiality and adult protection. Staff also received training that they had identified as being useful for them.
- Staff all stated that they felt that they were supported to do their job and their ideas were valued by management and that they received regular supervision.
- The inspector observed staff respecting service users' choices, dignity and privacy on the days of the inspection.
- Observation of staff practice undertaking a variety of tasks with tenants showed them to be confident, relaxed and professional in their approach.
- It was clear that the health and wellbeing of service users was at the core of what the service does with it's person centred and detailed approach.
- The service had effective systems in place to support staff to develop their skills via training and supervision.
- There was evidence of the service's diligent response to the last inspection report.
- The inspector was impressed with the way this service was extensively monitored. For such a large service the protocols in place enabled management to keep an eye on quality.

To summarise, the inspector stated that the service provides very good housing support for council tenants in dispersed complexes throughout Dundee. Their use of support planning and review is of a high quality and their engagement with service users is good. The service is good at ensuring people are safe and given access to the supports they need. Customer satisfaction was high across the majority of complexes with staff seen as supportive and effective.

#### **4.3. What the service has done to meet any requirements made at the last inspection**

There were the following seven requirements made at the last inspection:

- The service Involvement Strategy requires to be completed.
- The service needs to address the issue of awarding permanent contracts to the service's staff.
- The service must ensure at all times, suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health and welfare of the service users.

- A provider shall provide the service in a manner which promotes and respects the independence of the service user and, so far as it is practicable to do so, affords them choice in the way that the service is provided to them.
- The provider shall ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.
- The service shall provide a written statement of the Aims and Objectives of the service.
- The provider shall have regard to the size and the nature of the service, the statement of aims and objectives and the number of needs of the service users to ensure: the service must ensure at all times, suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health and welfare of the service users.

This inspection confirmed that all of the above requirements have been met and met within the timescales required by the Care Inspectorate.

#### 4.4. Evaluations

4.4.1. There were no issues/concerns identified as requirements for improvement.

4.4.2. The following were identified as recommendations for improvement:

- Support Plans should also be demonstrably up-to-date.
- Identified staff should get IT support and training.
- Every person on an induction as a new member of the service should have close supervision and the opportunity to shadow related services.
- The service should remind all staff of their responsibilities under the SSSC Codes of practice.
- The service should plan for and begin to provide staff with vocational awards in order to meet SSSC registration requirements.
- The service should develop a wider knowledge of sheltered housing provision and practice.

#### 4.5. Grading

4.5.1. The Care Inspectorate reports use a six-point scale for reporting performance:

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

4.5.2. The following grades were awarded:

Theme	Individual Grade Awarded	Overall Grading
Quality of Care and Support	Statement 1 - (4) - Good Statement 3 - (5) – Very Good	(4) – Good
Quality of Staffing	Statement 1 - (4) - Good Statement 3 - (4) - Good	(4) - Good
Quality of Management and Leadership	Statement 1 - (4) - Good Statement 4 - (4) - Good	(4) – Good

4.5.3. This compares to the grades awarded following the previous inspection:

Theme	Individual Grade Awarded	Overall Grading
Quality of Care and Support	Statement 1 - (3) - Adequate Statement 3 - (3) - Adequate	(3) - Adequate
Quality of Staffing	Statement 1 - (3) - Adequate Statement 3 - (3) - Adequate	(3) - Adequate
Quality of Management and Leadership	Statement 1 - (3) - Adequate Statement 4 - (2) - Weak	(2) - Weak

4.6. The grades have improved not only across all three Quality Themes, but also across all six Quality Statements.

4.7. An Action Plan to meet the recommendations in the Care Inspectorate report has been agreed and submitted. The Action Plan is attached as Appendix 2.

## 5. **POLICY IMPLICATIONS**

5.1. This report has been screened for any policy implications in respect of Sustainability, Strategic Environment Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

## 6. **CONSULTATION**

6.1. The Chief Executive, Director of Corporate Services, Head of Democratic and Legal Services and all other Chief Officers have been consulted in the preparation of this report. No concerns were expressed.

## 7. **BACKGROUND PAPERS**

None.

