

Care service inspection report

Social Care Alba Ltd

Housing Support Service

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Inspected by: Janet Wilson

Pauline Cochrane

Type of inspection: Announced (Short Notice)

Inspection completed on: 20 February 2013



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Service provided by:

Social Care Alba Ltd

Service provider number:

SP2010011170

Care service number:

CS2010273044

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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	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service had a good team of people working for it and was found to be very forward thinking in its use of technology and in the way support was provided.

What the service could do better

The service needs to maintain its current high standards.

What the service has done since the last inspection

This was the services first inspection

Conclusion

The service used technology to its best advantage, we found service users were quickly informed of any changes to their support and their support was reviewed regularly. The service had very good supervision and training plans in place.

Who did this inspection

Janet Wilson
Pauline Cochrane

1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body Social Care and Social Work Improvement Scotland (known as the Care Inspectorate) took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body the Care Inspectorate.

Social Care Alba's (referred to in the report as 'the service') annual report 2012 stated:-

'Social Care Alba was established to provide support to people living in their own home. Our care and support is based upon core values underpinned by the national care standards. These are reflected in all of our policies and procedures. Our vision is one of person centred support which incorporates values of:

- Dignity Respect
- Privacy Inclusion
- Choice Realising Potential
- Safety Equality and diversity.

We are continuously looking to the future, planning ahead and anticipating future demands. This allows us to recruit, train and plan services in advance with the support and inclusion of staff.

We aim to communicate a powerful vision of quality and person centred support, thus providing a sense of direction. It inspires and unites people with a shared sense of commitment.'

At the time of the inspection the service was providing support to people in Edinburgh and Dumfries and Galloway. This included people aged under and over 65. The staff team included directors, team leaders, professional advisors, administrative staff and personal assistants.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

The report was written after a short notice inspection on 13 February 2013. Feedback was given on 20 February 2013. The inspection was carried out by Care Inspectorate Inspectors, Janet Wilson and Pauline Cochrane (referred to as the 'Inspector' in this report).

During this inspection we gathered evidence from various sources, including relevant sections of policies, procedures, records and other documents, including:

- Certificate of Registration
- Liability Insurance Certificate
- Information on people using the service
- Information on staff
- Satisfaction Surveys
- Recruitment information
- Induction and training information
- A range of documents, forms and questionnaires
- Discussions with the manager, administration staff, carers, people using the service and care staff
- Information from Care Inspectorate questionnaires
- Information from the services Annual Return
- Information from the services Self-Assessment
- Consideration of the National Care Standards - Care at Home, Housing Support Service

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: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received 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 the headings we grade them under. The service had identified some things they thought they did well, some areas for development and some changes they planned.

Taking the views of people using the care service into account

Eight questionnaires were returned prior to the inspection, one questionnaire had been completed by a carer and seven had been completed by a friend/relative/advocate (see comments in the next section). The general feedback was very good.

Comments included:-

'Everyone has been really nice. They are lovely and they help me in any way they can.'

Taking carers' views into account

Carers who completed the Care Inspectorate questionnaires were very happy with the service provided, comments included:-

'We have a great relationship with everyone. The carers can't do enough for us.'

'We have a good level of support from all the staff at Social Care Alba, they are very understanding and helpful in all areas of support.'

'The difference this company has made to my father's life and the rest of the family is amazing....he enjoys the high standard of personal care he receives and also the variety of food the carers take time to make. Nothing is too much trouble to them. I like their attitude towards him....They do not take any risks with him, the doctor is called immediately there is any sign of infection.'

We spoke to two people on the telephone and they said they were very happy with the service provided and thought the staff were excellent. They said if they had any problems they would either talk to staff or the manager.

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: 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

Grades within this statement reflect the evidence found at the time of the inspection. The information was gathered by speaking to the manager, staff, families and service users.

We found that the service provided a Service User handbook. This gave a lot of information about the service to enable people to decide whether or not the service could meet their needs. They had a user friendly website, with all their information, a blog with regular updates, which also had the facility to leave comments - all of which would contribute to service users and carers assessing the service.

We found there were Satisfaction Surveys provided to service users and carers at week 1, week 6 and before 6 months in order to enable them to make comment on the care and support they were receiving and provide any suggestions for improvement. During the inspection we saw some samples of these completed surveys. One of the suggestions was that service users and carers could be involved in the recruitment process in order for them to have input into the hiring of people that would be providing their care. The service used questions they had been given by people within their interviews, this was fed back to service users and their families by letter.

There were monthly summary meetings, which took place in the service user's home, this gave them direct channels to discuss the care and support they were receiving. We saw an example where one service user preferred only a female personal assistant to provide personal care - although no guarantees were given, this was used when planning who would be working with the service user to ensure that this request was met.

