

Care service inspection report

East Ayrshire Council Hospital Discharge and Out of Hours Service

Housing Support Service

Kirklandside Hospital

Hurlford

Kilmarnock

KA1 5LH

Telephone: 01563 576834

Inspected by: Mala Thomson

N/A

Type of inspection: Unannounced

Inspection completed on: 29 October 2013



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	11
4 Other information	26
5 Summary of grades	27
6 Inspection and grading history	27

Service provided by:

East Ayrshire Council

Service provider number:

SP2003000142

Care service number:

CS2003052727

Contact details for the inspector who inspected this service:

Mala Thomson

Telephone 01294 323920

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

What the service does well

The service provides flexible individualised support and consults well with service users. We observed staff working well to build and maintain positive working relationships with the individuals who use the service. Service users felt that they were consulted and that staff listened to them. Service users described how important the service was to them.

Staff presented as being considerate and professional. We found good recording methods in place including good recording of health care needs of service users and of staff working with healthcare professionals.

The staff had continued to maintain the very good work they did directly with people using the service.

Service users spoke positively staff and acknowledged that staff were kind and polite. The service offers a very good service to the people they support.

What the service could do better

Following this inspection, the Care Inspectorate has highlighted areas for improvement which are:

The service should continue to consult with people as part of their quality assurance systems.

The service should ensure that staff receive regular planned supervision in line with the local authority's policy and procedure.

The service needs to continue to improve on the opportunities that it gives to service users to be involved in staff selection and training.

What the service has done since the last inspection

The service has maintained the good standards identified at the last inspection. We noted positive developments. The service has again expanded since the last inspection and worked hard to implement their monitoring systems. The service works well with partner agencies.

The service has undergone changes in the way staff teams are organised. This is because the service has substantially increased the support and there has been expansion to both the community alarm service and the Intermediate Care and Enablement Services (ICES Teams)

Conclusion

We found that a professional and well engaged staff group delivered support to service users. Personal planning policies and procedures should continue to be developed in line with current guidelines. Service user response to the service provided was highly positive. We feel that the service has maintained the good standard of service delivery identified the last time we inspected. We found that a very good standard of support is delivered by a motivated and well engaged staff group. The service continued to provide good individualised support. This service is highly valued by service users.

Who did this inspection

Mala Thomson

N/A

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 (SCSWIS), 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, SCISWIS. We are also known as the Care Inspectorate.

Information in relation to all care services is available on our website at:
www.careinspectorate.com

East Ayrshire Council's Hospital Discharge and Out of Hours Service was registered in April 2004 to provide a Support Service - Care at Home and a Housing Support Service provided in a combined way.

The service now provides short-term multi-agency intensive home care support to aid rehabilitation and recovery following discharge from hospital. Support staff attached to the ICES Teams respond to support people to gain independence in their own homes. The service also calls for assistance from service users using the community alarm system, which can include delivering aspects of personal care. Support staff also provide short-term emergency cover for the Councils mainstream Home Care Service. The service works alongside health professional colleagues to ensure that service users immediate health and support needs are quickly assessed and met following discharge from hospital back into the community. The service has expanded and at the time of this inspection was providing intensive support to 67 people in their own homes and the community alarm teams were providing support to 3991 members of the public in East Ayrshire.

The stated aim of the service is as follows:

"Care at Home services are a range of services that assist people who need support in everyday tasks. The main aim of the service is to support individuals and families in their own homes and maintain independence. People may find that there are times when they need additional support because of illness or disability. The support each individual or family will need will vary according to the nature and number of the tasks they require."

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

In this service we carried out a medium intensity inspection.

We wrote this report after the unannounced inspection that took place over a period of time from:

10 October 2013 - 28 October 2013.

During this time, we sampled evidence from a variety of sources. We examined relevant documentation at the services office base on 10 and 15 October 2013. We shadowed support staff and visited service users 14.10.13 and conducted staff and service user interviews by telephone and during visits. The initial visit to the service was unannounced. Subsequent visits were arranged at short notice. Final feedback on the grades achieved was given to the Manager on 28 October 2013. Inspector, Mala Thomson, carried out the inspection.

