

DUNDEE CITY COUNCIL

REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE – 25 MARCH 2013

REPORT ON: CARE INSPECTORATE INSPECTION – HOMECARE ENABLEMENT WEST AND COMMUNITY MENTAL HEALTH TEAM

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 146-2013

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report the findings of the unannounced Inspection of Homecare Enablement West and Community Mental Health Team which was completed on 12 November 2012.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Committee note the contents of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Details of the Inspection

The Inspection of the Dundee City Council Home Care Enablement West and Community Mental Health Team was completed on 12 November 2012. The findings were published on 21 November 2012. This was the first inspection of the service since the Social Care services were re-registered as separate geographically based services. The service was advised of the Inspection shortly before the Inspection took place. The Inspection included interviews with staff, focus groups, service user home visits, and the examination of case and staff files.

4.2 Objectives of the Service

At the time of inspection Dundee City Council's Home Care Enablement West was supporting approximately 100 service users. The Mental Health Team were supporting a further 65 service users. The objective of the enablement service is to provide support to people to enable them to learn new skills and to re-learn skills which have been lost, in order to maximise their independence. The mental health team support service users with mental health difficulties with whom it may be more difficult to engage. The teams work closely with Dundee City Council's Occupational Therapy service and with the NHS Community Rehabilitation team.

4.3 Focus of the Inspection

The Inspectorate use the following Quality Themes to assess the service.

- Quality of Care and Support (statement 1 and 3)
- Quality of Staffing (statement 1 and 3)
- Quality of Management and Leadership (statement 1 and 4)

Quality Indicators

The Care Inspectorate assessment uses a six point scale for reporting performance.

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

The following are the finding from the inspection report.

4.4 Summary of Grades Awarded

The overall grade awarded for the service was 4 - Good. The individual grades for each Quality Themes and Statements are detailed below.

Quality of Care and Support – 4- Good	
Statement 1	4 -Good
Statement 3	4 -Good
Quality of Staffing – 4- Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership – 4 Good	
Statement 1	4 - Good
Statement 4	4 - Good

The Care Commission can apply the following to services:-

- Enforcement Action
- Requirements
- Recommendations

Enablement West and the CMHT received two requirements and six recommendations, all of which have been actioned.

4.5 Details of Statements assessed, service strengths as highlighted by the Care Inspectorate, recommendations and requirements and action taken:

Quality Theme 1 – Quality of Care and Support

Overall grade awarded of Quality Theme 1: - 4 Good

Statement 1 - We ensure that service users and cares participate in assessing and improving the quality of the care and support provided by the service.

The Care Inspectorate highlighted the following service strengths:-

- The service had developed opportunities for people to become involved in assessing and improving the quality.
- A Service User evaluation was sent to all users of the service on completion of their Enablement Service. There was good evidence to show that feedback was acted upon quickly.

- The Manager had invited Celebrate Age Network to a focus group with people using the service and their carers
- People using the service said that they felt fully involved in developing their personal plans. People told the Inspector that “staff listened to their preferences and made sure their support was provided in line with these.
- Dundee City Council had developed a User Involvement policy. This detailed their commitment to involving people in improving the quality of the service.

The Care Inspectorate gave the following Recommendations:-

Recommendation 1

The provider should consider ways to increase awareness of the complaints procedure.

Action Taken

The service agreement letter given to people now has a part which highlights this for the worker to explain fully the complaints procedure and to ask for a signature for this.

Recommendation 2

The provider should ensure that people have a signed written agreement in place.

Action Taken

A service agreement is given to every service user the Social care organiser will now counter sign each agreement letter to ensure this is in place.

Recommendation 3

The provider should ensure that all staff are aware of how service users can make a complaint and their role in the implementation of this.

Action Taken

A series of tool box talks are to be held at every team meeting regarding this.

Recommendation 4

The provider should ensure that all service users have an equal opportunity to express their views.

Action taken

Focus groups for the service users of the CMHT are being set up in collaboration with the Dementia Centre from Stirling

Grade Awarded for this statement: 4 – Good

Statement 3 – We ensure that service user’s health and well being needs are met.

The Care Inspectorate highlighted the following service strengths:-

- Staff were working closely with other professionals in health and social care
- Assessments were carried out to ensure people were safe
- Enablement plans had been carried out to identify the support people needed to be more independent
- Staff provided support in line with the preferences of each person.
- Staff were calling on additional help when this is needed.
- Staff had opportunities to attend training regularly.
- Staff were professional and respectful.
- Staff knew the needs of the service user.
- Staff clarified with other professionals to clarify changing needs.
- Staff worked alongside the on-going service provider to ensure a smooth transition.

