

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 12 SEPTEMBER 2017

REPORT ON: REGISTERED CARE HOME SERVICES FOR ADULTS - CARE

INSPECTORATE GRADINGS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC20-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise for the Performance & Audit Committee the gradings awarded by the Care Inspectorate to registered care homes for adults in Dundee for the period 1 April 2016 to 31 March 2017.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the contents of this report, the gradings awarded as detailed in the attached Performance Report (Appendix 1) and highlighted in paragraph 4.1.5 below and the risk assessment outlined in section 6:
- 2.2 Endorses the approach to achieve continuous improvement to registered care home services within Dundee as outlined in paragraph 4.2 below.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The regulatory authority ensure that care service providers meet their respective National Care Standards and that in doing so they provide quality care services. The Care Inspectorate use a six point grading system against which certain key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at www.careinspectorate.com.
- 4.1.2 The Health & Social Care Partnership and Care Inspectorate both collect statistical data for purposes of analysis however further work is currently being undertaken to ensure the accuracy of this data therefore detailed national benchmarking is not available. Dundee City however, is reported to sit within the top six of better performing homes in Scotland.
- 4.1.3 During 2016-2017 there were approximately 1048 residents accommodated in 26 private and voluntary care homes and 132 residents accommodated in four local authority care homes in Dundee.
- 4.1.4 21 care homes (70%) received grade 4 or above in all themes

7 care homes (23%) received grade 3 in some or all themes

2 care homes (7%) received grade 1 or 2 in some or all themes.

4.1.5 Table 1 shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2016-2017 and how this compares with Table 2 which is the same data collected from the previous year 2015-2016.

Table 1

| Grade | Overall | Quality of Care and Support | Quality of Environment | Quality of Staffing | Quality of Management and Leadership |
|------------------|---------|--------------------------------------|------------------------|---------------------------|---|
| 6 excellent | 3% ♥ | 3% | 3% | 3% | 3% |
| 5 very good | 39% | 36% | 39% | 45% | 36% |
| 4 good | 30% ♥ | 33% | 36% | 25% | 25% |
| 3 adequate | 19% | 14% | 14% | 22% | 25% |
| 2 weak | 9% | 14% | 8% | 6% | 8% |
| 1 unsatisfactory | 1% = | - | - | - | 3% |

Table 2

| Grade | Overall Quality of Care and Suppo | | Quality of Environment | Quality of Staffing | Quality of Management and Leadership | |
|------------------|-----------------------------------|-------|------------------------|---------------------------|---|--|
| 6 excellent | 4% | 3% | 3% | 7% | 3% | |
| 5 very good | 38.5% | 37.5% | 43% | 42% | 32% | |
| 4 good | 36% | 34.5% | 27% | 42% | 41% | |
| 3 adequate | 16.5% | 19% | 23% | 9.5% | 15% | |
| 2 weak | 4% | 6% | 3.5% | - | 6% | |
| 1 unsatisfactory | 1% | - | - | - | 3% | |

4.1.6 There has been 12.5% increase and 10% increase between 2015/16 and 2016/17 in 'adequate' gradings awarded regarding quality of staffing and quality of management and leadership respectively. This is being addressed in a multi-disciplinary way by means of formal contract meetings in conjunction with input from both the Care Home Liaison and Peripatetic Teams directly within the care home targeting areas for training and development for managers and staff.

4.2 Continuous Improvement

- 4.2.1 There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.
- 4.2.2 Partnership officers attend Care Inspectorate feedback sessions following care home inspection visits. Service users' care needs are monitored and reviewed by the Partnership's Review Officers. They also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. In addition, where there is evidence of poor quality and performance, the Head of Service/Locality Managers meets with providers to discuss proposed actions to make improvements and how the Partnership can support these actions. Options to support change include consideration of whether or not the service continues to accept new residents and whether or not the quality grade portion of the resident fees should be continued to be

paid. Where required, a risk assessment will be undertaken to determine any individual or collective risk.