**ELAINE ZWIRLEIN**  
**DIRECTOR OF HOUSING**

**MAY 2015**



## Care service inspection report

### Dundee City Council - Sheltered Housing Warden's Service

#### Housing Support Service

West District Housing Office  
3 Sinclair Street  
Dundee  
DD2 3DA  
Telephone: 01382 307321

Type of inspection: Announced (Short Notice)

Inspection completed on: 5 March 2015



---

## Inspection report continued

---

### Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	13
4 Other information	24
5 Summary of grades	25
6 Inspection and grading history	25

**Service provided by:**

Dundee City Council

**Service provider number:**

SP2003004034

**Care service number:**

CS2006118106

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Inspection report continued

### 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

The service provides housing support for council tenants in dispersed complexes throughout Dundee. Their use of support planning and review is of a high quality and their engagement with service users is good. The service is good at ensuring people are safe and given access to the supports they need. Customer satisfaction was high across the majority of complexes with staff seen as supportive and effective.

### What the service could do better

The service has undergone a lot of change and development since the last inspection and much improvement has occurred. However this process is ongoing and improvements are needed in the following areas:-

- Clarifying warden's role for tenants.
- Support plans need to be demonstrably up-to-date.
- I.T. training for staff.
- Further development of the new induction programme.
- Professional responsibilities in relation to sharing information with tenants.
- Development of SVQ for staff to meet future SSSC registration requirements.
- A wider perspective on housing support practice.
- Liaison with other related services such as community response.

## Inspection report continued

---

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

The service has progressed in the following areas:-

- 5 relief wardens have been employed and are undergoing induction.
- Needs assessments of tenants have been undertaken.
- Some complexes have changed the way that wardens provide support.
- All warden staff are now on permanent contracts.
- All wardens have a record of their training and get regular appraisals
- The service has carried out engagement meetings with staff to explain changes in how the service is delivered.
- All service users have up-to-date support plans and notifications history.
- All service users have been consulted on use of motion detectors in their hallways and have given permission for their use, or not.

### Conclusion

This service has undergone a lot of changes to meet service needs and has not fully completed these developments. It still has a job to do to bring some staff and some tenants along with its vision for the service. However, customer satisfaction is high, support remains of a high quality and the service is clear about where it wants to be in order to provide the best support for tenants.



## Inspection report continued

---

### 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

#### Requirements and recommendations

If we are concerned about some aspect of a service, or think it could 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, but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- 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 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Dundee City Council - Sheltered Housing Warden Service is registered to provide a housing support service to tenants of Dundee City Council. The key feature of the service is the warden led service with each flat having an emergency alarm. The service meets the needs of tenants who are aged 60 or over. The service also provides very sheltered housing to meet the needs of frail older people who require additional support to live in their own homes. The service is available to approximately 2000 tenants in 36 sheltered housing complexes.

The housing support service is provided by the manager, eight senior wardens and about 80 wardens. The wardens are on duty in each complex every day of the week, usually between 8.00am and 2.30pm or 4.00pm, depending on the day of the week, but they may be on duty at specified times outside these hours. The tenants are notified in writing about the availability of the warden service in each complex. Tenants are linked to the Community Alarm service outside these hours.

## Inspection report continued

---

The role of the wardens is to support tenants to live independently with the minimum of intrusions. Wardens check twice daily whether each tenant is active in their home through a mat or motion detector and speak with each tenant daily by intercom or phone. Wardens visit tenants in their home at an agreed frequency. Wardens also assist tenants with filling in forms, dealing with correspondence, contacting health and support agencies and assist tenants to stay safe and well in their home. Wardens assist tenants to organise social activities and a comfort fund for each development. Wardens do not provide personal care, except in an emergency.

Tenants have the use of laundry facilities and a communal lounge in each development.

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**

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 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 high 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 a short-term announced inspection which took place between 23 February and 05 March 2015. One inspector and two volunteer inspectors were involved in the inspection.

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.

80 questionnaires were sent to the service to distribute to service users - 27 were returned.

Inspector volunteers made telephone interviews with 60 service users who were randomly picked by the service and who gave permission to be contacted. These covered all 8 complexes in the service.

Evidence was also gathered from the following sources:-

- Interviews with fifteen staff.
- Interviews with 70 service users in total.
- Interviews with manager of the service and their line-manager.
- Inspection of personal plans in 6 different complexes.
- Inspection of records.
- Inspection of policies and procedures.
- Observation of staff practice.

