

Care service inspection report

Leonard Cheshire Disability - South West Scotland - Support at Home Service

Housing Support Service

Lochar House

Heathhall

Dumfries

DG1 3NU

Telephone: 01387 711331

Inspected by: Karen Penman

Type of inspection: Announced (Short Notice)

Inspection completed on: 10 July 2013



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Service provided by:

Leonard Cheshire Disability

Service provider number:

SP2003001547

Care service number:

CS2004076522

Contact details for the inspector who inspected this service:

Karen Penman

Telephone 01382 207200

Email enquiries@careinspectorate.com

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

The manager and her staff are committed to the development and improvement of the service.

What the service could do better

The manager needs to ensure that personal plans are reviewed at least once every 6 months. People who use the service should be fully involved in these reviews and in any changes that have been agreed.

What the service has done since the last inspection

The manager had undertaken an audit of the overall service and had identified areas for development and improvement. This included the introduction of a quality monitoring form, person centred plans and a service user forum.

Conclusion

The service has continued to make good improvements to ensure that continuity and consistency of care and support is provided to people who use the service and their families.

Who did this inspection

Karen Penman

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, 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 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 Public Services Reforms (Scotland) Act 2010 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 Inspectorate."

This service is registered as Leonard Cheshire Disability - South West Scotland - Support at Home Service. It provides care and support to children and adults and older people with a Learning and Physical disability within their own homes in Dumfries, Stranraer, Lockerbie, Kirkcudbright and Dalbeattie.

It is available over 24 hours a day over seven days a week.

The mission statement of the service is 'To work with disabled people throughout the world, regardless of their colour, race or creed, by providing the environment necessary for each individual's physical, mental and spiritual wellbeing'.

The aim of the service is 'to support each person in an individual way, developing the support plan to meet identified and changing needs and wants. To support this you will, if you wish, have a key worker and associate key worker, they will work with you to develop the support plan'.

The service is regional with two office bases, one in Dumfries and one in Stranraer.

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.

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 compiled following a short notice announced inspection on Monday 08 July and Tuesday 09 July 2013. feedback was provided on Wednesday 10 July to the service manager, team leader and director of operations.

During the inspection we gathered evidence from a variety of sources which included;

Individual Service plans

Risk Assessments

Team meeting minutes

Supervision records

Staff training records

Discussion with the manager

Discussion with and observation of staff

Discussion with people who use the service and their families

The service self evaluation and quality assurance records.

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

What the service has done to meet any requirements we made at our last inspection

The requirement

There were no outstanding requirements from our previous inspection

What the service did to meet the requirement

The requirement is:

What the service has done to meet any recommendations we made at our last inspection

There were two recommendations made at our last inspection. Progress on these has been reported on within this report.

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 provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

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

Taking the views of people using the care service into account

People who uses the service told us that they were happy with the support they received. People who had attended the service user forum thought that this was a good idea.

Taking carers' views into account

Carers we spoke to told us that they were happy with the support provided.

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

We considered a range of evidence in relation to this statement and felt that the service continued to operate at a good level.

Some of the strengths we saw included:

- Leonard Cheshire Disability had carried out an annual survey with people who used their services. This showed results across services in Scotland and locally for the Support at Home Service. The manager was considering a service specific questionnaire that she planned to issue in July. This would give people who use the service to express their views and opinions about the service they receive.
- The manager had developed a Quality Monitoring form which she and her staff used to review the care and support that people were receiving informally. This was carried out during a visit, by telephone call or by email depending on peoples preferences. This gave people the opportunity to discuss their support and to raise any concerns or suggestions that they had. We could see that issues raised had been addressed. For instance, the feedback from one person had resulted in a formal review being arranged, their ISP being updated to reflect the changes requested and this being implemented by staff and monitored by the team leaders and manager.
- The manager had carried out an audit of the service and developed an action plan as a result. This included a service user focus where she had identified that a service user forum would be another method for people who used the service to participate in the ongoing development and improvement if the service.

- A Service User Forum had recently been set up and the first meeting took place in June. People were asked to contribute to recruitment by considering what questions that they would ask people and if they would like to participate in interviews. This forum was received positively by people who used the service and gave people the opportunity to contribute to the development of the service.