4.2.3 Care Home Providers Forum

A range of processes are in place to support improvement. Regular quarterly meetings are held between Partnership representatives and Dundee care home providers to discuss current issues and developments. Regular learning network events are held for care home providers covering subjects such as legal issues and challenges facing care home providers.

4.2.4 Early Indicators of Concern Tool

In collaboration with Hull University, Dundee City Council Social Work Department were involved in a research project and developed a tool which raises awareness about the early indicators of concern within a care home setting. A guidance document has been produced to assist staff members working in care homes to identify 'low level' indicators of concern which may, if unresolved, affect the safety and wellbeing of service users in residential care settings. A system has also been developed for recording and information sharing, encouraging a more consistent approach and early intervention to collective concerns within care homes. The measure that this tool is achieving success has been the reduction in the number of Adult Protection concerns being recorded and an increase in the number of Early Indicators of Concern.

4.2.5 Care Home Peripatetic Team

The Care Home Peripatetic Team continue to provide education and support to care home staff and assist in the development of clinical skills. This ensures the best possible care is provided for older people living in care home settings and subsequently prevents unnecessary unplanned admissions to hospital. This team also acts as a liaison between multi-disciplinary teams, department and other agencies and ensures a co-ordinated approach to an individuals' care.

4.2.6 Care Home Liaison Team

The Care Home Liaison Team (CHLT) provides specialist assessment and treatment of older people experiencing mental health problems within care settings. The CHLT aims to reduce hospital admissions and provide effective transitional care from hospital to care home. The team of four nurses, supported by medical colleagues, provide specialist assessment and treatment to individual residents as well as facilitating training specific to older people with mental health issues and dementia. The range of training includes topics such as:-

- Dementia
- Delirium
- Depression
- · Stress and Distress
- Completion of Antecedent-Behaviour-Consequences (ABC) charts
- Suicide risk
- Communication in dementia

4.2.7 Care Home Learning Network

The Care Home Learning Network has been running in Dundee since January 2016. It brings together staff from across the Health & Social Care Partnership. The group has discussed issues such as activities in Care Homes, information sharing, role of specialist support and community involvement. The group meets every two/three months and is currently working on improving the type and format of information available to people thinking about moving to a Care Home or supporting a relative/friend to move.

4.2.8 Leven 3 Polypharmacy Review

To reduce harm to residents who take a high number of different medications and to reduce unnecessary waste, this review process has been introduced into care homes for all new residents. The aim is for reviews to be made available to all care home residents within the next year.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment. An EQIA is attached.

6.0 RISK ASSESSMENT

6.1 Risk Description – Deficiencies in our approach to continuous improvement do not improve/sustain gradings.

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Inherent Risk = 3 \times 1 (Moderate x Very Low) = 3 Current Risk = 2 \times 1 (Minor x Very Low) = 2
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Actions Taken to Minimise the Risk - As detailed in the Continuous Improvement section of this report, we carry out multiple strands of focused work to ensure that our continuous improvement work is rigorous and effective. No additional resources are required to undertake this work.

Planned Risk = 1 x 1 (Minor x Unlikely) = 1

*Risk scoring (impact x likelihood)

Note: We use a risk level scoring of 1 - 25 (1 being the lowest score and 25 being the highest).

Given the low level of planned risk, this risk is deemed to be manageable.

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: 3 August 2017

Appendix 1

PERFORMANCE REPORT - CARE INSPECTORATE GRADINGS

DUNDEE REGISTERED CARE HOMES FOR ADULTS

1 APRIL 2016 - 31 MARCH 2017

INTRODUCTION

The purposes of this report is to summarise for members the findings and gradings awarded by the Care Inspectorate to registered care home services for adults within Dundee for the period 1 April 2016 to 31 March 2017.

The Partnership and Care Inspectorate both collect statistical data for purposes of analysis however further work is currently being undertaken to ensure the accuracy of this data therefore detailed national benchmarking is not available. Dundee City however is reported to sit within the top six of better performing homes in Scotland.