The Care Inspectorate gave the following Requirements:-

Requirement 1

The provider must ensure that personal plans direct staff to the current needs of the service user.

Action Taken

All personal plans to have an amendment sheet included

Requirement 2

The provider should ensure that staff have adequate time to carry out the enablement role in line with the aims and objectives of the service.

Action Taken

The aims and objectives have been adjusted to take into account the changing needs of the service users.

Grade Awarded for this statement: 4 – Good

Quality Theme 3: Quality of Staffing

Overall Grade Awarded for Quality Theme 3: 4 Good

Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

The Care Inspectorate highlighted the following service strengths:

- Service users had suggested questions that they would like to ask candidates coming for interview. These questions were used at social care interviews.
- As part of the social care induction into the service a carer and a person whom used the service were invited to talk about their experience.

Grade Awarded for this statement: 4 – Good

Statement 3 – We have a professional, trained and motivated workforce which operates to national Care Standards.

The Care Inspectorate highlighted the following service strengths:-

- Staff thought the training opportunities were very good
- All staff were aware of the national care standards and the SSSC codes of practice.
- Staff meetings were held monthly.
- Staff were motivated and committed
- Staff worked in a manner which supported dignity, choice and respect.

The Care Inspectorate gave the following Recommendation:-

Recommendation 1

The provider to develop a system to ensure that all staff have the opportunity to attend regular support.

Action Taken

Staff to have planned dates for supervision for the full year. Each Organiser will arrange this and will be checked by the manager.

Grade Awarded for this statement: 5 – Very Good.

Quality Theme 4 - Quality of Management and Leadership

Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

(Considered as part of earlier statements).

Grade Awarded for this statement: 4 - Good.

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

The Care Inspectorate highlighted the following service strengths:-

- The service has developed good opportunities for people using the service to be involved in assessing and improving the quality.
- There was good evidence that the manager had used the feedback to improve the service.
- There are strong working relationships with other professionals.

The Care Inspectorate gave the following Recommendation:-

Recommendation 1

The provider should develop opportunities for stakeholders to be involved in assessing and improving the quality of the service.

Action Taken

Stakeholders to be issued with a questionnaire yearly.

Grade Awarded for this statement: 4 – Good.

5.0 POLICY IMPLICATIONS

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

5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equipact/>

6.0 CONSULTATIONS

6.1 The Chief Executive, Director of Corporate Services and Head of Democratic and Legal Services have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

7.1 Inspection Report Dundee City Council – Homecare West Enablement and Community Mental Health Older People.

7.2 Equality Impact Assessment.

JENNI TOCHER
DIRECTOR OF SOCIAL WORK

DATE: 13.03.13

Care service inspection report

Dundee City Council - Home Care - Enablement (West) and Community Mental Health Older People Team

Housing Support Service

Social Work Office
Balmerino Road
Dundee
DD4 8RW

Inspected by: Lorna Paton

Type of inspection: Unannounced

Inspection completed on: 21 November 2012



HAPPY TO TRANSLATE

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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2011286180

Contact details for the inspector who inspected this service:

Lorna Paton

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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

Staff were committed and motivated to providing high quality services. Staff knew the needs of people they supported and how they preferred this support to be given. Staff worked well within their teams and communicated with each other to make sure peoples' needs were met.

What the service could do better

We have asked the provider to make sure peoples' needs are always detailed within their personal plan. Some staff felt they were not enabling people to be independent due to time constraints. We have asked the provider to identify why this is happening to make sure each person using the service is supported with becoming more independent.

What the service has done since the last inspection

This was the first inspection we have carried out since the service was registered.

Conclusion

People we spoke with during our inspection and who returned questionnaires to us were happy with the service they received. The provider showed a commitment to making the improvements we have asked them to make.

Who did this inspection

Lorna Paton

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. This service was registered with the Care Inspectorate on 10th January 2012. Information in relation to all care services is available on our website at www.careinspectorate.com.

If we are concerned about some aspect of a service, or think it needs to 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 based on best practice or the National Care Standards.