### Grading the service against quality themes and statements

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

## Inspection report continued

---

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)



## Inspection report continued

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

#### The requirement

- a) The service Involvement Strategy requires to be completed.
  - b) The service needs to address the issue of awarding permanent contracts to the service's staff.
- SSI210/2011 Regulation 15 - Staffing.  
Timescale: This must be completed within 12 weeks of this report.

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

There is now a strategy in place.

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

#### The requirement

The service must ensure at all times, suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health and welfare of the service users.

SSI210/2011 Regulation 15 - Staffing

Timescale: 6 months from receipt of this report.

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

5 relief wardens have been employed and vacancies have been filled.

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

#### The requirement

- a) A provider shall provide the service in a manner which promotes and respects the independence of the service user and so far as it is practicable to do so affords them the choice in the way in which the service is provided to them.
- SSI210/2011 Regulation 3 - Principles
- b) The provider shall ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

## Inspection report continued

SSI210/2011 Regulation4 - Welfare of users and the Mental Welfare Commission for Scotland - "Rights, Risks and Limits to Freedom".  
Timescale: 6 weeks from receipt of this report.

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

Service users now give permission for user of internal motion sensors in flats.

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

### **The requirement**

The service shall provide a written statement of the Aims and Objectives of the service.

SSI210/2011 Regulation3 - Principles

Timescale: within 8 weeks of the receipt of this report.

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

This has been completed.

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

### **The requirement**

The provider shall have regard to the size and the nature of the service, the statement of Aims and Objectives and the number of needs of the service users to:

(a) ensure at all times that suitably qualified and competent persons are working in the service in such numbers as are appropriate for the health and welfare of the service users.

SSI210/2011 Regulation 3 - Principles, Regulation 15 - staffing.

Timescale: within 6 months of this report.

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

The service showed evidence of cover being available to tenants.

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

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

The service has good involvement practice - service users felt consulted. Staff have been consulted via engagement meetings in relation to changes in how the service is delivered. Needs assessments of all tenants have been undertaken and a support plan is in place.

## Inspection report continued

### 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

70 service users were spoken with during the inspection, and 27 care service questionnaires were returned to the inspectorate. The views expressed were generally very positive about the service. Here are some of the things residents said:-

- I get a monthly newsletter through my letterbox from the wardens telling me what is happening and what events are on for that month, we also have tenants meetings from time to time, and the notice-boards as well so we are well informed.
- Once I needed out of hours GP. The pull cord came in handy then with them dealing with my call and staying on the line till the GP arrived and the wardens were informed in the morning and they popped in to see if I was feeling any better but I was not so the ambulance was called. So yes, they all do what they can to help, oh and they let my family know too.
- They will help you answer any letters and anything else you may require help with or put you in touch with someone that can help you.
- If the regular warden is going on holiday then we get notified and they will also let us know when they are having their days off and if there are changes then we are told about that too by letter."
- We had no say in the change of working hours for the wardens.
- The wardens buzz me at a set time each day and if I wish to speak to them I just buzz and they will pop over and speak to me in my own home or I can go to the complex the choice is mine.
- There is a lovely buzz about the place just now and this is down to our lovely friendly wardens.



## Inspection report continued

- 
- The wardens do come round about every 6 months to check our plan or file is in order, and if there are changes will change it then and you sign to say you have agreed to the changes.
  - I'm just back from hospital and they have already been in today to update my medical file with the change of meds.
  - Now there is a controlled entry I feel very safe and go to bed and sleep good.
  - The Community Police visited and I feel safe as I lock my door now every night.
  - They have arranged for the Fire Brigade to give us a talk about Fire Safety in the Home I enjoyed the talk very much.
  - If they are out on a call will answer the phone and say I'm in the street will call you back when its safe for me to speak and they always do.
  - We are meant to have two wardens at all times but often we have only one and if they are busy elsewhere then you do have to wait your turn.
  - They hold regular Tenants Meetings where they discuss the funds we have - the activities for the following month and this usually includes our chippie tea night they also send out a news bulletin every so often keeps you abreast of what is happening in the complex.
  - I don't go to the meetings but you always can read the minutes on the notice board and a quick summary is always in the newsletter we receive in our letter boxes from time to time.
  - I get along great with the wardens and speak and see them anytime I wish. You just have to ask them to meet with you and they are always happy to do this.
  - If they are on call then you can ask to see them about anything and they are so obliging but remember they do call me over the intercom every morning.
  - They will help me get repairs done in the home and if I'm unwell will get the basic shopping for me.