BACKGROUND

The Care Inspectorate regulates and inspects care services to make sure they meet the right standards. It also works with providers to help them improve their service and make sure everyone gets safe, high quality care that meets their needs. The Care Inspectorate has a critical part to play to make sure that care services in Scotland provide good experiences and outcomes for the people who use them and their carers.

As of 1 April 2016 the Care Inspectorate made changes to how they inspect services and to the format of inspection reports. They continue to develop an inspection model that focuses on outcomes for people which is proportionate, intelligence-led and risk based. This enables them to target their resources in services where there are concerns and where support is needed for improvement. Robust action will continue to be taken in services which do not provide high quality, safe compassionate care.

As the Care Inspectorate will look more closely at outcomes for people who use care services, they will only now report and grade on the quality themes and individual quality statements will no longer be assessed. The new style report is shorter, more user friendly and there are different inspection types and reports dependent on how well or otherwise the service is performing.

| Report Type | Service level |
|-------------|---|
| Summary | service performing at good or better with no concerns or ongoing complaints |
| Themed | service with grades of adequate, weak and unsatisfactory |
| Follow up | service which is performing poorly and need a second inspection in a year |
| Validation | service which is performing well but ensure high standards are being maintained |

The Care Inspectorate use a six-point grading scale (see below) against which the following key themes are graded:

Care and
Support

Environment

Staffing

Management
and Leadership

Each theme is assessed from 1 to 6 with1 being 'unsatisfactory' and 6 'excellent'.

Quality of Care and Support

How the service meets the needs of each individual in its care

Quality of Environment

Is the service clean, is it set out appropriately, is there easy access for individuals who use wheelchairs, is it safe, and is there a welcoming, friendly atmosphere?

Quality of Staffing

The quality of the care staff including qualifications and training

Quality of Management and Leadership

How the service is managed and how it develops to meet the needs of people it cares for

The grading scale used is:

6 excellent

5 very good

4 good

3 adequate

2 weak

1 unsatisfactory

OVERVIEW OF THE CARE HOMES INSPECTED

There are 30 care homes in Dundee which provide care and support to:

- older people
- people with learning disabilities
- people with physical disabilities
- people with mental health difficulties

A total of 36 inspections were carried out by the Care Inspectorate during the reporting period 2016-2017. The additional six inspections are attributed to follow up inspections. When there is performance concerns at an inspection resulting in a number of requirements being imposed, a follow up visit is arranged. This can result in further action being taken or grades being amended. Inspection visits can also be carried out if complaints are made against a service.

Who provides care home services for adults in Dundee?

Table 1 shows which sectors provide care home services for adults in Dundee:

Table 1

| Care Home Service | Data | Local Authority | Private | Voluntary | Total |
|----------------------|----------------|--------------------|---------|-----------|-------|
| DUNDEE | No of Services | 4 | 23 | 3 | 30 |
| | % | 13% | 77% | 10% | 100% |

Summary of the Gradings Awarded in Dundee

21 care homes (70%) received grade 4 or above in all themes

7 care homes (23%) received grade 3 in some or all themes

2 care homes (7%) received grade 1 or 2 in some or all themes

Table 2 shows the overall percentage awarded at grades 1 to 6 and also each key theme in Dundee in 2016-2017 and how this compares with Table 3 which is the same data collected from the previous year 2015-2016.

Table 2

| Grade | Overall | Quality of Care and Support | Quality of Environment | Quality of Staffing | Quality of Management and Leadership |
|------------------|---------|--------------------------------------|------------------------|---------------------------|---|
| 6 excellent | 3% ₩ | 3% | 3% | 3% | 3% |
| 5 very good | 39% | 36% | 39% | 45% | 36% |
| 4 good | 30% ♥ | 33% | 36% | 25% | 25% |
| 3 adequate | 19% | 14% | 14% | 22% | 25% |
| 2 weak | 9% 🛧 | 14% | 8% | 6% | 8% |
| 1 unsatisfactory | 1% = | - | - | - | 3% |