- 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 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Dundee City Council - Home Care - Enablement (West) and Community Mental Health Older People was supporting approximately 100 people at the time of our inspection. The enablement service provided support to people in their own home and aimed to help people re-learn skills they may have lost in order that they can become more independent. This service was designed to be delivered over a six week period but may be extended if it was thought to be in the best interests of the person. Support was delivered by three enablement teams of Social Care Workers each directly managed by a Social Care Organiser. The Community Mental Health Older People element of the service was provided to people aged over 65 living in their own home who may have found it difficult to accept support in the past. Support was delivered by one team of Social Care Workers led by a Social Care Organiser. This service could be provided for as long as the person needed this support.

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.

Inspection report continued

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was written following an unannounced inspection carried out by Lorna Paton (Inspector). We spoke to the Manager by telephone on Tuesday 23rd October at 9.30am to ensure she was available for inspection. We made visits to the service on;

- Tuesday 23rd October between 10.30am and 2.30pm;
- Wednesday 24th October between 10.30am and 3.15pm;
- Wednesday 7th November between 10.00am and 2.30pm;
- Thursday 8th November between 10am and 3.00pm; and
- Monday 12th November between 12.00pm and 2.30pm

We gave feedback to the provider on 21st November 2012 between 9.30am and 11.30am.

As part of our inspection visits we observed three staff working with four people who used the service.

In this inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including;

- evidence from the service's most recent self assessment
- discussions with staff including;
 - Team Manager
 - Three Social Care Organisers
 - Ten Social Care Workers

- information held within a sample number of personal files including;
 - enablement plans
 - personal plans
 - risk assessments
 - contact records
 - records of staff supervision
 - records of staff training
 - questionnaires people had completed about the quality of the service
 - complaints log
 - minutes of staff meetings

Grading the service against quality themes and statements

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

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: No

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned.

Taking the views of people using the care service into account

Four questionnaires were returned to us prior to our inspection. Specific comments included;

"It has been a delight to be attended to by such happy and competent carers and I look forward to seeing them. They are kind and thoughtful and deserve my praise"

When asked about the overall quality of the service all four people who responded told us they were very satisfied.

During our inspection visit we accompanied staff whilst they visited four people who used the service. People spoke very positively about the service they received. They told us they felt staff knew them well and had listened to their preferences.

Taking carers' views into account

Four questionnaires were returned to us prior to our inspection. Specific comments included;

"We had carers in to help my husband on release from hospital. We got help, advice and lots of care with kindness"

"We and our family have nothing but praise for this service and the help we got was excellent"

"The carers are all very helpful to me with (named person), they let me know how things are going on and the contact is great. Could not ask for a better team of people"

"I am pleased that it is the same group of carers who attend my Mum. The carers involved are friendly, patient and interested in my Mums welfare"

"Because of my relatives condition it would be beneficial if she had, where possible, same carers as she recognises their faces and feels more at ease"

When asked about the overall quality of care;

- three carers were very satisfied; and
- one carer was satisfied

During our inspection we met with one carer whilst accompanying staff on their visits. They spoke positively about the support their relative received.

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

Before our inspection we asked the service to complete a self assessment to tell us how they involved people using the service in assessing and improving quality. We sampled some of this information as part of our inspection.

The service had developed opportunities for people to be involved in assessing and improving quality. These included;

- A "Service User Evaluation" questionnaire was posted to people immediately after the enablement service had stopped. The service had gathered the results of these questionnaires as they were returned. This allowed the service to continually monitor peoples' experiences of the support they had received. There was good evidence to show the service acted quickly on feedback which had been received. The Manager also highlighted to staff good practice which people using the service had commented on.
- As part of the above questionnaire, people using the service and/or their carers were asked if they would like to be involved in future focus groups. One such focus group had been held in February 2012 to assist the service in the completion of their self assessment which all care services must complete. People were asked to award the service grades on areas such as quality of care, staffing and management and leadership. There was good evidence that the views shared in this group had been listened to and acted upon.
- The Manager had invited Celebrate Age Network to meet with people using the service and their carers to talk about their experiences. A focus group had taken place and, at the time of our inspection, the service was awaiting

- feedback. We will look at how the service listened to and responded to peoples' suggestions at our next inspection.
- A "Review of Service" survey had been developed. There was an expectation that this would be completed with people when a review of their care needs was taking place. This asked people for their views on areas such as;
 - involvement in personal plans
 - how staff worked with them in supporting their independence
 - People using the service had been fully involved in developing their personal plans. The support people needed was reviewed regularly. There was good evidence that peoples' views on their support was listened to. During our inspection we spoke with people who used the service. They told us staff listened to their preferences and made sure their support was provided in line with these.
 - People using the service had been provided with leaflets on how they could complain about the support they received. The written agreement of support highlighted that peoples' comments, views and suggestions were welcomed at any time.
 - Dundee City Council had developed a User Involvement Policy. This detailed their commitment to involving people in improving the quality of services and how consultations may take place.

