

## **DUNDEE CITY COUNCIL**

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE - 27TH SEPTEMBER 2010**

**REPORT ON: CARE COMMISSION INSPECTION - SOCIAL CARE & SUPPORT SERVICES & HOUSING SUPPORT**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 581-2010**

### **1.0 PURPOSE OF REPORT**

1.1 To inform the Committee of the findings of the Care Commission Inspection of Social Care and Support Services, which was carried out between 10 May - 14 May 2010.

### **2.0 RECOMMENDATIONS**

It is recommended the Social Work and Health Committee:-

2.1 Note the content of the report.

2.2 Requests that the Director of Social Work monitor the continued progress towards the improvement in the service.

### **3.0 FINANCIAL IMPLICATIONS**

None.

### **4.0 MAIN TEXT**

4.1 The Care Commission carried out a low intensity inspection of the Social Care and Support Services in the week beginning 10 May 2010. A report of the findings was published in August 2010.

4.2 The Care Commission's focus was on the following Quality Themes:

- Quality of Care and Support
- Quality of Staffing

Each quality theme is made up of several quality statements, and the inspection focussed on two statements from each quality theme.

4.3 The Care Commission identified the following strengths of the service:

- Service users had reported that the service was responsive to their changing needs and preferences
- The service had reported back to service users what improvements it planned to make to the service
- As a result of service user feedback the service had invited service users and carers to be part of the new staff home care induction training. New staff benefited from this and it improved staff practice
- Staff work closely with health care staff in order to meet service user's health needs
- The service carried out safety assessments and referred service users to other services to keep them safe in their homes
- The service promoted social services values and its policies through meetings and development days
- Staff reported that they were supported to work professionally through ready access to training, and were supported to obtain vocational qualifications.

#### 4.4 Evaluation of the Service

The Care Commission can make requirements or recommendations if they feel the service can be improved.

The Care Commission suggested two recommendations:

- That the Drug and Alcohol and Blood Borne Virus team improve service users personal plans to state how support will be provided to meet their needs and preferences
- That the Community Alarm team ensure that it records critical medicines or healthcare needs necessary to provide a better response to service users

The two recommendations will be addressed in the following way:

- The current 'preference form' used by the Drug and Alcohol and Blood Borne Virus team will be revised, and information regarding how staff will provide support to the individual in order to meet their needs, will be included on the revised form.
- Community Alarm systems used for gathering information are currently under review. As part of this review, we will ensure that standard questions are asked of each service user, in order to capture information regarding their critical medications and health care needs.

The recommendations will be addressed within a three month time scale.

#### 4.5 Quality Indicators

The Care Commission uses the following six point scale for reporting performance:

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

The following quality statements based on the National Care Standards were evaluated, and the following grades were awarded:

1.1	Quality Care and Support	5 Very Good
1.3	Quality of Care and Support	5 Very Good
3.1	Quality of Staffing	5 Very Good
3.3	Quality of Staffing	5 Very Good

These grades are then translated into the grade for the Quality Theme and are as follows:

Quality Theme	Overall Grade
Quality Care & Support	5
Quality of Staffing	5

#### 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.

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/equimpact/>.

## **6.0 CONSULTATION**

The Chief Executive, Depute Chief Executive (Support Services) and Director of Finance, and the Trade unions have been consulted in preparation of this report.

## **7.0 BACKGROUND PAPERS**

The following background papers were relied upon in preparation of this report:

Care Commission Inspection Report - Dundee City Council Social Care and Support Service  
<http://www.dundee.gov.uk/equanddiv/equipact/>

Alan Baird  
**Director of Social Work**

DATE: 16 September  
2010

### Action Plan

Service Name	Dundee City Council - Social Care and Support Services
CS number	CS2004081901
Service Provider:	Dundee City Council
Address:	Claverhouse Office, Jack Martin Way, Dundee, DD4 9FF
Care Commission Officer:	Patrick Sweeney
Date Inspection Concluded:	10 May 2010