Table 3

| Grade Overall | | Quality of Care and Support | of Care Quality of Environment | | Quality of Management and Leadership | |
|------------------|-------|-----------------------------|--------------------------------|------|---|--|
| 6 excellent | 4% | 3% | 3% | 7% | 3% | |
| 5 very good | 38.5% | 37.5% | 43% | 42% | 32% | |
| 4 good | 36% | 34.5% | 27% | 42% | 41% | |
| 3 adequate | 16.5% | 19% | 23% | 9.5% | 15% | |
| 2 weak | 4% | 6% | 3.5% | - | 6% | |
| 1 unsatisfactory | 1% | - | - | - | 3% | |

There has been 12.5% increase and 10% increase between 2015/16 and 2016/17 in 'adequate' gradings awarded regarding quality of staffing and quality of management and leadership respectively. This is being addressed in a multi-disciplinary way by means of formal contract meetings and input from both the Care Home Liaison and Peripatetic Teams directly within the care home targeting areas for training and development for managers and staff.

The following table shows the overall percentage award at a mix of grades and for each key themes in approximately 849 care homes in Scotland in comparison to Dundee [source: Summary of Services within the Dundee City Council Local Authority Area as at 31 March 2017 – compiled by the Care Inspectorate]

| Grades | Quality and Sup | | Quality Environ | | Quality of Staffing | | Quality of Management and Leadership | | |
|---------|--------------------|----------|--------------------|----------|---------------------|-----|--|----------|--|
| | Dundee | Scotland | Dundee | Scotland | Dundee Scotland | | Dundee | Scotland | |
| 5 and 6 | 39% | 41% | 42% | 39% | 47% | 42% | 39% | 39% | |
| 1 and 2 | 3% | 2% | 8% | 2% | 3% | 2% | 11% | 4% | |

The following extracts from a selection of latest Inspection Reports summarise what the services do well:

Balcarres (BUPA)

(Graded 6 'excellent' for key themes inspected - Quality of Care & Support; Quality of Staffing and Quality of Management & Leadership and graded 5 'very good' for Quality of Environment)

What the service does well

"We assessed the service to be performing at an excellent level of operations with many very positive outcomes for the people using the service.

We saw that people living at Balcarres were supported to maintain aspects of their lifestyle and relationships with people that were important to them prior to moving to the service. We were impressed with the way that individual activities had been planned for people and how well the team worked with families to meet their relationships needs.

Comments from Care Standards Questionnaires

"I really like living here, although it is not my home there's no other place I would like to be than here."

"The care my relative gets is **outstanding**. The staff are great! And the management team is wonderful to work with."

"My relative has a much better social life here than they did when they were at home. It's lovely to see. I am really happy with things."

Janet Brougham (DHSCP)

(Graded 6 'excellent' for key theme inspected - Quality of Environment and graded 5 'very good' for Quality of Care & Support, Quality of Staffing and Quality of Management and Leadership)

What the service does well

"Janet Brougham House offered a warm and welcoming atmosphere. Residents and visitors told us they felt comfortable and relaxed in the home".

All the comments received about staff from residents, their families and visiting professionals were extremely positive. It was clear that staff were respected and appreciated.

Comments from Care Standards Questionnaires

"I am very happy with the support offered to my relative. I have no concerns. My relative is well cared for. Couldn't fault the place. It is always very clean and fresh."

"I love living here. Staff are courteous, respectful and very helpful."

Requirements

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

Requirements were placed on 6 of the 30 services following inspection during 2016-17. This number has reduced from last year.

The following is a summary of issues which care home services require to improve upon.

Quality of Care and Support

- proper provision for the health, welfare and safety of people using the service :
 - ensure other professionals involved in assessment of care and support
 - ensure effective system of communication between staff
 - ensure adequate continence promotion
 - ensure additional observation of a person when this is required
 - ensure care plans fully reflect the needs of people and how needs should be met
 - ensure record keeping is detailed and accurate
- the provider must demonstrate that they have developed and are implementing a safe and effective system for the management and administration of service users' medications
- adequate staffing levels to meet the needs and choices of residents