Areas for improvement

Questionnaires we asked people to complete before our inspection asked; "Do you know about the service's complaints procedure". Three of four service users told us they were not aware of this procedure. It is important that people using the service are aware of how they can make a complaint if they are unhappy with the service they have received. A recommendation has been made (see recommendation 1).

We found that the service agreement detailed above had not always been signed. Such agreements detail what a person can expect from the service they receive and what they can do if they are unhappy with the service. These should be agreed and signed by the person using the service or their advocate. A recommendation has been made (see recommendation 2).

Staff we spoke with were not aware of the User Involvement policy which had been developed by the provider. It is important that all staff are aware of the commitment the provider has made to involving people and how this can be achieved. A recommendation has been made (see recommendation 3).

We found that people using the Community Mental Health service had not had the same formal opportunities to make their views known as people using the enablement service. The Manager fully acknowledged this and had identified this prior to our inspection as an area for improvement. We also noted that a relatively small number of "Review of Service" surveys had been completed. Staff we spoke with confirmed that, although these provided valuable information regarding service quality, it was not always feasible to complete these at a review. This was discussed during our feedback. A recommendation has been made (see recommendation 4).

During our inspection we spoke with the Manager about altering questionnaires to ensure they were easily understandable to people using the service. The use of terms such as "personal plans" can often be confusing to people and may lead to the service receiving inaccurate feedback. The Manager fully agreed with this and planned to quickly address this.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The provider should consider ways to increase awareness of the complaints procedure to ensure people who use the service are fully aware of their right to complain.

National Care Standards: Standard 11, Care at Home - Expressing Your Views

2. The provider should ensure that service users have a signed written agreement of support in place.

National Care Standards: Standard 2, Care at Home - The Written Agreement

3. The provider should ensure that all staff are aware of the User Involvement policy and their role in the implementation of this.

National Care Standards: Standard 11, Care at Home - Expressing Your Views

4. The provider should ensure that all service users have meaningful and equal opportunities to express their views on the quality of the service.

National Care Standards: Standard 11, Care at Home - Expressing Your Views

Statement 3

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

Service strengths

Before our inspection we asked the service to complete a self assessment to tell us how they ensured peoples' health and wellbeing needs were met. We sampled some of this information as part of our inspection.

Four Social Care Organisers, each leading a team of Social Care Workers, provided people with an enablement service in the West of Dundee City. This service was provided to people in their own homes and aimed to support people in developing independence. Whilst the service was designed to provide support for a maximum of six weeks, staff told us this could be flexible if it was thought to be in the best interests of the person. Following assessment and support from the enablement team, people may be supported to full independence whilst others may be supported to access on-going support from care at home services.

In addition to the enablement service, support was also provided to people with a mental health difficulty aged over 65 and living in their own home within Dundee. This support was provided by a team of Social Care Workers led by one Social Care Organiser. Referrals were made to this service when people had difficulties in accepting support in their home.

During our inspection, we looked at a sample of information within the personal files of ten people. We found;

- Staff were working closely with other professionals in health and social care
- Assessments had been carried out to ensure people were moved safely
- Enablement plans had been carried out to identify the support people needed to become more independent.
- Staff provided support in line with the preferences of each person
- Staff were calling for additional help when this was needed

We looked at a sample of staff training records. We found staff had opportunities to attend training regularly. Examples of training courses included;

- moving and handling
- adult support and protection
- dementia awareness
- first aid
- deaf and blind awareness
- palliative care
- enablement training
- food hygiene
- managing aggression

Questionnaires which staff completed prior to our inspection confirmed they were happy with the training opportunities. People who used the service told us they were confident staff had the correct training to meet their support needs.

During our inspection we accompanied three Social Care Workers to observe them working with people. We observed staff to be professional and respectful when carrying out their job. Staff knew the needs of people they supported well and were committed to providing a high quality service. We observed staff speaking with other professionals such as District Nurses and Occupational Therapists to clarify any changing needs. People we spoke with during these visits praised the staff for the work they carried out. People told us the staff knew them well and made sure their needs were met. Specific comments included;

"I cannot tell you just how good they are"

"It is the same staff who come to see me. The ones who visit me more than others know me better but they all do a fantastic job"

All staff we spoke with had received training in protecting vulnerable people. Staff were confident with their role and responsibilities in keeping people they supported safe.

