

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE - 9TH SEPTEMBER 2009

REPORT ON: ANNOUNCED INSPECTION OF DUNDEE CITY COUNCIL - SUPPORTED LIVING TEAM HOUSING SUPPORT SERVICE BY THE SCOTTISH COMMISSION FOR THE REGULATION OF CARE

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 434-2009

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report on the findings of the inspection of the Supported Living Team Housing Support Service

2.0 RECOMMENDATIONS

2.1 It is recommended that the Scrutiny Committee:

- (i) notes the contents of this report
- (ii) requests that the Director of Social Work monitor the continued progress towards improving this service.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 The Supported living Team housing support service was inspected in April 2009 by the Care Commission. This was an announced visit. The report of the findings of this visit was published on the 8th May 2009.

4.2 The Care Commission's focus of inspection targeted the following Quality Themes.

- Quality of Care and Support
- Quality of Staffing
- Quality of Management and Leadership.

Each Quality theme is made up of several quality statements and this inspection focussed on six of these quality statements.

4.3 The Care Commission identified the following key strengths in the areas that were inspected.

- good evidence that the service responded to service users and carers views about day to day care
- good practice in independently consulting service users about their views
- good practice in holding development days.
- a good level of consultation about the quality of staffing
- willingness to act on recommendations
- good practice in the induction of staff
- Excellent practice in safe and robust recruitment

- a good level of consultation about management with service users, carers and other stakeholders
- a strong ethos of and model of practice to continually improve the service
- good practice of involving staff in quality assurance

4.4 Evaluation

The Care Commission can apply the following to Services:

- Enforcement Action
- Requirements
- Recommendations

There were no requirements or recommendations in this inspection report.

4.5 Quality Indicators

Scottish Commission For The Regulation Of Care reports use a six-point scale for reporting performance:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

The grades that were awarded are as follows:

Quality Theme	Overall Grade
Quality of care and support	4
Quality of environment or information	4
Quality of staffing	4
Quality of management and leadership	4

5.0 POLICY IMPLICATIONS

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

There are no major issues.

6.0 CONSULTATION

- 6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

7.1 The following Background Papers were relied upon in preparation of this Report:

- Inspection Report Dundee City Council -Supported Living Team Housing Support Service

Alan Baird
Director of Social Work

Date: 20th August 2009

Inspection report

Dundee City Council - Supported Living Team Housing Support Service

Social Work Department
Balmerino Road
Dundee DD4 8RW

Inspected by: Paul Clemson
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 8 May 2009

Service Number

CS2005108069

Service name

Dundee City Council - Supported Living Team

Service addressSocial Work Department
Balmerino Road
Dundee DD4 8RW**Provider Number**

SP2003004034

Provider Name

Dundee City Council

Inspected ByPaul Clemson
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

8 May 2009

Period since last inspection

Thirteen months - 12 March 2008

Local Office AddressCentral East Region
Compass House
11 Riverside Drive
Dundee
DD1 4NY

Introduction

Dundee City Council - Supported Living Team has been registered by the Care Commission since June 2006. This is a combined Care at Home and Housing Support Service to adults with learning disabilities.

The service operates over two locations. Supported Living Team also provides a Housing Support Service to tenants who are older adults with learning disabilities who receive a Care at Home service from a different provider.

The service aims to meet the emotional, physical and spiritual needs and development potential of its service users.

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

Quality of Care and Support - 4 - Good

Quality of Staffing - 4 - Good

Quality of Management and Leadership - 4 - Good

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

This report was compiled following an announced inspection that took place on 28 April 2009 by Paul Clemson, Care Commission Officer. There was a feedback meeting with the team manager of the service on 8 May 2009.

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission.

Views of service users

The views of service users were sought through:

☐ Questionnaires completed by eleven service users, with staff help.

☐ Visit to one house to meet with service users.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon

requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

LOW

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was based upon the relevant Inspection Focus Area (IFA) and associated National Care Standards - Support Services, recommendations and requirements from previous inspections and complaints or other regulatory activity.

Staff at inspection

Discussion with the team manager
Spoke with four members of staff

Evidence at inspection

Examination of personal plans.
Observation of staff interactions with the service users present during the inspection.
Examination of a sample of supporting evidence identified in the service's Self Assessment.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:
<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue Service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue Service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

No requirements had been made at the last inspection by the Care Commission on 12 March 2008.

Comments on Self Assessment

A Self Assessment document was submitted by the service. This was completed to a very good standard within the required timescale. The Self Assessment gave relevant information for each Quality Theme and Statement. The service had identified areas it did well. The service had planned areas for future development.

View of Service Users

The Care Commission Officer met service users in one house where support is provided.