Quality of Environment

- that premises are kept in a good state of repair and that staff are aware of the reporting procedure for requesting repairs and maintenance
- that up-to-date environmental risk assessments are in place and that where a risk is identified that appropriate actions are taken to minimise such risk

Quality of Staffing

• that only staff who are registered with SSSC or another recognised regulatory body may carry out work in the care service in a post for which such registration is required

Quality of Management and Leadership

- that the Care Inspectorate is notified of all significant events promptly
- regular health and safety checks are carried out and recorded and any remedial action identified should be taken to rectify repairs to the building and equipment used by residents as soon as possible

Complaints

A complain is an expression of dissatisfaction by about a registered care service's action or lack of action, or about the standard of service provided by or on behalf of a registered care service'. Following investigation, a decision will be made by the Care Inspectorate whether the complaint is upheld or not upheld.

During 2016-17 the Care Inspectorate received complaints relating to 9 of the 30 care home services in Dundee. Of these, all were upheld or at least one of the elements upheld.

- staffing levels
- record keeping issues
- fitness of premises
- healthcare (infection control issues, continence care, nutrition, tissue viability, mental health care, palliative care)
- medication issues

- choice (dignity and privacy)
- protection of people (adults)
- communication between staff and service users/relatives/carers

Enforcements

Enforcement is one of the Care Inspectorate's core responsibilities and is central to protecting residents and bringing about an improvement in the quality of care services.

Brae Cottage was served with an Improvement Notice in February 2016 comprising of five elements. In May 2016 the timescale was extended for the service to meet 3 outstanding elements of this Notice. The timescale was again extended in September 2016 to give Brae Cottage management a further opportunity to make improvements to 2 elements of the service. In March 2017 the Home gave notice that it was to voluntarily cease business as of June 2017.

CONTINUOUS IPROVEMENT

There continues to be a joint commitment to continuous improvement and a proactive approach to improving and sustaining quality which involves the care home providers, the Care Inspectorate and representatives of Dundee Health and Social Care Partnership. This is particularly evident when significant concerns arise. There have been many benefits of such an approach eg effective sharing of information, shared agreement about improvement activity required and monitoring of the same until such point concerns have been adequately addressed.

Partnership officers attend Care Inspectorate feedback sessions following care home inspection visits. Service users' care needs are monitored and reviewed by the Partnership's Review Officers. They also undertake extra-ordinary reviews where there are concerns either about individuals or establishments. In addition, where there is evidence of poor quality and performance, the Head of Service meets with providers to discuss proposed actions to make improvements and how the Partnership can support these actions.

Care Home Providers Forum

A range of processes are in place to support improvement. Regular quarterly meetings are held between Partnership representatives and Dundee care home providers to discuss current issues and developments. Regular learning network events are held for care home providers covering subjects such as legal issues and challenges facing care home providers.

Early Indicators of Concern Tool

In collaboration with Hull University, Dundee City Council Social Work Department were involved in a research project and developed a tool which raises awareness about the early indicators of concern within a care home setting. A guidance document has been produced to assist staff members working in care homes to identify 'low level' indicators of concern which may, if unresolved, affect the safety and well being of service users in residential care settings. A system has also been developed for recording and information sharing, encouraging a more consistent approach and early intervention to collective concerns within care homes. The measure that this tool is achieving success has been the reduction in the number of Adult Protection concerns being recorded and an increase in the number of Early Indicators of Concern.

Care Home Peripatetic Team

The Care Home Peripatetic Team continue to provide education and support to care home staff and assist in the development of clinical skills. This ensures the best possible care is provided for older people living in care home settings and subsequently prevents unnecessary unplanned admissions to hospital. This team also acts as a liaison between multi-disciplinary teams, department and other agencies and ensures a co-ordinated approach to an individuals' care.