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>1 The Drug and Alcohol/Blood Borne Viruses team should improve service users' personal plans to state how support will be provided to meet their needs and preferences (National Care Standards, Care at Home, Standard 3)</p>	<p>The current 'preference form' will be revised.</p> <p>Information regarding how social care workers will provide the support, in order to meet the service user's individual needs, will be included on the revised form.</p>	<p>Within a 3 month period</p>	<p>Laura Millar (Team Manager)</p>
<p>2 The Community Alarm team should ensure that it records any critical medicines or healthcare needs necessary to provide a better response to service users (Standard 7)</p>	<p>We are currently revising systems for recording service user information at the community alarm service.</p> <p>As part of this review, we will introduce a standard question which is asked, regarding the critical medications and health care needs of service users. We will gather this information for all service users.</p>	<p>Within a 3 month period</p>	<p>Cindy Graham (Team Manager)</p>
Requirements and Recommendations	Action Planned	Timescale	Responsible Person

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Name	<input type="text" value="Denise Morton"/>		
Designation	<input type="text" value="Service Manager"/>		
Signature	<input type="text"/>	Date	<input type="text" value="19 / 08 /2010"/>

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

# Inspection report

## Dundee City Council - Social Care and Support Services Housing Support Service

Claverhouse Office  
Jack Martin Way  
Dundee  
DD4 9FF  
01382 438300

**Inspected by:** Patrick Sweeney  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 14 May 2010

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**Service provided by:**

Dundee City Council

**Service provider number:**

SP2003004034

**Care service number:**

CS2004081901

**Contact details for the Care Commission officer who inspected this service:**

Patrick Sweeney

Telephone 01382 207200 Lo-Call: 0845 6008331

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

## Easy read summary of this inspection report

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There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support  **5** Very Good

Quality of Staffing  **5** Very Good

Quality of Management and Leadership N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

### What the service does well

Service users and carers told us the service was responsive to changing their needs and preferences for how the service is provided. The service reporting back what improvements it planned to make to all service users. As a result of feedback from service users and carers the service had included a service user and two carers in recent staff induction days. The service reported that new staff benefited from listening to the experience of service users and carers and that this would influence their practice.



Across the service there were many examples of staff working closely with healthcare staff to meet service users' health needs. The service also carried out safety assessments and referred service users to other services to keep them safe in their home.

The service promoted social services values and its policies through team meetings and development days. Staff confirmed they were supported to work professionally with service users through ready access to training and were supported to obtain vocational qualifications.

### **What the service could do better**

The Drug and Alcohol / Blood Borne Viruses team should improve its personal plans to state how support will be provided to meet service users' needs and preferences while maintaining their independence and promoting their potential.

The Community Alarm team should ensure that it records any critical medicines or healthcare needs considered necessary to provide a better response the service users.

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

The standard of content of personal plans and assessments of risk and restraint had improved. Personal plans appropriately recorded restraint issues for service users, and were kept up to date. Staff knew the service's restraint policy and had been briefed on how to assess and record restraint. Personal plans included appropriate information about service users' abilities and preferences and what they wanted from the service.

There were regular planned reviews of service users' care and personal plans, involving them and their representatives. During reviews service users and their carers their views about the quality of the service and how it could be improved for them.

Records were kept of any complaints received, and how each complaint had been resolved with the service user or carer. The service evidenced that a complex complaint was agreed in detail with the complainant to ensure it would fully address their concerns.

Staff were offered individual supervision in addition to group support sessions. Supervision sessions were recorded and were evaluative of staff practice and their use of appropriate social services values in their work.

Some parts of the service had a practice of using observations of staff practice. For improved practice the service should continue to implement this practice in all teams.

## **Conclusion**

There was improved practice and outcomes through involving service users and their carers in assessing and improving the quality of the service. There were very high levels of satisfaction with the quality of the service in the feedback service users and carers gave us. The service had made consistent improvements against the requirement and recommendations previously made. There is a strong practice in supporting service users' health and welfare needs. The staff are well trained and supported to carry out their work with vulnerable people.

## **Who did this inspection**

### **Lead Care Commission Officer**

Patrick Sweeney

### **Other Care Commission Officers**

Not applicable.

### **Lay Assessor**

Winnie Whyte

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

## How we decided what to inspect

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### **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

### **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.



## About the service we inspected

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Dundee City Council - Social Care and Support Services is registered by the Care Commission since 26 November 2004 to provide a combined care at home and housing support service.