Four service users were interviewed informally. The Care Commission Officer observed staff to be respectful of service users' individuality for choice, dignity and privacy. Service users

were encouraged to take part in the routines of preparing a meal and setting the table, and to choose what they wanted to eat for their evening meal. Service users were seen to enjoy the company of the staff present and to accept staff support and encouragement.

Eleven questionnaires were returned on behalf of service users, with the assistance of staff. Service users were very satisfied with the overall standard of the service.

The comments from service users included:

"I like being at Temple Lane."

"My key worker is the best."

"I am going on holiday to Blackpool soon. I like here too."

View of Carers

The service informed carers about the inspection. One carer was contacted by the Care Commission Officer.

The comments from the carer included:

"I have no concerns regarding the quality of support provided by staff."

"I have raised concerns with the team manager regarding what I consider to be a serious flaw in the system in operation (relating to call alarm system) as yet I have not received a conclusion to my concern." (Please refer to Quality Statement 1.4 Areas for Development)

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 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

The range of evidence sampled found the performance of the service to be good.

There was very good practice evidenced in how the service responded to service users and carers views about day to day care. Some service users who could comment on their needs and wishes were asked for their views in one to one meetings with their keyworkers, in tenants meetings in the shared houses and in their care plan review meetings.

There was good evidence that the service involved carers in the annual review of the care plan. Staff commented that service users were encouraged to take part in assessing their service, be it their review, or the consultations, and it was evidenced in records that they read to service users the minutes of review meetings and other consultations so they knew what had been decided.

There was good practice in how the service had independently consulted service users about their views of the quality of the care and support they received in the Customer Care survey in December 2008 and the SAY consultation in February 2009. The service and service users had received a detailed report of the outcomes of the consultation from the people who had carried out the consultations.

The service ran regular 'Development Days' which were attended by staff from both houses. These days enabled staff to have an open forum to discuss practice issues. Staff for example could speak with a speech and language therapist, any communication difficulty, specific to a particular tenant. This information could be shared both ways with an outcome being enhanced communication skills being improved with individual tenants. Other professionals had been invited to 'Development Days'. For example:

- * Occupational therapist
- * Psychologists
- * Epilepsy nurse
- * Wheelchair specialist

Areas for Development

For very good and excellent outcomes the service needed to further improve the connection between the independent consultations and individual reviews with service users and carers about the quality of care and support and what the service has improved as a result and to report these back to service users and carers.

The service should continue developing methods to increase service user and carer participation in developing and evaluating the service.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 4: We use a range of communication methods to ensure we meet the needs of service users.

Service Strengths

The range of evidence sampled found the performance of the service to be good.

Various methods of consultation had been implemented by the service in order to ensure communication methods met the needs of service users, these included:

- * formal meetings
- * service user reviews
- * newsletter (Your Say)
- * review meetings
- * Copies of the Social Work Department "Your right to be heard" and "How to make a complaint" leaflets were made available to service users

Areas for Development

One carer commented that he had not received a satisfactory outcome from the manager relating to what he considered a serious flaw regarding the system in operation for service users getting assistance during the night if a person is unwell. The team manager stated this issue had not been fully resolved and was in the process of getting a safety pendant for the service user in question. Once this person had a pendant, staff would assess the service user's suitability in using it. The Care Commission Officer stated that he had made contact with the service user's carer prior to the verbal feedback session and he stated he has not been made fully aware of any further progress regarding this matter. The service should continue to consult with service users and carers about this matter and assess service user's ability to summons assistance during the night. No requirement or recommendation was made at this inspection.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading:

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 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

The range of evidence sampled found the performance of the service to be good.

There was a good level of consultation about the quality of staffing with most service users through the Customer Care survey in December 2008 and the SAY consultation in February 2009. Service users were independently consulted and the service and service users received a detailed report of the outcomes of the consultation from the people who had carried out the consultations.

The service evidenced a good level of consultation about the quality of staffing with carers (relatives), advocates and professional staff in its Stakeholder Evaluation in 2007. This was conducted independently, using questionnaires, and produced some recommendations for improvement.

The service showed willingness to act upon any recommendations from service users and carers comments in these consultations.

Areas for Development

For very good and excellent outcomes the service needed to demonstrate how it uses service users and carer's assessments and ideas of improvement to improve the quality of staffing and report back to service users and carers.

The service was committed to maintaining its good performance and to seek ways in which to improve its consultations with service users and carers.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

This service was found to have very good performance in relation to this statement.

The service's Recruitment Policy included obtaining enhanced Disclosure Scotland checks and two satisfactory references.