In addition, we observed staff interaction between each other and service users. We sent out 50 questionnaires for service users and 9 were returned. In addition, we received 12 questionnaires from staff.

As requested by us, the service sent us a self assessment form.

During the inspection we gathered evidence from the following sources:

Service user visit records

Register of service users

Register of staff

Care files

Care reviews

Staff communication records

Complaints records

Information about advocacy

Staff training records

Staff supervision policy & records

Staff meeting records

Staff rotas

Communication records

Accident /incident records

Certificate of Registration

Insurance details

Participation Strategy
Quality assurance folder
Medication policy and procedures

We spoke with the following people:

4 Service users
3 Relatives
3 Managers
1 Senior carer
7 support staff

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 recommendations we made at our last inspection

The Service has addressed 8 out of 9 recommendations made in the previous report. We have repeated the recommendation about notifications to the Care Inspectorate in quality Statement 4.4.

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 service submitted a self-assessment form as requested by the Care Inspectorate. Information from this was taken into account during this inspection.

Taking the views of people using the care service into account

We met with service users, observed practice and took account of questionnaire returns. Service users told us:

"Don't know what I would have done without them."

"They help me get ready. They don't rush me and are kind and respectful."

"It's an excellent service."

"I am always treated with respect."

"All the care and attention I have received has been first class".

"I feel sorry for all the carers who are overworked. They have to attend to people who have no sense of humour and do nothing but complain".

"Everyone has been very pleasant".

Taking carers' views into account

We refer to relatives, friends and advocates as carers. They do not include care staff.

Carers stated:

"They have given us peace of mind."

"Thank you so much to all the team"

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

The grade awarded for this quality statement at the last inspection was 4 - Good. This inspection, the service has increased the grade to 5- very good.

We reviewed the following three recommendations made at the last inspection.

1. The service should improve the way that information about the likes, dislikes and general preferences of individual service users is recorded. This is to ensure that care is provided and that this information is shared to ensure care is consistent and in keeping with the preferences of service users.

National Care Standards. Care at home. Standard 3. Your Personal Plan. Action taken:

The service ensures that preferences are sought at the initial assessment and recorded. Information is shared with staff providing direct care who maintain a "care diary" used for communication between service users, relatives and other professionals.. In addition, the service has introduced care plans titled "My Life, My Plan Assessment Framework. We found documentation to have improved. They were more detailed and person centred than at previous inspections. Service users we spoke with confirmed that support staff always asked about likes and dislikes such as the order in which personal care was delivered. All people we spoke with knew of the personal diaries in their homes and were able to show the Inspector the contents.

MET

2. The service should include details about the service users right to make a complaint directly to the Care Inspectorate. National Care Standards. Care at home.

Standard 11. Expressing Your Views.

Action taken:

The complaint procedure has been updated to add details of the Care Inspectorate and that service users could also raise concerns with Care Inspectorate. We found that service users were clear about who with and how to raise any concerns.

MET

3. The service should consider training for staff on how to deliver the participation strategy. In addition, the service should show how feedback from residents and carers has led to service improvements.

National Care Standards Care Homes for Older People, Standard 11: Expressing your views

Action taken:

The Manager has been highly pro-active in introducing and delivering the services' Participation Strategy and involving staff and service users in expressing a view about the services delivered. We found that there was staff awareness about how people's views were sought through a variety of methods. For example, surveys, staff meetings, supervision and training events and questionnaire surveys. Since all comments made from service users were highly complimentary, it was difficult for the Manager to evaluate how they could improve the service further.