The service is provided by Dundee City Council's Social Work Department to people in their own home. The service aims to assist people to remain within their own home.

The service was provided to older people and adults with; learning disabilities, physical disabilities, mental health problems, drug and alcohol needs and HIV. The service can respond to short and long term needs and crises. At any one time the service had about 1900 service users, and over the course of a year had seen about 2200 service users. There were about 6000 households linked to the service's Community Alarm system.

The service was provided by the following teams;

- Locality Social Care Teams for older people and adults
- A Community Mental Health Team for Older People
- Housing with Care in four sheltered housing developments
- Three Social Care Officer Teams (Learning Disabilities, Mental Health, Drug and Alcohol / Blood Borne Viruses)
- A Community Alarm Team providing a mobile emergency response service.
- The Intensive Support Care at Home and Rapid Response Teams; including ; Night Care Service, Interval Night Care Service, Early Supported Discharge Team, Social Care, Support Service for Rehabilitation at Home, Emergency Support to Meet Social Care Crises in the Community, Combined Care at Home, Supported Discharge Scheme
- A new city wide Enablement Service to assist people to leave hospital early and rehabilitate at home.

The service is mostly provided between the hours of 7.30am and 10.00pm. Parts of the service were provided overnight by the Community Alarm Team and the parts of the Intensive Care at Home teams.

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

<b>Quality of Care and Support</b>	<b>5 - Very Good</b>
<b>Quality of Staffing</b>	<b>5 - Very Good</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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 activities did we undertake during the inspection**

This report was compiled following an announced inspection that took place on in the week beginning 10 May 2009 by Patrick Sweeney, Care Commission Officer and Winnie Whyte, Lay Assessor. There was a feedback meeting with the management of the service on 14 May 2010.

#### Before the Inspection

The service submitted a completed Annual Return and Self Assessment requested by the Care Commission.

The views of service users were sought through;

Questionnaires completed by 48 service users and 19 relatives.

Phone calls to 17 service users.

Visits to nine service users while the service staff provided a service.

Interviews with six service users receiving housing with care in a sheltered housing development.

#### Intensity of inspection

This inspection was based on a sample of two Quality Statements from two of the three Quality Themes, associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

#### Staff at inspection

Discussion with the management of the service

Interviews with 18 members of staff.

#### Evidence at inspection

A sample of teams were visited during the inspection; a Locality team, an Enablement team, a Social Care Officer team, the Community Alarm service, an Intensive Care at Home team and a Housing with Care team.

Eight personal plans were examined

Observation of staff interactions with service users during eight home visits and at a housing with care service

Examination of a sample of supporting evidence identified in the service's Self Assessment.

### **Inspection Focus Areas (IFAs)**

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Has the service had to take any actions as a result of or since our last inspection?**

#### Requirement 1

The service provider must ensure that the use of restraint is managed in a way that protects the health and well being of service users. To ensure that this is achieved, the provider must:

- a) Develop individualised risk assessments, which should be reviewed and updated regularly.
- b) Provide staff training/education addressing; the meaning and forms of restraint and the assessment and record keeping associated with restraint.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) (SSI 2002/114) Regulation 4(1)(a)and(c) - a requirement that providers shall make proper provision for the health and welfare of service users and ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances. Timescale for completion: 31 March 2010.

#### **Action taken on the Requirement**

Personal plans now appropriately recorded any restraint issues for service users, and these were kept under review. Staff were aware of the service's policy on restraint and were briefed on how to assess and record restraint issues in personal plans.

#### **The requirement is:**

Met

## **Actions Taken on Recommendations Outstanding**

### Recommendation 1

The service should ensure that it regularly reviews with service users and carers the quality of the service and asked for ideas for improvement. National Care Standards, Housing Support Services, Standard 3 Housing support planning.

Across the service there were regular planned reviews of service users' care and personal plans, involving them and their representatives. Reviews were used to ask service users and their carers their views about the quality of the service and how it could be improved for them.

### Recommendation 2

The service is recommended to ensure that it evidence how it has resolved complaints at the local level. National Care Standards, Care at home, Standard 11 Expressing your views.

Throughout the service records were kept of any complaints received, and how each complaint had been resolved with the service user or carer.