Some people required ongoing help in their home after the enablement service ended. This would be provided by another care provider or by another team within Dundee City Council. Staff from the enablement team could work alongside staff who would be providing ongoing support for a short period. This was to ensure a smooth transition of care. This should be highlighted as good practice.

Areas for improvement

Whilst we found staff understood peoples' needs and responded quickly to changes, we found occasions where the support which was being provided was not always detailed within peoples' personal plans. It was recognised that the needs of people using the enablement service changed very quickly and some staff we spoke with felt it was difficult to find the time to complete all the required paperwork. Staff told us that they make sure changes to a person's support is communicated by telephone to their team members but fully acknowledged such changes should also be documented within the personal plan. This was discussed with the Manager during our inspection. A requirement has been made (see requirement 1).

Some staff we spoke with told us that, due to pressures of time, they did not feel they enabled people. Some staff felt that visits were rushed and this led to them "doing for" rather than supporting people to develop their independence. Staff felt this was mainly due to shortages of staff and difficulties in moving people on from the enablement service after the six week period. In some instances this had led to people receiving a service from the enablement team for some months. This was discussed with the Manager during our inspection. The Manager fully acknowledged that this needed to be addressed to ensure that everyone received a consistent enablement service. A requirement has been made (see requirement 2).

Some staff we spoke with told us there had been rare occasions where planned visits had been missed but that this was a very unusual occurrence and had been due to a scheduling error. The Manager told us that immediate steps had been taken to address this to ensure peoples' needs were met. In addition, the use of a computerised monitoring system was currently being considered. A feature of this would be to immediately alert the service to a potential missed visit so that immediate action could be taken. Staff we spoke to felt this would be helpful to them in making sure peoples' needs were met.

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that personal plans clearly direct staff to the current needs of service users.

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) and 5(1)

Timescale for Completion: To commence upon receipt of this report and be completed within eight weeks.

2. The provider must ensure that staff have adequate time to carry out the enablement role in line with the service aims and objectives. To achieve this, the provider must identify and address any issues which may impact upon the meeting of these aims and objectives.

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 and 4(1)(a)

Timescale for Completion: To commence upon receipt of this report and be completed within eight weeks.

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 refer to Quality Theme 1, Statement 1 where further information relating to this statement can be found.

People using the service had chosen not to be involved in face to face interviewing of new staff. However, as part of the interviewing process for new staff, questions which had been developed by people using the service were asked. These questions focused on what people using the service thought were important qualities for staff providing their support.

As part of the induction training for new staff, a carer and a person who had used the service were invited to talk about their experiences.

Areas for improvement

Please refer to Quality Theme 1, Statement 1 where further information relating to this statement can be found.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Before our inspection we asked the service to complete a self assessment to tell us how they ensured they had a professional, trained and motivated workforce. We sampled some of this information as part of our inspection.

All staff we spoke with felt the training opportunities were very good. Staff told us they had been able to access a wide range of training relevant to the job they carried out. Some examples of the training offered can be found in Quality Theme 1, Statement 3. In addition, staff had received awareness sessions provided by other professionals. This was arranged when staff required further information about the support needs of a person, for example, good practice in providing stoma care.

The service had recently introduced "E-Lab" training. This was computer based training available to all staff. Training was offered in areas such as;

- Fire Safety
- Problem Solving
- Active Listening
- Active Body Language
- Decision Making

Understanding was checked and scored to ensure the training was meaningful to each staff member.

All staff we spoke with were aware of the National Care Standards and Scottish Social Services Codes of Practice. These codes and standards detail what is expected of social care staff as they carry out their daily work. Staff were aware of the relevance of these in relation to the work they carried out.

It was the expectation of the Manager that team meetings would be held every month. We looked at some minutes of meetings and found they provided a good opportunity for staff to be reminded of good practice. "Toolbox Talks" were held at each meeting and focused on a particular theme such as use of protective equipment.

It was the expectation of the Manager that one to one supervision would be held with

each staff member twice yearly. This could be held more frequently if a staff member needed more support. We looked at a sample of supervision records and found these provided a good opportunity for staff to reflect on practice and identify future training needs.