MET

Service users spoken with said that they felt that they were consulted over how care was provided and that staff listened to them and responded to any queries or requests. Service users expressed satisfaction with the way that staff consulted with them and involved them in planning care. This was also recorded in questionnaire returns. We observed positive interaction between service users and staff. We observed staff providing a service in a way which encouraged choice and involvement. We observed staff working to establish, and having a positive rapport with service users. Service users spoke of their satisfaction with the way staff were patient, approachable and responsive.

The views of service users were also sought through managers and senior staff visiting service users in their homes to find out what they thought about the service provided. " Visits and comments made at visits by service users were recorded. The manager had introduced routine "exit questionnaires". Questionnaire results were correlated and action plans were recorded. We found from the services own samples, that people were highly complimentary of the service they received. Comments included:

"Very happy with the service - feel I could not have coped without it."

"Service is excellent."

"Very, very good."

"Very pleased with the service provided".

"Been amazed at treatment from hospital and ICES at how good the service has been.

"What a wonderful team."

We observed some very good practice during inspection whereby service users were offered choices and support about aspects of everyday living.

The service encouraged people to express their views. A variety of methods were deployed to gain peoples' views. These included:

- * Face to face interviews with individuals
- * Reviews
- * Complaints procedure
- * Advocacy
- * Partnership working with other agencies

There was a complaints policy and procedure. Service users were confident about raising concerns with staff and/or the managers of the service.

Service users were enabled to participate in this inspection. In addition, Service users were enabled to complete SCSWIS questionnaires.

The service has a Participation Strategy which identifies a variety of ways to gather information from service users. These include Home Care surveys and spot checks. Service users confirmed that spot checks had taken place and their views had been sought about the quality of support.

Interaction between staff and service users was positive. Service users told the Inspector that they are treated with respect and dignity and clearly valued the help and support they received. Service Users said:

"The staff are wonderful"

"I don't know what we would do without them."

We are very satisfied with the care"

"Always treat me with respect and dignity"

"They always ask my opinion about my care"

Areas for improvement

The service should continue to develop meaningful involvement of service users and carers in improving the quality of the service. The Participation Strategy should continue to be reviewed and implemented as the service develops and expands. The service should demonstrate sustained improvements.

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

The grade awarded for this quality statement at the last inspection was 4 - good. This inspection, the service grade has been increased to 5 - very good.

We reached this decision after we had spoken with the staff members and service users during the inspection visit. We also reviewed a number of relevant documents and records and observed practice.

We reviewed the following two recommendations made in the last inspection:

1. Staff should be provided with a finalised medication policy and procedural guidelines.

National Care Standards. Care at Home Standard 4. Management and Staffing.

Action Taken:

The medication policy is now finalised. On arrival, we found that the manager was delivering medication training for staff. Medication guidelines were in place and as part of the training course, we looked at the medication "workbook" for employees. Staff we spoke with were clear about their levels of responsibility in supporting service users with medication which formed part of the personal plan for individuals.

MET

2. Service users should have personal plans which they can access. Service users' personal plans must be reviewed at least once in every six month period whilst the service user is in receipt of a care service.

National Care Standards - Care at Home- Standard 3. Your Personal Planning

Action taken:

We found that staff were knowledgeable about the support for service users. Previously, we had found that not all service users had a "care diary" to enhance communication and detail care delivery. At this inspection, we found communication between staff to have vastly improved. All service users we spoke with had care diaries and were able to show the Inspector the contents. We found them to be well detailed, accountable and to confirm when service users' personal plans were being

reviewed and updated to reflect changing needs. There has been a change in legislation that all service users care needs must be reviewed every 6 months or as required. This means that there is potential to overlook care needs. We found that the service has a planned rolling programme of reviews for all service users.

Given the short-term, intensive support provided by the service, we found that personal plans were reviewed more frequently than the required 6 months.