### Recommendation 3

The service should ensure that service users' personal plans are written to include service users' abilities, their preferences about how care will be carried out and agreed goals for supporting service users to achieve their potential. Standard 3, Your personal plan.

Personal plans now included appropriate information about service users' abilities and preferences and what service users wanted from the service.

### Recommendation 4

The service should ensure that group supervision evidences and evaluates staff use of appropriate care practices and social services values in their work with service users. Standard 4, Management and staffing arrangements.

All staff are offered individual supervision in addition to group support sessions. All individual supervision sessions were recorded and were evaluative of staff practice and their use of appropriate values in their work.

### Recommendation 5

The service should ensure a system of recorded, regular observation and evaluation of staff practice with service users is developed and implemented. Standard 4, Management and staffing arrangements.

Some parts of the service using observations of staff practice. Where this had been implemented staff said they could show how well they worked with service users, and they got positive feedback, they also welcomed any ideas for improved practice. The line managers said they had a better knowledge of their staff team after seeing them working

with service users and carers. For improved practice the service should continue to implement this practice in all teams. No further recommendation is made.

#### Recommendation 6

The service is recommended to ensure its quality assurance processes results in reviews of personal plans, risk and restraint assessments are carried out and to an improved standard. Standard 4, Management and staffing arrangements.

The standard of personal plans and assessments of risk and restraint had improved across the service.

#### Recommendation 7

The service is recommended to ensure it agrees with the complainant what they should be investigated and who should be interviewed as part of a complaint investigation. Standard 11, Expressing your views.

The service evidenced that a complex complaint was agreed in detail with the complainant to ensure it would fully address their concerns. The complainant agreed with the findings of the complaint.

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

### **Annual Return Received**

Yes - Electronic

### **Comments on Self Assessment**

The Self Assessment document submitted was completed to a very high standard. The service gave many of relevant information for each Quality Statement and many examples of very good practice and outcomes for service users. The service showed how feedback from service users and carers had helped it assess the quality of the service. The service continued to make plans to improve outcomes for service users and its staff.

### **Taking the views of people using the care service into account**

The views of service users were given in 48 questionnaires returned directly to the Care Commission. The responses included;

Almost all service users (85%) told us they had a personal plan or support plan which contains information about their support needs. About two thirds (65%) of service users knew about the service's complaints procedure and knew they could make a complaint about this service to the Care Commission.

There were very high levels of satisfaction by service users with all aspects of the quality of the service across all the questions we asked.

Service users strongly agreed or agreed that;

- they were overall happy with the quality of support the service gave them (100%)
- they were confident that staff have the skills to support them (100%)
- staff treated them with respect (100%)
- the service checked with them regularly that it was meeting their needs (98%)
- staff have enough time to carry out the agreed support (92%)
- they knew the names of the staff who provided their support (88%)
- their needs and preferences have been detailed in the personal plan (85%)
- the service asked for their opinions about how it can improve (83%)

Three service users disagreed that staff have enough time to carry out the agreed support.

Three service users disagreed that they know the names of the staff who provided their care and support.

Three service users disagreed that the service asked for their opinions about how it can improve.

Comments from service users in the questionnaires included;

- "Very happy with the care and service."
- "The intensive support team came into help me after I had an operation. The team were lovely and very helpful. Once I got better they helped me regain my independence again."
- "I have nothing but praise for the care and attention I have received from all the staff you have attended me during my ordeal."
- "I am very happy with the service and the staff are all very respectful and helpful."
- "I feel the service is beneficial to me."
- "I would not have progressed and got my confidence back without all the help I received."

The views of 17 service users were also sought in phone interviews by a Lay Assessor. A Lay Assessor is a member of the public who volunteers to work alongside Care Commission Officers during the inspections. The Lay Assessors speaks to people using the service and gathers their views.

The Lay Assessor recorded the following comments;

Quality of Care and Support;

- "If we receive any assistance, it's always freely given."
- "What I can't do, they will do if it's within their remit."
- "The best of care given. There's always somebody on hand."
- "I have had very poor mobility recently and with the support of the staff, this has improved 100%"
- "I also had support to access other community and health services to my benefit which has improved my health."
- "We have staff on site (Housing with Care) and they help in any way they can"

Quality of Staffing;

- "The staff are very helpful, respectful; observe confidentiality, nice and marvellous to us."
- "Staff shortages happen sometimes but somehow they do get cover."
- "Staff are always busy but will find time for you. I can't fault them. They always make sure I am safe and secure."
- "The staff are very approachable."
- "Good listeners."
- "Nothing too much bother for them."