Team meetings were held every 3 months within the Dumfries and Galloway area and every 6 weeks in the Edinburgh area and service users and their carers were invited to come along and supported to enable them to attend. There were standing items on the agenda which included participation of service users and carers, quality assurance and training. This allowed the service users and their carers the opportunity to contribute to the future planning and development of their care and support.

Team leaders worked directly with service users and so did managers to ensure that service users and carers were provided with direct access to senior staff to share their thoughts/views of the care they were receiving.

The Communication Sheets the service had were only completed when staff considered there was a more important change in either someone's support or behaviour. The manager said this helped them to build up a pattern of behaviour and review service users at management meetings, devise an action plan if appropriate and then follow this through with the relevant parties. This had happened when someone wanted only a male carer for personal care and when a service user's language had been inappropriate to staff.

The service had a clear participation strategy which was available on their website.

We found the service had offered prizes as incentives to service users and carers making suggestions on improving their services. Written agreements were reviewed annually this gave the managers another opportunity to ensure the service was continuing to meet the care and support needs of people using the service and their families.

The service held reviews within the required six monthly statutory timescales. These covered a summary of the support received, the progress to date and an action plan if needed. The reviews were signed and dated by the appropriate people and all service users had a copy.

Areas for improvement

Monthly summary meeting write ups could be aimed more from a service user's perspective. We found the format was very much from a staff point of view.

A chat mechanism set up on the website would allow all users of the service and staff to communicate together, despite the geographical restrictions of them having face to face communication.

The service was maintaining the level of care and support to meet statement 1.1 and was continuing to improve in line with their service development plan.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Grades within this statement reflect the evidence found at the time of the inspection.

We found that the service was performing well in this area. We concluded this after discussion with the manager and sampling of several service users files. We saw that the service used single shared assessments from which personal plans were developed which contained the information highlighted within national care standards, care at home 3.1. These personal plans were regularly reviewed and updated, alongside the "this is me" documentation.

The service had a range of methods to ensure that the service users health and wellbeing needs were being met, for example the use of an electronic monitoring system. This ensured that service users received their service timeously and if there was a delay, they would be contacted to be made aware of this. The service told us they had developed a new communication tool and pain app', the manager said this should help service users express themselves and have their needs more accurately met.

The service told us that they are contactable 24 hours per day and that all service users and their carers were provided with the contact telephone number when they begin with the service. This was located within their personal file in their own home.

The service employed staff members with a variety of different backgrounds in order to support the service users health needs. The service told us they liaised closely with other agencies for example NHS, Social Work, CPN's, and Palliative care nurses. We found evidence of their involvement in the regular reviews arranged for service users.

The manager gave us examples of how they had improved the health and wellbeing of service users including one service user who had initially been bedbound on a high level of medication who was now mobile with support and was no longer on such a high dosage of medication. This was also mentioned in the audit conducted by Dumfries and Galloway into their service.

The services Assessment form, Personal Care Plans and Risk assessments included all areas of a person's health and wellbeing needs. These had basic details of a person's likes and dislikes regarding food and drink preferences, hobbies and any daily or weekly routines. The assessment form also had details of a person's emergency instructions, their physical capabilities and any special medical instructions.

Each client had risk assessments completed which covered their general mobility such as ability to walk, bend and twist. It also covered any risks in the clients general environment or when outside. If a person had a history of falls this was detailed, as was any visual or hearing problems. All risk assessments were reviewed annually unless any changes to a client's situation occurred, then they were updated at that point.

Any incidents or accidents were reported to the manager or manager on call, and then recorded centrally. This remained a 'live' document on the services computer system until it had been dealt with and 'closed off' by the manager.

Areas for improvement

The service was maintaining the level of care and support to meet statement 1.3 and was continuing to improve in line with their service development plan.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

See Quality Statement 1.1 for supporting evidence

We found the service to be proactive in involving staff in the shaping and management of the service. Carers and service users were regularly asking their views on staff members.

Areas for improvement

As Quality Statement 1.1

The service was maintaining the level of care and support to meet statement 3.1 and was continuing to improve in line with their service development plan.

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

Grades within this statement reflect the evidence found at the time of the inspection. The information was gathered by speaking to the manager and staff and looking at staff files.

The manager and office staff were regularly in contact with staff by text, telephone or e-mails to ensure they were kept up to date with any changes to individuals support or to the service as a whole.

Team meetings were held in the Dumfries and Galloway area every three months and in Edinburgh every six weeks. Minutes of meetings evidenced showed service users were discussed, updates on training, staff ideas and any events coming up.

The service had a very good 13 week induction and training programme in place. All staff qualifications and training completed was recorded, as was any particular course that was due to be renewed. There were annual plans for individual and team training.

All staff had regular supervision sessions which were securely and centrally recorded. Supervision took place approximately every 6 -8 weeks, within this time the team leader and manager were also working with staff members and were able to observe their daily practice.