- The service had carried out reviews of support. This provided people with the opportunity to discuss their routines, the support they required and any changes they would like to make. We could see where people had requested an earlier visit and that where possible this had been arranged.

- The service had completed written agreements with people who used the service which told people what they could expect from the service.

Areas for improvement

Although the service had issued written agreements to people, these had not been reviewed to reflect any changes to peoples care and support. The manager planned to include this in the agenda for reviews which she was compiling. This would help to ensure that written agreements hold accurate information. (Recommendation 1)

The frequency of reviews had lapsed and it wasn't clear how people had been involved in the development of their support plans. Although the manager had developed a review tracker to ensure this improved, it was too early for us to assess if this would ensure that people had a review of their personal plans at least once every 6 months. (See Requirement 1, theme 1, statement 3)

The Service user forum was in the very early stages of development. People who used the service thought that this was a good development. The manager told us that she planned for the forum to run independently of staff from Leonard Cheshire. We thought this would be a good development.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service provider should ensure that all service users written agreements' are signed and dated once initially discussed. These should be reviewed and discussed regularly with people who use the service and their carers, and signed and dated as doing so.
National Care Standards Care at Home, Standard 1: Informing and deciding,
Standard 2: The written agreement

Statement 3

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

Service strengths

We considered a range of evidence in relation to this statement and thought that the service continued to operate at a good level.

Some of the strengths we saw included:

- People who used the service had individual service plans (ISP's) which included support plans. The support plans detailed the routines that people had and where they had requested support from staff.
- A variety of risk assessments had been completed that provided good information for staff to ensure that they could work with people safely. Individual assessments were also available for specific risks that had been identified with people.
- The Quality Monitoring form provided a method for people to talk to a team leader or the manager about their care and support. We could see that where people had requested specific staff members or identified a small team of staff, this had been accommodated. This helped people who use the service to build relationships with a smaller number of staff who would support them regularly.
- The Individual Service Plans included copies of letters and advice from other professionals. This helped to ensure that staff had the relevant knowledge to support people to maintain their health and wellbeing.
- The staff had access to a range of training and development opportunities which provided them with the knowledge and skills they required to support people who used the service. New staff had a comprehensive induction which included mandatory training and shadowing opportunities. This meant that new staff were being introduced to people who used the service in a planned manner and that people who used the service could get to know them at their own pace.
- The service user forum provided people who used the service to express their views about wider aspects of the service and its development. It also provided an opportunity for people to meet each other and to make friends.
- Some reviews of support had taken place and the manager had planned further reviews to ensure that people had the opportunity to influence their care and support.
- The service provided people with support at home but also to access activities and events where appropriate. This meant that people could access the support they required to maintain their social interests and hobbies.

Areas for improvement

Although some reviews had been undertaken, there were still many outstanding. People we spoke to told us that they had not been routinely involved in the development of their support plans. A requirement is made that reviews are undertaken at least once every 6 months and that people are fully involved in the development of their support plans. (Requirement 1)

People had a range of risk assessments that considered their environment. We thought that the information contained within these assessments was good however it was the same standard information for most people. We couldn't see how the views of the person had been considered or how they had been involved. We have restated the recommendation made at our previous inspection in relation to this. (Recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must review personal plans at least once in every 6 months period whilst the service user is in receipt of the service or earlier should there be a change in the service users care needs.

This is in order to comply with The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 5(2)(b).

Recommendations

1. The service manager should ensure that all service users and their carers are involved in discussing and completing individual risk assessments for their individual support. National care standards Care at Home, Standard 1: Informing and deciding, Standard 3: Your personal plan, Standard 5: Management and Staffing.

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

Evidence reported under Theme 1, Statement 1 is also relevant here.

The Quality Monitoring form had provided people who use the service with the opportunity to participate in improving the quality of staff within the service. One example was when someone had suggested that staff had further training that was specific to their needs. This had been arranged through the District Nursing Service and was completed recently. This evidenced that the service responded to the comments from people who use the service which helped to their staff.

Areas for improvement

Areas for development are reported under Theme 1, Statement 1.

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

We considered a range of evidence in relation to this statement. We thought that the service continued to operate at a good level of performance.