Some service users in the Housing with Care service said they would like staff to visit at a regular times in the day.

### **Taking carers' views into account**

The views of relatives or carers were given in 17 questionnaires returned directly to the Care Commission. The responses included;

Almost all carers (90%) told us they had a personal plan or support plan which contains information about their support needs. About two thirds of carers knew about the service's complaints procedure (69%) and knew they could make a complaint about this service to the Care Commission (63%).

There were very high levels of satisfaction by carers with all aspects of the quality of the service across all the quality questions we asked.



Carers strongly agreed or agreed that;

- they were overall happy with the quality of support the service gave (100%)
- they were confident that staff have the skills to support the service user (100%)
- staff treated them with respect (100%)
- the service checked with them regularly that it was meeting needs (100%)
- staff have enough time to carry out the agreed support (95%)
- needs and preferences have been detailed in the personal plan (95%)
- they knew the names of the staff who provided the support (80%)
- the service asked for their opinions about how it can improve (74%)

Two carers disagreed that the service asked for their opinions about how it can improve. Two did not know and one said it was not applicable to them.

One carer disagreed that needs and preferences have been detailed in the personal plan and another disagreed that staff have enough time to carry out the agreed support.

There were comments in the questionnaires from carers;

- "The care and support has been invaluable in allowing us to maintain mum in her own house."
- "I can't praise the staff who take care of my mother highly enough. They are caring and particular in all they do. At times I feel they could do with more time to chat, which to me is as important as the practical side of caring."
- "Overall we are happy with the care provided. We have a concern that staff finish at 10pm. Our mother has a pendant to press if she has any need but often this can take some time before help arrives."

# Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very 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 service had very good practice in this quality statement.

There was much improved practice and outcomes through involving service users and their carers in assessing and improving the quality of care and support. Examples of this practice included;

The Community Alarm service visited each service user with dispersed alarms to check they were confident in using the system and to update the health and contact information in the service's computer records and to enquire if further assistance was required. These reviews often involved service users' relatives. The staff also asked service users questions about the quality of their experience of using the service. The management of the service also phoned a sample of service users and carers after a call out visits by Community Alarm staff to check their satisfaction with the quality of the service.

In the Drug and Alcohol / Blood Borne Virus service the team manager visited each service users and carers and carried out an in-depth questionnaire asking for their views on the quality of the service and the benefits for them. The findings of the questionnaires had been used to review the staffing structure of the service. Social Care Officers now had a more distinct role in personal care and support in daily living for service users who were not abstinent.

The Enablement service used evaluation forms for service users and carers to comment on the quality and effectiveness of the service. Each service is regularly reviewed, around every three weeks, as the service is intended to be relatively short term. These reviews recorded service users and carers' views of the quality of the service and responded to their views about progress made.

The Intensive Care at Home teams asked service users and carers their views about the quality of the service in questionnaires issued after the service had finished. The service provided by these teams was mostly of a few days or weeks only. The teams had collated the responses from these questionnaires which confirmed that service users were satisfied with the service.

The Housing with Support service and the Locality team visited had plans for reviews for all service users every six months. These involved the service user, carers, a member of the team and the Organiser. The reviews were used to ask questions about the quality of service. This promoted a different evaluation of the service rather than focusing only on needs being met.

The Locality team and Intensive Care at Home teams planned to consult with service users and carers on the most appropriate questions to ask about the quality of care and support.

We evidenced through interviews with service users that the service was responsive to requests to vary service to meet individual preferences. Service users and carers commented that the service would change the length, timing and purpose of care visits in response to their changing needs and preferences.

The service complemented each team's approach to asking service users' views on the quality of their individual service with a sample of 176 surveys asking in-depth questions. There were high levels of satisfaction with the service with very similar satisfaction rates with the previous year's survey. For example most people felt the service made them feel safer and supported them to lead the life they chose at home. Service users were also asked what could be improved. The survey found that people were less satisfied with how complaints had been resolved. The service planned to improve its complaint resolutions by writing to service users about what will happen as a result of their complaint.