Some additional comments were made about the community response team response times. These were passed to management and have been dealt with in the main body of the report. Some tenants raised concerns about perceived cover in one complex and this was addressed with the manager of the service and investigated. It was seen that there was cover though wardens were not always available in the complex to socialise with tenants. Cover of the buzzer systems and for welfare visits was maintained. 2 other specific issues around money management were passed to management to deal with directly and report back.

### Taking carers' views into account

Not Applicable.



## Inspection report continued

---

### 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 had a good level of participation for service users. Here are some examples of the strengths:

- All complexes hold regular tenants meetings to discuss changes and activities and outings with tenants. Their views are gathered and minutes are posted on notice boards in the complexes. One example of consultation mentioned by tenants was around menu choice and carpets. Minutes from one meeting showed discussion of issues around laundry and use of alarm pendants.
- All service users received a complaints procedure and the complexes visited showed complaints information on noticeboards.
- Sheltered housing information sessions were held by the provider in all the complexes to promote what the service does, what developments are taking place and to give information on related services such as the community response team. These were specific meetings with tenants to keep them informed of the alternative arrangements for support as the result of a city wide review of sheltered housing services.
- The service has a comprehensive involvement strategy which commits to things such as communicating big changes by letter, to consultation, to involving tenants in decision making and to the tenants rep's forum for discussing things which matter to sheltered housing services.
- 6 monthly reviews of support plans were carried out for all tenants – this reviewed their ongoing support needs and any changes that needed to be made. Tenants spoken with confirmed these took place.

## Inspection report continued

- All tenants were able to get welfare visits from wardens when they needed them. There was a lot of evidence from tenants that these were taking place.
- All the complexes send out regular newsletters keeping tenants up-to-date with issues and developments. Tenants spoken with by volunteer inspectors confirmed these were seen and appreciated.

The inspector felt that the involvement practice provided by this service was consistent with a good grade. He felt the service was doing a good job of consulting with tenants but that they were still developing their practice and there was still some room for improvement.

### Areas for improvement

A small proportion of tenants were not happy with some of the changes that had taken place within the service: namely the alternative arrangements brought in for some complexes. This is an area where the service should continue to engage with people. The service was also planning to send out questionnaires as another means of gathering views - this was seen as a good idea by the inspector. It would also be a good idea to gather views on the service from external stakeholders such as the community response team and any other agencies they are involved with.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Inspection report continued

---

### Statement 3

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

### Service strengths

The service had a very good level of support provision for service users. Here are some examples of the strengths:-

- Each service user had a support plan (support agreement) which outlined how the service was going to support them. These contained good detail on how people were to be supported, a summary of that person's needs for quick access and comprehensive records of contacts. 12 plans were randomly selected across the complexes visited and all were found to be complete and person centred. These plans were among the best that the inspector had ever seen for a sheltered housing complex.
- Support plans were reviewed every six months. This was confirmed by tenants who were interviewed and were evidenced by the records looked at.
- Observation of staff practice showed that they were good at supporting people. The inspector observed one warden assisting a tenant with paper work, another a tenant who wanted a taxi to go shopping and a third who needed to get a visit from their doctor. Relationships between wardens and tenants were friendly and professional. It was clear from the results of the interviews undertaken with tenants that they felt they had good relationships with wardens.
- It was clear that the service took its monitoring of tenants seriously with the use of motion detectors in people's homes and use of daily calls and welfare visits all being used to ensure the safety of people. Interviews with tenants again confirmed that they felt safe and that the service would know if there was a problem. The inspector saw a lot of evidence of wardens checking up on people they were concerned about and visiting their homes to make sure everything was okay. (Motion sensors were only now used where tenants gave permission - evidence seen by inspector)
- Throughout all the complexes visited there was evidence of social activities taking place. These included regular bingo, themed parties, trips out, exercise classes and reminiscence groups. There was also evidence of community support meetings where tenants got talks from fire safety officers and community police officers. Each complex was also open to non-tenants to use which made it a part of the wider community which had benefits for wider social links for tenants.