Care Home Liaison Team

The Care Home Liaison Team (CHLT) provides specialist assessment and treatment of older people experiencing mental health problems within care settings. The CHLT aims to reduce hospital admissions and provide effective transitional care from hospital to care home. The

team of four nurses, supported by medical colleagues, provide specialist assessment and treatment to individual residents as well as facilitating training specific to older people with mental health issues and dementia. The range of training includes topics such as:

- Dementia
- Delirium
- Depression
- Stress and Distress
- Completion of ABC charts
- Suicide risk
- · Communication in dementia

Care Home Learning Network

The Care Home Learning Network has been running in Dundee since January 2016. It brings together staff from across the Health & Social Care Partnership. The group has discussed issues such as activities in Care Homes, information sharing, role of specialist support and community involvement. The group meets every two/three months and is currently working on improving the type and format of information available to people thinking about moving to a Care Home or supporting a relative/friend to move.

Level 3 Polypharmacy Review

To reduce harm to residents who take a high number of different medications and to reduce unnecessary waste, this review process has been introduced into care homes for all new residents. The aim is for reviews to be made available to all care home residents within the next year.

CONCLUSION

Of the 36 inspections of the 30 care homes listed in the Performance Report, the improvement in grades highlights the importance of the partnership approach between providers, local authority representatives and the Care Inspectorate and consequently leads to better outcomes for service users.

| Theme (Quality of) | Improvement in Grade | Number of Homes | Reduction in Grade | Number of Homes | |
|-------------------------|----------------------|--------------------|--------------------|--------------------|--|
| Care and Support | 20% = | 6 | 10% ♥ | 3 | |
| Environment | 10% ♥ | 3 | 3% ♥ | 1 | |
| Staffing | 13% ♥ | 4 | 20% 🛧 | 6 | |
| Management & Leadership | 13% = | 4 | 13% ♥ | 4 | |

In comparison to 2015-16, although the number of care homes showing an improvement in their grades is marginally lower, those care homes where inspections have resulted in a downgrading has improved considerably.

Summary of Care Inspectorate Gradings for Care Homes in Dundee - 1 April 2016 to 31 March 2017

| | Category DHSCP/ Private /Vol | Inspection Date | Quality of Care & Support | Quality of Environment | Quality of Staffing | Quality of Management & Leadership | |
|----------------------------------|------------------------------------|--------------------|------------------------------|------------------------------|------------------------|--|-----|
| Balcarres Care Home | Р | 28.03.17 | 6 | (5) | 6 | (6) | No |
| Balhousie Clement Park Care Home | Р | 02.11.16 | 4 | 4 | 5♠ | 5∱ | No |
| Balhousie St Ronans | Р | 15.03.17 | 4 | (5) | 5 | (5) | No |
| Ballumbie Court Care Home | Р | 10.08.16 | 3₩ | (4) | 3♥ | 3₩ | Yes |
| Ballumbie Court Care Home | Р | 27.01.17 | Follow up inspectio | n – no change to gra | ades | | |
| Benvie Care Home | Р | 24.01.17 | 5 | (5) | 5 | (5) | No |
| Brae Cottage Residential Home | Р | 16.05.16 | 2 | 2 | 2♥ | 1 | Yes |
| Brae Cottage Residential Home | Р | - | Improvement Notice | e in Place – Home v | oluntarily closed Dec | ember 2016 | |
| Bridge View House Nursing Home | Р | 28.02.17 | 3₩ | 4 | 3₩ | 3₩ | No |
| Carmichael House Care Home | Р | 03.11.16 | 4 | 5 | 4 | 3 | No |
| Craigie House | DHSCP | 25.01.17 | 5∱ | 4 | (5) | 4 | No |
| Ellen Mhor Care Home Services | Р | 15.12.16 | 4 | (5) | (5) | 4 | No |
| Ferry House Residential Home | V | 03.06.16 | <u>5</u> | (5) | <u>5</u> | (5) | No |
| Forebank Care Home Service | Р | 07.03.17 | 5 | (5) | 5 | (5) | No |
| Harestane Nursing Home | Р | 13.06.16 | (5) | (5) | (5) | (5) | No |

Legend:

6 excellent5 very good

4 good

adequate weak

unsatisfactory

↑ signifies that the grade has improved since the previous inspection • signifies that the grade has fallen since the previous inspection no arrow signifies the grade has stayed the same grade where there is no grade this signifies that the theme was not inspected

| | Category DHSCP/ Private /Vol | Inspection Date | Quality of Care & Support | | Quality of Environment | Quality of Staffing | Quality of Management & Leadership | Requirements |
|----------------------------------|------------------------------------|--------------------|------------------------------|------|------------------------------|------------------------|------------------------------------|--------------|
| Helenslea Care Home | Р | 05.05.16 | 4 | | 3₩ | 3 ₩ | 3 | Yes |
| Helenslea Care Home | Р | 31.01.17 | Follow up inspection | on · | – no change to grad | es | | |
| Janet Brougham House | DHSCP | 27.10.16 | 5 | | (6) | 5₩ | (5) | No |
| Linlathen Neurodisability Centre | Р | 31.03.17 | 5∱ | | (4) | (4) | 4 | No |
| Lochleven Care Home | Р | 11.08.16 | 4♥ | | 5 | 5 | 5 | No |
| Magdalen House Care Home | Р | 09.03.17 | 5 | | (4) | 5∱ | (4) | No |
| Menzieshill House | DHSCP | 07.11.16 | 5 | | (5) | 5 | (5) | No |
| Moyness Nursing Home | Р | 05.12.16 | 4↑ | | 4∱ | 4 | 4 | No |
| Orchar Nursing Home | Р | 10.08.16 | 5 | | <mark>(5)</mark> | (5) | 5 | No |
| Pitkerro Care Centre | Р | 12.01.17 | 4 | | (4) | 4 | (4) | No |
| Redwood House Care Home | Р | 23.05.16 | 4 | | 4♠ | 4 | 4♠ | No |
| Riverside View Care Home | Р | 22.06.16 | 5∱ | | 5♠ | 5∱ | 5♠ | No |
| Rose House Care Home | Р | 28.04.16 | 3 | | 3 | 3♥ | 3₩ | Yes |
| Rose House Care Home | Р | 24.01.17 | Follow up inspection | on · | – no change to grad | es | | |
| St Columba's Care Centre | Р | 15.12.16 | 5 | | (5) | <u>5</u> | (5) | No |
| St Margaret's Care Home | V | 31.01.17 | 4 | | 3 | 4 | 4 | No |

Legend:

6 excellent5 very good

4 good

3 adequate

weak unsatisfactory

↑ signifies that the grade has improved since the previous inspection • signifies that the grade has fallen since the previous inspection no arrow signifies the grade has stayed the same grade where there is no grade this signifies that the theme was not inspected

| | Category DHSCP/ Private /Vol | Inspection Date | Quality of Care & Support | Quality of Environment | Quality of Staffing | Quality of Management & Leadership | Requirements |
|-----------------------------|------------------------------------|--------------------|------------------------------|------------------------------|------------------------|--|----------------------------|
| The Bughties Care Home | Р | 14.04.16 | 4 | 4 | 4 | 4 ↑ | No |
| The Bughties Care Home | Р | 13.10.16 | 2₩ | (4) | (4) | 3₩ | Yes (follow up inspection) |
| The Bughties Care Home | Р | 19.01.17 | (2) | (4) | (4) | 2₩ | (follow up inspection) |
| Turriff House | DHSCP | 01.03.17 | 5 | (5) | (5) | 5 | No |
| Wellburn Care Home Service* | V | 02.09.16 | 2 | 2 | 2 | 2 | Yes |
| Wellburn Care Home Service* | V | 10.02.17 | 2 | 2 | 3∱ | 2 | (follow up inspection) |

^{*} Wellburn Care Home closed voluntarily in June 2017

Legend:



unsatisfactory

weak

 \uparrow signifies that the grade has improved since the previous inspection \checkmark signifies that the grade has fallen since the previous inspection no arrow signifies the grade has stayed the same grade where there is no grade this signifies that the theme was not inspected