The service also carried out a separate survey of 500 carers asking their views on the quality of the service. This was the second survey for carers. The survey results showed improved satisfaction with the service and the benefits for them and service users. The service created an action plan of areas for improvement based on feedback from the survey which also included better handling of complaints.

The service evidenced how it was responding to service users' and carers' views and ideas by producing a brief summary of service users' feedback and areas for improvements to be sent to all service users.

Throughout the service records were kept of any complaints received, and how each complaint had been resolved with the service user or carer. Most complaints are resolved at the local level, such as by a team organiser which potentially benefited service users.

### **Areas for Improvement**

The Drug and Alcohol / Blood Borne Viruses team relied upon care managers to hold reviews and record outcomes. It would be better practice to make this a joint responsibility between team and the care managers as in other aspects of the service.

The service should maintain its very good practice and aim to improve its practices and outcomes taking into account the excellent grade criteria for service user and carer engagement.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

### **Statement 3**

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

#### **Service Strengths**

The service had very good practice in this quality statement. Examples of this level of practice included the following.

The Community Alarm service used annual review visits to get up to date details on service users' health needs. This helped the service to give better information to the emergency services and ensured control room staff responding to alarm calls and Community Alarm staff making home visits were better informed about service users' needs. The reviews also involved a quick home safety check, advising service users about potential hazards, and offering further help such as fire safety checks by the fire and rescue service.

The Drug and Alcohol / Blood Borne Viruses team worked very closely with the Homeless Health Outreach Team to ensure service users' health needs were met with advice or assistance with their medicines and support to attend medical appointments. There was evidence that as a result health needs were better managed jointly between the service users, the social care officers and the health outreach team. The social care officers supplemented the care plans written by care managers to get service users' views on how they wanted to be assisted. . The service users were very vulnerable to harm from others and adult protection procedures were used to formalise how known risks were to be better managed. The service was effective in providing stability and discrete monitoring for service users with very chaotic and risky lifestyles

The Enablement service supported service users who are unwell and frail to go home from hospital who would otherwise have to remain in hospital. The focus is upon supporting service users with their recovery and to be as independent as possible. The service had the support and input of a Physiotherapist and Occupational Therapist to ensure there was good information and suitable rehabilitation plans when service users were discharged from hospital. The Physiotherapist was impressed with the positive approach of the staff and their use of rehabilitation approaches. They felt that service contributed to keeping service users at home, where they wanted to be, and not in hospital. The staff were very focused and attentive to helping service users regain their independence. They felt very supported by the access to advice and support from the physiotherapist and occupational therapist. As a result of specific training and advice they felt much better informed about a wide range of aids and adaptations available to service users and could identify when these could be used for other service users.

In the Locality team service users' personal plans were written to an improved standard, with more detailed background information, particularly useful when working with people with dementia, and more specific accounts of service users' health needs and how the service would provide appropriate support. Staff had a role in supporting service users to contact GP's and district nurses so that changes in health needs were not under

reported. They could help service users recognise that their health conditions were changing and that medical advice was needed. The staff discretely monitored service users' welfare especially those who had few visitors. The staff reported a good working relationship with the District Nursing service and used this to obtain advice on how best to manage health conditions.

Staff throughout the service carried out risk assessments in service users' homes. They gave advice to service users about ways to stay safe and to reduce hazards and about aids and adaptations which could assist them. Service users were also offered a fire safety assessment through the fire service.

### **Areas for Improvement**

The Drug and Alcohol / Blood Borne Viruses team staff completed a preferences form with service users to supplement the information in the care plan written by the care manager. However it does not say how the support was to be provided. The preferences form should be improved by stating how assistance will be provided and this would form part of the joint reviews between social care officers and care managers with service users. (Recommendation 1)

The Community Alarm service relied upon the experience of staff to ask relevant questions about service users' healthcare needs to better respond to alarm calls. If there are critical medicines or healthcare needs the service thinks it necessary to record this could be systematised through standard questions. (Recommendation 2)

The Repairs service is to be used by the Community Alarm service to install dispersed alarms. This is presently done by experienced Community Alarm workers who can offer advice or find out important information about service users based upon their experience. To sustain its very good practice the service will need to quality assure the advice to be given and the information obtained about service users through the Repairs service.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

2

### **Recommendations**

1.