## Inspection report continued

---

The inspector was impressed with the quality and effectiveness of the support planning used by this service. It was clear that the service was living up to its aims of providing safety, choices and respect. It was clear that staff had put in a lot of hard work to develop support plans and that this had resulted in a service that was running well in relation to support. This was reflected in comments made by tenants.

### Areas for improvement

It should be acknowledged that support arrangements for some tenants had been recently changed as a result of a review of the service. The alternative arrangements in a small proportion of the complexes had led to some uncertainty in tenants about their support. This was looked into by the inspector who felt that these changes maintained the core support that people should expect from this service.

Support plans should also be demonstrably up-to-date: contain evidence that staff have visited the plan recently to ensure its currency. See recommendation 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Support plans should also be demonstrably up-to-date.  
**National Care Standards 3 Housing Support Services - Management and Staffing Arrangements. 4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.**



## Inspection report continued

---

### 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

## Inspection report continued

### Statement 3

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

### Service strengths

We found that the service had a professional and well-trained workforce who were confident in their roles. Here are some of its strengths:-

- Staff at the service had a high level of training. Training records and staff interviews confirmed that all staff had been through an induction programme when they began work and that this included core training such as values, manual handling, confidentiality and adult protection. Staff also received training that they had identified as being useful for them. Several wardens who were interviewed cited a certificated dementia course that they had been on recently which they felt would help them in their work practice.
- Staff all stated that they felt that they were supported to do their job and their ideas were valued by management. Most felt they were part of a team that was supportive. They felt they had enough time to do their allotted jobs though sometimes it was very busy. There were regular team meetings. Service users who were interviewed were also very enthusiastic about the staff.
- All staff confirmed they got regular supervision at which they could discuss their ideas, their performance and the people they supported. All staff benefitted from an appraisal (EPDR) designed to support their professional development. Staff were also formally observed and given feedback on their performance.
- Interviews with staff showed that they were all aware of the National Care Standards and could apply them to their work role. Many spoken with confirmed they had been given SSSC codes of practice. The inspector observed staff respecting service users' choices, dignity and privacy on the days of inspection. When one person dropped by the office for advice they were welcomed with a friendly approach by staff.
- Staff confirmed that there had been engagement meetings with senior management to discuss and outline the changes taking place and the senior manager was seen as approachable and effective in getting things done.
- All staff have their own service email account and this helped them to keep up-to-date with developments within the service and to be communicated with on matters that concerned them.
- Observation of staff practice undertaking a variety of tasks with tenants showed them to be confident, relaxed and professional in their approach.

---

## Inspection report continued

---

The inspector was impressed with the professional and relaxed approach staff had to supporting tenants. It was clear that good relationships had been built up over time and that this promoted positive outcomes for service users. The staff should be commended for taking on a lot of recent changes and embracing them professionally.

### Areas for improvement

It was clear from observation and discussion with wardens that there was an on-going need for some of them to receive support or training in their use of computers and word processing. While it is acknowledged that the service has begun to address this need there is still scope for improvement so that wardens are more efficient when undertaking I.T. processes. See recommendation 1.

Where staff are new and undergoing induction they need to be clear about who is supporting and monitoring their progress and the induction programme should include opportunities for shadowing related services to understand how they fit in with the warden's role. This will enable wardens to explain more fully the roles of other services for tenants. In particular the role of the Homecare Social Response Service which has a lot of involvement with this service. See recommendation 2.

Some members of staff spoken with by the inspector were not happy with the changes made in relation to the service and expressed those feelings. While it is wholly appropriate to express dissatisfaction to the inspector the worry was that this dissatisfaction might be transmitted to vulnerable tenants. This would be seen as unprofessional. Under the SSSC codes of practice staff have a duty to 'uphold public trust and confidence in social services'. The service should remind all staff of this part of the code in order to ensure tenants are not burdened with the issues that staff have in relation to their employment. See recommendation 3.

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

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. Identified staff should get I.T. support and training.