EQUALITY IMPACT ASSESSMENT TOOL

Part 1: Description/Consultation

| ls t | his a Rapid Equality Impact Assessment (R | IAT)? | Yes ⊠ | | No □ |
|------|--|--|---------------------------------|--------------------|---|
| ls t | his a Full Equality Impact Assessment (EQI | A)? | Yes □ | | No ⊠ |
| | te of July 2017 sessment: | Commi Numbe | ttee Report r: | PAC20-20 | 017 |
| Titl | e of document being assessed: | Dundee Adults | Registered | Care Home | Services for |
| 1. | This is a new policy, procedure, strategy or practice being assessed (If yes please check box) □ | or prac (If yes p | tice being as lease check b | ssessed? box) ⊠ | dure, strategy |
| 2. | Please give a brief description of the policy, procedure, strategy or practice being assessed. | The purpose of this report is to summarise for the Committee the gradings awarded by the Care Inspectorate to registered care homes in Dundee for adults during the period 1 March 2016 to 31 March 2017 | | | |
| 3. | What is the intended outcome of this policy, procedure, strategy or practice? | to the | | | rship approach enda for care |
| 4. | Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment. | 2017; P Grading | erformance F | | ports for 2016- re Inspectorate Care Home |
| 5. | Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details. | | users, staff and the inspection | | are consulted |
| 6. | Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc) | Jenny H Rosalin Kathryn Laura M | d Guild Sharp | | |
| 7. | Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? | No | | | |
| | (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?) | | | | |

Part 2: Protected Characteristics

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

| | Positively | Negatively | No Impact | Not Known |
|--|-------------|------------|-------------|-----------|
| Ethnic Minority Communities including Gypsies and Travellers | | | | |
| Gender | | | \boxtimes | |
| Gender Reassignment | | | \boxtimes | |
| Religion or Belief | | | \boxtimes | |
| People with a disability | \boxtimes | | | |
| Age | \boxtimes | | | |
| Lesbian, Gay and Bisexual | | | \boxtimes | |
| Socio-economic | | | \boxtimes | |
| Pregnancy & Maternity | | | \boxtimes | |
| Other (please state) | | | \boxtimes | |

Part 3: Impacts/Monitoring

| 1. | Have any positive impacts been identified? (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another) | There has been an improvement in the quality of care provided in care home services which has resulted in an improvement in the quality of life for service users |
|----|---|---|
| 2. | Have any negative impacts been identified? (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.) | No |
| 3. | What action is proposed to overcome any negative impacts? (e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. See Good Practice on DCC equalities web page) | N/A |
| 4. | Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome? (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice) | N/A |
| 5. | Has a 'Full' Equality Impact Assessment been recommended? (If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required. Seek advice from your departmental Equality lead.) | No |
| 6. | How will the policy be monitored? (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.) | Care home services will continue to be inspected by the Care Inspectorate and monitored and reviewed by Dundee Health and Social Care Partnership officers |

Part 4: Contact Information

| Name of Department or Partnership | Dundee Health and Social Care Partnership | | |
|-----------------------------------|---|-------------|--|
| | | | |
| Type of Document | | | |
| Human Resource Policy | | | |
| General Policy | | | |
| Strategy/Service | | | |
| Change Papers/Local Procedure | | \boxtimes | |
| Guidelines and Protocols | | | |
| Other | | | |

| Manager Responsible | | Author Responsible | | |
|-------------------------------------|---------------------|--------------------|-----------------------------|--|
| Name: | Jenny Hill | Name: | Rosalind Guild | |
| Designation: | Locality Manager | Designation: | Contracts Officer | |
| Base: | Claverhouse Offices | Base: | Floor 2 | |
| | Dundee | | Dundee House | |
| Telephone: | 01382 438307 | Telephone: | 01382 433665 | |
| Email: jenny.hill@dundeecity.gov.uk | | Email: rosal | ind.guild@dundeecity.gov.uk | |

| Signature of author of the policy: | Jenny Hill | Date: | July 2017 |
|--|---------------------------|-------|-----------|
| Signature of Director/Head of Service: | Diane McCulloch | Date: | July 2017 |
| Name of Director/Head of Service: | Click here to enter text. | | |
| Date of Next Policy Review: | September 2018 | | |