MET

We found that practical assistance for people continued to be well-managed to meet the needs of the service users we spoke with. For example, assistance with personal care such as showering and getting ready took account of peoples' needs and wishes. We found that the service played a significant role with some service users in ensuring they managed their health in a safe manner. The service has introduced an updated system to monitor health changes more quickly and in a responsive manner. The service worked alongside health professionals colleagues as part of a multi-disciplinary team. There was a process for a more immediate response and action if necessary. This was provided by the ICES Team. We also observed staff assessing and advising potential clients in the use of the Community Alarm Support systems. We found staff to be patient, professional and reassuring.

Staff demonstrated a good understanding of promoting healthy eating and healthy lifestyles. Health information was available for staff and service users informing them about various illnesses and about how they could access support. Support plans indicated and service users confirmed that they were supported to access primary and other health services. The level of support was flexible depending on the health needs of the service users at any given time. Changes to support in this area were the subject of multi-disciplinary discussion. Staff spoken with described positive working relationships with health care professionals. Staff gave specific examples of working to follow-up on guidance from primary healthcare staff to ensure positive outcomes for service users.

There was evidence that service users and their carers were involved in the care planning process. We found standards were very good in this area. There was evidence that key workers are promoting a person centred approach to the support and care of service users. There is also a commitment to building upon current good practice in relation to consulting service users and carers. For example, the services questionnaires specifically sought views on the quality of the service.

Support Plans and other documentation such as communication records were written in a respectful and person centred way. There was evidence that personal choices were sought from service users. We noted that personal plans included people's views and provided staff with clear direction to meet the needs of those using the service. Service users told us they were consulted about their care needs.

Staff and service users confirmed that they liaised with community health professionals and others such as clinical practitioners. The service has a computerised system which includes a scheduling system. The service works hard to ensure that service users largely receive support from a core team of staff to ensure continuity of care. Service users told us that by and large, the same people provide their support although sometimes that wasn't always possible due to unforeseen circumstances and staff absence. Service users told us that staff were attentive and would access health professionals if necessary.

There were relevant policies and procedures in place to ensure the health and wellbeing of service users.

These included:

- * Management of Medications
- * Risk Assessment
- * Adult Support Protection
- * Accident and Incident reporting

Moving and handling assessments were in place in all personal plans sampled. Where there was a need for additional equipment, there was evidence of assessment by an Occupational Therapist or other relevant health care professional. We found good recording of accidents and incidents. The local authority has introduced a new electronic process for reporting accidents and incidents. We noted that the manager evaluates all accidents and incidents to monitor the severity of events and identify preventative action and promote safety for service users and staff.

All staff had access to a range of training opportunities and training records included food hygiene, moving and handling, medication administration and health and safety. Staff also gave examples of accessing specific training courses relating to the individual needs of service users, these included dementia care, protection of vulnerable adults, palliative care and falls management. Staff spoken with felt that they were well prepared for the tasks they had to undertake and advice was always available if they felt that they needed to consult with a manager.

Areas for improvement

The service should continue to improve the current good standards in meeting the health and wellbeing needs of the service users.

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

The grade awarded for this quality statement at the last inspection was 4 - good. This inspection has increased the grade to 5 - Very Good.

We decided this after we:

Examined documentation

Spoke to the managers and staff members

Spoke to people who use the service and their representatives

The evidence we sampled included:

Service user involvement in the management of staff

Monitoring visits

Feedback from service users and relatives on staffing issues

The strengths for this statement include those already mentioned in Statement 1.1.

The following recommendation was made at the last two inspections:

1. The service should improve methods for consulting and involving service users in staff recruitment and training.

National Care Standards. Care at home. Standard 4 Management and staffing.

Action taken:

The service had introduced a "strategy for service users/carer involvement in the recruitment policy. Since the last inspection, the Manager had asked service users what qualities they would want like from support staff and added comments as potential questions for applicants in the recruitment process. In addition, service users attended a staff development day to give their perspective as recipients of a care service.

MET

Staff were seen to be polite and respectful to the service users in their care. Service Users spoke highly of some staff. They told us that staff presented as being professional and considerate. We observed some good engagement between service users and staff. There was clear respect and dignity shown to service users. We found the system for monitoring visits ensured that all service users were being visited regularly. Service users spoken with were aware of the services system for checking on staff performance and confirmed that senior staff who conducted "spot checks" sought their views.