The Drug and Alcohol / Blood Borne Viruses team should improve service users' personal plans to state how support will be provided to meet their needs and

preferences. National Care Standards, Care at home, Standard 3, Your personal plan.

2.

The Community Alarm team should ensure that it records any critical medicines or healthcare needs necessary to provide a better response to the service users. Standard 7, Keeping well - healthcare.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very 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 service had very good practice in this quality statement.

Each of the teams we visited included questions about the quality of staffing in their questionnaires and in review meetings with service users and carers. The teams were willing to act upon the feedback from service users. Also the surveys of service users and carers asked about the quality of staffing.

As a result of feedback from service users and carers the service had included a service user and two carers in recent staff induction days. The service reported that new staff had benefited from hearing about the experience of service users and carers and that this would positively influence their practice. The service planned to continue involving service users and carers in staff induction where possible.

Previously the service had used service users' views on what they valued most about staff to improve the staff specification and the questions asked of candidates at interview. The service reported that these changes had improved how it took into account the values and qualities of candidates when selecting new staff. This was the continuing practice of the service.

Previously the service had responded to increased demand from service users for weekend care by changing its staffing arrangements. The service had increased the availability of staff working in the hours of peak demand and on Saturday and Sunday.

#### Areas for Improvement

The service should maintain its very good practice and aim to improve its practices and outcomes taking into account the excellent grade criteria.

#### Grade awarded for this statement

5 - Very 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**

The service had very good practice in this quality statement.

The service supported good practice and outcomes through a very comprehensive two week induction programme for all new staff. Staff confirmed they were supported to work professionally with service users through ready access to training which met essential training needs and support to obtain vocational qualifications including SVQ 2 and 3, and K101 and regular refresher training for First Aid, Moving and Handling and Food Hygiene. Staff had very good levels of responsibility in assessing service users' needs and preparing and keeping up to date their personal plans. In each area of the service arranged appropriate awareness training and briefing sessions for staff on conditions and issues that staff worked with for example; dementia, Parkinson's, diabetes, stoma care.

Staff were aware of the National Care Standards and Scottish Social Services Council's Codes of Conduct and the service's own policies and procedures. The service promoted social services values and its policies through team meetings and service or team development days.

Staff confirmed that there was a constructive work culture with their colleagues and their line managers where difficulties could be raised and ways to improve the service identified and acted on. Across the service there was evidence that each team had actively addressed the recommendations and requirement made in the last Care Commission inspection.

All staff are offered individual supervision sessions with their line manager in addition to group support sessions. All individual supervision sessions were recorded and these records evidenced that supervision was evaluative of staff practice and their use of appropriate values in their work.

Some parts of the service used observations of staff practice. Where this had been implemented staff said they could show how well they worked with service users, and they got positive feedback, they also welcomed any ideas for improved practice. The line managers said they had a better knowledge of their staff team after seeing them working with service users and carers. For improved practice the service should continue to implement this practice in all teams.

Particular examples of very good practice included the following;

The Enablement team had staff planned rehabilitation training with a physiotherapist and occupational therapist. The effectiveness of the training is to be evaluated. The competence and knowledge acquired by each member of staff will be evidenced in work books on the rehabilitation model.

The service has recruited new staff through the Social Care Academy, an joint initiative with the Social Work Department, NHS Tayside and Dundee College. This meant that new staff already had vocational qualifications, experience of care work through placements and grounding in expected practice and social services values.

**Areas for Improvement**

The service should maintain its very good practice and aim to improve its practices and outcomes taking into account the excellent grade criteria.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## Other Information

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### **Complaints**

There have been no upheld or partially upheld complaints against this service since the last inspection.

### **Enforcements**

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

### **Additional Information**

None noted.

### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission 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).

## Summary of Grades

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<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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<b>Date</b>	<b>Type</b>	<b>Gradings</b>
22 May 2009	Announced	Care and support      3 - Adequate Staffing                    4 - Good Management and Leadership                4 - Good

## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

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