New staff were required to undertake a period of induction. This involved being mentored by more experienced staff and an expectation of completion of core training in areas such as fire safety, food hygiene, health and safety, moving and handling and first aid.

The service had in place Adult and Child Protection Policies.

Discussions with staff indicated they had been supported through an induction period by shadowing a more experienced support worker. The training in the induction period covered the philosophy of the service and a range of policies and procedures. Staff had been issued with a copy of the Scottish Social Services Council Codes of Practice.

The manager and staff members demonstrated a very good knowledge of service users and were able to discuss incidents where they had made changes to care plans following discussions with service users.

The service had held regular staff meetings and this was seen as an appropriate forum to bring up staffing issues. There was documentary evidence that service user input was able to influence staff deployment throughout the service. For example, service users could access support to various events.

Evidence gathered from discussion with staff and perusal of staff training records confirmed that staff had taken part in an ongoing SVQ training programme to meet the criteria laid down to meet the Scottish Social Services Council (SSSC) requirements for registration.

Areas for Development

The service was committed to working towards achieving a qualified and confident workforce.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 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

This service was found to have good performance in relation to this statement.

There was a good level of consultation about the quality of management and leadership with most service users through the Customer Care survey in December 2008 and the SAY consultation in February 2009. Service users were independently consulted and the service and service users received a detailed report of the outcomes of the consultation from the people who had carried out the consultations.

The service evidenced a good level of consultation about the quality of management and leadership with carers (relatives), advocates and professional staff in its Stakeholder Evaluation in 2007. This was conducted independently, using questionnaires, and produced some recommendations for improvement.

The service showed willingness to act upon any recommendations from service users and carers comments in these consultations.

Areas for Development

For very good and excellent outcomes the service needed to demonstrate how it uses service users and carer's assessments and ideas of improvement to improve the quality of management and leadership and report back to service users and carers.

The service was committed to maintaining its good performance and to seek ways in which to improve its consultations with service users and carers. No requirement or recommendation was made at this inspection.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service Strengths

This service was found to have good performance in relation to this statement.

The service's practice resulted in very good outcomes for quality assurance processes that involved staff, and good outcomes for processes that involved service users, carers and other stakeholders, to assess the quality of the service. These outcomes were also supported by very good use by the service of its policies and procedures to support service users and its staff.

The service had a very strong ethos and model of practice to continually improve the consistency of practice to meet service users needs and to ensure service users choices and opportunities to develop their potential were addressed. This model included the annual review meeting for service users, the regular monitoring of progress in the staff team meeting, and the reintroduction of the monitoring tool for service users participation in daily living activities. The team manager attended service users reviews and was available to meet with service users and carers about any concerns.

The service had commissioned independent consultation of service users, carers and professional staff views of the quality of the service.

There was a very good practice of including staff in the process of quality assurance through three weekly team meetings and one to one staff supervision sessions. The records of these meetings and sessions evidenced that the management monitored service users needs and how their goals were being met, consistency and quality of practice, and staff training and development issues. Staff had annual appraisals of their practice and development plans. Staff confirmed they had constructive and regular supervision meetings with senior staff which considered how well they were working with service users, identified training needs and provided support.

The service used team development days and who service project days to where teams met to focus on team improvements to the service they provided and whole service project days, where outside speakers were invited. The service had responded to suggestions from staff and senior staff about the content of team development days and project meetings.

The service had a very good structured and comprehensive induction system for staff which recorded their progress and required training or further learning at the end of the induction period.

The Inspection Focus Area of Notifications to the Care Commission and Scottish Social Services Council (SSSC) is reported under this quality statement. The manager was aware of the provider's responsibility to report to the Care Commission any instances of staff misconduct, including theft. The manager was aware of the provider's responsibility to report to the SSSC instances of staff dismissal or occasions when a staff member resigns prior to dismissal.

Areas for Development

The service had identified that the area of customer care is an area they need to continue to develop more, external review processes and develop independent mechanisms of quality assurance.

The service provider should monitor the internal auditing system in relation to timescales of any outstanding concerns of service users and carers. For example maintenance of tenants

gardens. The information gathered will be useful to evaluate service provision and can be used to inform and improve the future development of the service. (See other information part of this report)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

One recommendation was made at the last inspection of the service on 12 March 2008 pertaining to maintaining the tenant's garden. The Team Manager stated that she had requested a meeting with the landlord to request action and remained outstanding.

1. The landlord should be asked to improve the garden area promptly in order to ensure that service users are getting value for money and have access to an outdoor sitting and drying area.

National Care Standards Housing Support Services Standard 6. (3)

Requirements

No requirements were made following this inspection.

Recommendations

No recommendations were made following this inspection.

Paul Clemson
Care Commission Officer