Some of the strengths we saw included;

- Staff had access to a wide range of training to support them in their roles. This included mandatory training as well as training more specific to the needs of people who use the service. This helped staff to gain the knowledge and skills required to support the individualised needs of people who use the service.

- The manager had carried out a skills analysis which enabled her to plan development with staff. This included looking at SVQ awards in preparation for registration with the SSSC. Leonard Cheshire Disability had a training programme that will support people achieve the qualifications they will require to register when the time comes.

- New staff are introduced to the service and to people who use the service through a comprehensive induction programme. This included mandatory training, introduction to policies and procedures and planned shadowing of more experienced staff. Staff told us that they could request to shadow staff at any time so that they could introduce themselves to people who use the service that they have not worked with. This helped staff get to know people who use the service and for people to get to know staff.

- Staff had formal supervision with their line manager which provided them with the opportunity to reflect on their work. Staff told us that they felt supported by their line managers and service manager which helped to maintain and develop team working.

- Annual appraisals had been introduced to the staff team. These reflected on training and skills that had been achieved and planned for future development of the staff member.

- The manager was in the process of compiling personal development plans with staff to reflect the outcomes of their appraisals. This helped to plan training and review the outcomes agreed through annual appraisals.

- Team meetings took place and we could see that staff were involved in discussions about the development of the service. Staff were confident that they could add items to the agenda that they felt were important to be discussed. This helped to promote team work and ensure a consistent approach was maintained when supporting people using the service.

Areas for improvement

The manager had identified the areas that she felt the service could improve. We would agree that regular supervision and annual appraisals would be of benefit to the development of the team and to individual staff members.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

Evidence considered in relation to this statement is reported under Theme 1, Statement 1.

Areas for improvement

Areas for development are reported under Theme 1, Statement 1.

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

We considered a range of evidence in relation to this statement. We thought that the service continued to operate at a good level of performance.

Some of the strengths included;

- The Quality Monitoring form had been a valuable tool for the service. It provided a method of consultation with people who use the service about how the service could improve. Information gathered through this method was recorded within an action plan that had been maintained by the service manager. We could see the actions and outcomes clearly detailed and evidence throughout various records maintained by the service.
- The manager had undertaken an audit of the overall service and identified areas for development and improvement, this too had resulted in an action plan and identified how people who use the service and their families could become more involved. An example was the development of a service users forum.
- There was a supervision tracker in place to identify when supervision dates were coming up and if they had been rearranged what the new completion date would be.
- A similar tracker had been implemented to ensure that reviews were carried out with people who use the service at least once in every 6 months.
- The medication procedure included a weekly audit that was carried out by staff. These were collated by the team leader and appropriate action taken. The manager then conducted an overall medication audit every 6 months which tracked actions and outcomes. This helped to highlight any issues that required further action to ensure that medication is managed and administered safely.
- The annual survey carried out by Leonard Cheshire Disability provided an overview of services in Scotland but also highlighted the results for the Support at Home Service. During our inspection, the manager was developing a questionnaire that was more specific to the Support at Home Service and hoped to have this ready for issue during July.

- Where reviews had taken place, we could see that the people who used the service had been asked about the service and how it could be improved. This had helped to develop personalised support plans with people who used the service.

- The manager was enthusiastic about pursuing with the development and improvement of the service and we were confident that the methods introduced would help to improve outcomes for people who use the service.

Areas for improvement

The service should continue to develop its quality assurance methods involving people who use the service which would help to identify and improve outcomes.

The service should plan and carry out a review of personal plans with people who use the service. This should happen at least once every 6 months. This would provide a further method for people who use the service and their families to be involved in assessing the quality of the service they received. (See Requirement 1, theme 1, statement 3)

Grade awarded for this statement: 4 - 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

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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme 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	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
10 Aug 2012	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
27 Jul 2011	Unannounced	Care and support 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate
29 Sep 2010	Announced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 2 - Weak
30 Sep 2009	Announced	Care and support 4 - Good Staffing 2 - Weak Management and Leadership 3 - Adequate
24 Nov 2008	Announced	Care and support 3 - Adequate Staffing 4 - Good

Inspection report continued

		Management and Leadership 3 - Adequate
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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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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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本出版品有其他格式和其他語言備索。

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Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com