Supervision covered:-

- General discussion
- Workload
- Feedback from PA
- Feedback from Service Users
- Health and Safety
- Absence Management
- Personal Training / Development
- Achievements since last supervision

If a topic had not been covered this was highlighted. Areas for personal and professional development were highlighted, with an agreed plan of action. All supervision records were e-mailed to the staff member and electronically signed when they agreed with the contents. If this did not happen the reason was noted on the system.

Staff had annual appraisals. Feedback from Satisfaction Surveys, other staff, the e-learning interactive tutorial the service used and from the manager and the staff member were all part of the process. How these were recorded and agreed was in line with the process for supervision sessions.

Areas for improvement

How all staff can communicate between themselves more outside of team meetings needs some consideration.

The service was maintaining the level of care and support to meet statement 3.3 and was continuing to improve in line with their service development plan.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

See Quality Statement 1.1 for supporting evidence

The service provided questionnaires to service users and carers at week one, week six and thereafter at no more than six monthly intervals to enable them to participate in assessing and improving the quality of management and leadership of the service. Team leaders and managers regularly worked directly with service users, enabling them to give their views face to face.

The service held monthly summary meetings at the end of which comments were invited about the management and leadership of the service. Service users and carers were invited to participate in the regular team meetings where one of the standing agenda items was the quality of management and leadership.

The service told us through their website service users and carers are able to make comments at any time, and comments can be left on their blog. We found that service users and their carers had been offered the opportunity to be involved in recruitment and had developed a variety of questions which were incorporated into the interview process.

Areas for improvement

As Quality Statement 1.1

Questionnaires not returned by social workers and other professionals could be followed up with a telephone call, or they could be invited to provide a paragraph about the service via email, or via the website.

The service was maintaining the level of care and support to meet statement 4.1 and was continuing to improve in line with their service development plan.

Grade awarded for this statement: 5 - Very 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

Grades within this report reflect the evidence found at the time of the inspection.

We found that the service had developed a number of quality assurance systems and processes, including the use of satisfaction questionnaires, monthly summary meetings and regular reviews. All of which were used to assess the quality of service being provided.

The manager told us they conducted regular audits of personnel, care and administration. The findings were collated and fed back at the regular team meetings, to which service users and carers were invited.

We found evidence of exit interviews being conducted with staff as well as a survey monkey questionnaire - the results of which were collated and an action plan was drawn up. Team leaders and managers regularly worked directly with staff in providing care to service users enabling them to monitor and quality assure the staff's practice.

The service had involved a number of independent organisations in quality assuring their quality of service. They had undertaken and achieved a healthy working lives award, which involved an external verifier assessing the service.

The service had also involved the DG voice (disability movement in Dumfries and Galloway) in their recruitment processes. They recently became a member of Inclusion Scotland and had informed their service users and carers of local advocacy services in their area that they could approach.

The electronic monitoring tool that the service used enabled them to monitor times when staff turned up to a service user and when they left, an alarm would be raised if no staff member turned up or if they were late. (as highlighted in Statement 1.3) This should support the principles of dignity and safety.

The service told us that they use an external quality compliance system in order to ensure all of their policies and procedures are regularly updated and staff, service users and carers are automatically alerted to any changes.

A Satisfaction Survey was sent out to all service users after week one, week six and then every six months of getting a service. These gave the client and families the opportunity to give feedback directly to the manager on their experiences regarding the carer, communication and service as a whole. The surveys we evidenced highlighted how the service was prompt in dealing with any comments, concerns or compliments. These were able to be tracked through the services central computer system.

Areas for improvement

Consultation with Inclusion Scotland may provide ideas for involving service users and carers in assessing the quality of services.

The communication tool could be further developed for use by service users in providing their views at monthly summary meetings, reviews and completing questionnaires.

The service was maintaining the level of care and support to meet statement 4.4 and was continuing to improve in line with their service development plan.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

Nine staff questionnaires were returned prior to the inspection. Comments included: 'Having worked for nearly two years with the company, I think they are gaining lots of experience and very helpful and approachable. Would recommend this company to my friends and family.'

'I am so happy to be working with a great team, who provide such high quality support. Everyone gives 100% and thinks out of the box to find solutions for people.'

'The company have always tried their best to support me and all staff that work for the company.'

'I am proud to be part of a company that is making so many positive changes to people's lives.'

'I think the responses to the questions will give a great perception of how our company works and that our staff are being trained to the highest standard. Social Care Alba is a great company to work for and as it grows I'm sure it will be one of the best in the country.'

'The service that Social Care Alba provides is great. Supporting all the service users and tailoring their individual needs to ensure that they can stay at home and in a safe environment. Great support has been given to me as a staff member and I feel valued at my place of work.'

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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very 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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ہے بایتسرد می ونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

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