**National Care Standards 3 Housing Support Services - Management and Staffing Arrangements. 4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.**

---

## Inspection report continued

---

2. Every person on an induction as a new member of the service should have close supervision and opportunity to shadow related services.

**National Care Standards 3 Housing Support Services - Management and Staffing Arrangements. 3** You can be confident that the staff providing your housing support have the knowledge and skills gained from the experience of working with people whose needs are similar to yours. If they are new staff, they are being helped to get this experience as part of a planned training programme.

3. The service should remind all staff of their responsibilities under the SSSC Codes of practice.

**National Care Standards 3 Housing Support Services - Management and Staffing Arrangements. 1** You can be assured that the provider has policies and procedures which cover all legal requirements, including:

- staffing and training.



## Inspection report continued

---

### **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

## Inspection report continued

---

### 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 provider and from within the service itself. Here are some of the strengths that were 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 good 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 1 statement 3).
- The service is continually planning its development and this was evidenced in its annual service plan which fed into and was informed by the provider's wider business plan. This outlined how the service was going to develop and who was responsible for achieving this.
- The service gathers a lot of performance information on each complex to ensure quality is maintained. Evidence was seen of monitoring of things such as home visits, support agreements and engagement.
- There was evidence of appropriate recording of accidents and incidents and subsequent notifications to the Care Inspectorate.
- There was evidence of the service's diligent response to the last inspection report.
- There was evidence of quality assurance visits made regularly to all complexes. These checked register, support agreements, key safes, cash held, and notice boards among other things.

The inspector was impressed with the way this service was extensively monitored. For such a large service the protocols in place enabled management to keep an eye on quality.

### Areas for improvement

It was noted that no vocational awards (SVQs) were being undertaken by the service. Wardens will be required to have an appropriate award when they register for the SSSC in the future. The service should begin to enable staff to achieve the relevant award. See recommendation 1.

## Inspection report continued

It was felt that the service would benefit from a wider knowledge of sheltered housing provision and practice. This might be done by attending wider local housing forums or access to sheltered housing information online. See recommendation 2.

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

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The service should plan for and begin to provide staff with vocational awards in order to meet SSSC registration requirements.  
**National Care Standards 3 Housing Support Services - Management and Staffing Arrangements. 1** You can be assured that the provider has policies and procedures which cover all legal requirements, including:  
 - staffing and training.
2. The service should develop a wider knowledge of sheltered housing provision and practice.  
**National Care Standards 3 Housing Support Services - Management and Staffing Arrangements. 4** You can be confident that all the staff use methods that reflect up to date knowledge and best practice guidance, and that the management is continuously striving to improve practice.

## Inspection report continued

---

### 4 Other information

#### Complaints

One complaint was upheld in relation to consultation with service users regarding changes to the service's operation was upheld. The service had already responded to this using engagement meetings with staff and meetings with tenants to explain the changes.

#### 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).

## Inspection report continued

### 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	5 - Very 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	
21 Feb 2014	Announced (Short Notice)	Care and support	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	2 - Weak
30 Jan 2013	Announced (Short Notice)	Care and support	4 - Good
		Staffing	3 - Adequate
		Management and Leadership	4 - Good
17 Jun 2011	Unannounced	Care and support	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate
7 May 2010	Announced	Care and support	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
4 Jun 2009	Announced	Care and support	3 - Adequate
		Staffing	3 - Adequate

## Inspection report continued

---

		Management and Leadership 3 - Adequate
--	--	--

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.



## Inspection report continued

### To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0345 600 9527.

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 0345 600 9527.

### Translations and alternative formats

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

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

- ە بای تەسەد ەیم ەونابز رگی د روا رولکش رگی د رپ شرازگ تەشەشە هی

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

ی.ر.خ.أ.تاغلبو.تاق.ي.س.ن.ت.ب.ب.ل.ط.ل.ا.د.ن.ع.ر.ف.ا.و.ت.م.ر.و.ش.ن.م.ل.ا.ا.ذ.ه.