We found staff we spoke to were committed and motivated to providing high quality enablement and community mental health older people services. Our observations of staff working demonstrated they were aware of good practice in areas such as infection control. Staff worked with people they supported in a manner which supported dignity, respect and choice.

Areas for improvement

During our inspection we looked at staff supervision records and minutes of team meetings. We found that some staff had not had the opportunity to attend these as regularly as was expected by the Manager. Staff we spoke to felt that these opportunities were necessary and beneficial particularly given the lone working element of their role. This was fully acknowledged by the Manager who hoped this would be addressed through the recent recruitment of staff. A recommendation has been made (see recommendation 1).

During our inspection we found it difficult to see an overview of the training which staff had attended. We have suggested to the Manager that it would be helpful to review their current system of recording staff training.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the provider develops systems to ensure all staff have the opportunity to attend regular and planned methods of support such as one to one supervision and team meetings.

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

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 refer to Quality Theme 1, Statement 1 where further information relating to this statement can be found.

Areas for improvement

We have suggested the service may wish to adapt the current quality questionnaires to include more feedback on the quality of management and leadership. The Manager was keen to consider this further with other colleagues.

Please refer to Quality Theme 1, Statement 1 where further information relating to this statement can be found.

Grade awarded for this statement: 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

Before our inspection we asked the service to complete a self assessment to tell us how they involved people using the service, staff and other stakeholders in assuring the quality of the service. We sampled some of this information as part of our inspection.

As detailed within previous Quality Themes, the service had developed good opportunities for people using the service to be involved in assessing and improving the quality. There was good evidence that the feedback from these opportunities was used to make improvements to the service. The Manager was committed to the

ongoing development of such opportunities as part of assuring the quality of the service.

The service had a system for monitoring any complaints which were received. At the time of our inspection no complaints had been received about the service.

The service had a system in place to directly observe staff carrying out their role. As part of this observation, Social Care Organisers included the views of people using the service.

Dundee City Council had carried out staff and service user questionnaires to obtain peoples' views on the quality of services offered within Community Care. The results of such surveys would assist the provider in identifying areas for improvement such as additional staff training.

The service had held focus groups with some staff in February 2012 where staff were asked for their views on areas such as quality of management and training. There was good evidence to demonstrate the service had listened to and acted on the suggestions staff had made. The Manager told us it was planned to repeat these focus groups twice a year.

The Manager told us that they had very strong working relationships with other professionals such as District Nurses, Physiotherapists and Occupational Therapists. We were informed that any issues which arose from joint working were discussed and acted upon immediately.

Areas for improvement

As detailed within Quality Theme 1, Statement 1, some people told us they did not know how to make a complaint about the service. Please refer to this statement for details of the recommendation we have made.

As detailed within Quality Theme 1, Statement 1, we found people using the service had not had equal opportunities to be involved in assessing and improving quality. Please refer to this statement for details of the recommendation we have made.

As detailed above, the service had a system in place to directly observe staff carrying out their role. During our inspection we noted that some staff had not had such an observation during the past two years. However, it was recognised that the service had identified this and were taking steps to ensure all staff were observed on a regular basis. We will look at this again during our future inspections.

The service was in the process of developing an audit tool to measure the quality of information contained within peoples' personal plans. This included information such as risk assessments, personal plans and reviews. We will look at how this has developed during our future inspections.

Although it was recognised the service had good working relationships with other professionals, there was no formal opportunities for such stakeholders to make their views known about their experiences of the service. We would consider these views to be an important feature in assuring the quality of the service. A recommendation has been made (see recommendation 1).

As detailed above, Dundee City Council had undertaken staff and service user surveys as part of their quality assurance process. The results had been collated and were available for us to view during our inspection. Whilst these results provided a good overview of peoples' views across Community Care, services were not provided with individual feedback. Such individual feedback would result in services being in a position to make improvements relevant to the feedback received from staff and people using their service. This was discussed during our feedback. The Manager was keen to explore this further to identify whether this was possible.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should develop opportunities for stakeholders to be involved in assessing and improving quality. The feedback received from such opportunities should be used to make service improvements.

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

4 Other information

Complaints

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

Enforcements

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

Additional Information

As this service was not registered until 10th January 2012, we did not require an annual return submission.

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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

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

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هه بايتسد سيم دونابز رگيد روا رولکش رگيد رپ شرازگ تعاشا هـ

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

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