本出版品有其他格式和其他語言備索。

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

Telephone: 0345 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)

## APPENDIX 2

## ACTION PLAN

Service Name:	Dundee City Council - Sheltered Housing Warden Service
CS Number:	2006118106
Service Provider:	Dundee City Council
Address:	West District Housing Office, 3 Sinclair Street, Lochee, Dundee, Dundee DD2 3DA
Care Inspectorate Inspection Officer:	Timothy Taylor
Date Inspection Concluded:	5 March 2015

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<b>Quality Theme 1, Statement 3</b>  <b>Recommendations</b> <ul style="list-style-type: none"> <li>Support Plans should also be demonstrably up-to-date</li> </ul>	<ul style="list-style-type: none"> <li>The existing Support Plan to be amended to include a new "updates" page. Any and all changes or updates to the plan will be recorded on this page</li> <li>Look to introduce an electronic data management system. This facility will automatically record all changes/updates.</li> </ul>	<ul style="list-style-type: none"> <li>April 2015</li> <li>August 2015</li> </ul>	<ul style="list-style-type: none"> <li>Sheltered Housing Supervisor</li> <li>Senior Sheltered Wardens</li> </ul>
<b>Quality Theme 3, Statement 3</b>  <b>Recommendations</b> <ul style="list-style-type: none"> <li>Identified staff should get I.T. support and training</li> </ul>	<ul style="list-style-type: none"> <li>Confirm staff who require I.T. support and training</li> <li>Develop Training Plan. (This to include E Learning and Peer support)</li> <li>Deliver training and ongoing support</li> </ul>	<ul style="list-style-type: none"> <li>May 2015</li> <li>July 2015</li> <li>Complete by February 2016</li> </ul>	<ul style="list-style-type: none"> <li>Senior Sheltered Wardens</li> <li>Sheltered Housing Supervisor/Training Officer</li> <li>Senior Sheltered Wardens</li> </ul>



<ul style="list-style-type: none"> <li>– Every person on an induction as a new member of the service should have close supervision and the opportunity to shadow related services</li> <li>– The service should remind all staff of their responsibilities under the SSSC Codes of practice</li> </ul>	<ul style="list-style-type: none"> <li>- The existing Induction Programme is to be amended to include the establishment of a dedicated “Induction Supervisor”. This will be a Senior Sheltered Warden who will be assigned to every new member of staff during their period of induction. Weekly support/guidance meetings will take place between the new member of staff and their dedicated Induction Supervisor.</li> <li>- A list of Job Shadowing opportunities will be developed and included within the amended induction programme for all new starts into the sheltered service.</li> <li>- The next round of engagement meetings with staff will be dedicated to ensuring all staff are fully aware of their responsibilities under the SSSC Codes of Practice.</li> </ul>	<ul style="list-style-type: none"> <li>- June 2015</li> <li>- June 2015</li> <li>- August 2015</li> </ul>	<ul style="list-style-type: none"> <li>Sheltered Housing Supervisor</li> <li>Sheltered Wardens</li> <li>Sheltered Housing Supervisor/ Housing Services Team Leader</li> </ul>
<p><b>Quality Theme 4, Statement 4</b></p> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>– The service should plan for and begin to provide staff with vocational awards in order to meet SSSC registration requirements</li> <li>– The service should develop a wider knowledge of sheltered housing provision and practice.</li> </ul>	<ul style="list-style-type: none"> <li>- An audit of all warden staff's qualifications to take place to confirm which staff require to undertake SVQ's</li> <li>- Following discussion with the Departmental Training Officer a training plan/programme to be established to ensure all staff undertake all necessary SVQ's within agreed timescales</li> <li>- Develop a local Best Practice Framework for sheltered housing. To include:             <ul style="list-style-type: none"> <li>○ Benchmarking</li> <li>○ Site visits with other providers</li> <li>○ Data/stock information sharing</li> <li>○ Establishment of Local Housing Forums</li> <li>○ Involvement in National Forums, e.g. Scottish Housing Best Value Network.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- May 2015</li> <li>- August 2015</li> <li>- September 2015</li> </ul>	<ul style="list-style-type: none"> <li>Senior Sheltered Wardens</li> <li>Sheltered Housing Supervisor/Training Officer</li> <li>Housing Services Team Leader</li> </ul>

Name: Susan Donaldson

Designation: Sheltered Housing Supervisor

Signature:

**In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.**