Service Users told us that they had access to the Managers and senior staff and could raise concerns with them if necessary. They were keen to stress that they were very happy with the support and had "no complaints".

We received some very positive comments about the staff including:

"The girls (staff) have been wonderful".

"Staff are very professional."

"The lassies are always pleasant -they take good care of me"

We observed very good communication between service users and staff and service users spoken with said that they would be confident to raise any staffing issues with support staff or the manager of the service. These were consistent with questionnaires returned to the Care Inspectorate which recorded high levels of satisfaction in relation to staff skills and to the statement "staff treat me with respect". Staff said that they were confident that any issues raised by service users would be professionally managed.

Areas for improvement

There was continued recognition that opportunities should be developed to enable service users to influence the staffing in the service.

The service should continue to gain service user views on the quality of staffing.

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 grade awarded for this quality statement at the previous inspection 5 -Very Good. The evidence we sampled at this inspection has maintained the grade at 5 - Very

Good.

The evidence we looked at included:

Staff Training Records and Training Plan

Staff recruitment

Staff Supervision Records

Speaking with Staff

Speaking with Service users

Observing practice

We reviewed the planned programme of individual supervision. The Provider has a supervision policy and procedure in place to review individual staff performance called East Ayrshire General Employee Review (EAGER). Staff understood that supervision was a two way process and confirmed that they could also raise issues affecting them. Senior staff have been allocated responsibility for supervising individuals. Staff confirmed that they received supervision.

Staff also said they could approach their Managers at any time for guidance and support.

Staff presented as being confident and knowledgeable about service users.

We noted that during the days of inspection, staff demonstrated a professional approach.

The service has recruited some new staff and we noted that staff demonstrated a good understanding of their roles and responsibilities. There was a good programme of induction which included shadowing more experienced staff and included training in working with vulnerable people. All new staff were given a copy of SSSC Codes of Practice and National Care standards.

Staff confirmed that they have access to training.

We looked at the training programme in place and found it to be very good. The training programme included a variety of formal and mandatory training. In addition, staff confirmed that they can also request training to assist them with their work. For example:

We found that there is a very good programme of formal training to assist staff to gain the SVQ qualifications. This would allow them to register with the Scottish Social Services Council (SSSC). There were plans and a rolling programme in place for the remaining staff to achieve these qualifications. We found that staff knew about the requirement to register with the SSSC and about the SSSC Codes of Practice.

Staff were aware of the National Care Standards and Scottish Social Services Council Code of Practice. The staff team understood their responsibility to register at the appropriate time with the Scottish Social Services Council (SS SC). We noted during inspection that staff demonstrated a professional approach. We found staff were knowledgeable about key legislation and National Care Standards.

Staff said of the training and the service:

"There is very good training."

"I've done palliative care, food hygiene, computer training".

"Very supportive- if you call, there is always someone for advice."

"The training is good. I've done adult support protection, moving and handling dementia training and am also doing SVQ."

Staff told us they could approach the Managers at any time for guidance and support. They said that communication was good and that they thought there was good teamwork.

There were a variety of team meetings at different levels to ensure effective decision-making and enhance communication.

Spot checks for all staff take place.

One service user commented:

The service had undergone a period of restructuring. The staff that we spoke to felt that morale in the service remained good and that colleagues were focused on the primary task of supporting and ensuring positive outcomes for service users. Staff commented

"I'm really lucky - we are a good team and work well together".

"I have the best job in the world"

"I love my job"

We examined Care Inspectorate questionnaires that had been returned from people who use the service. People strongly agreed that staff had the knowledge and skills to support them.

Areas for improvement

Support staff were clear about their responsibilities to register with the Scottish Social Services Council as professional workers and all staff had undertaken a minimum of SVQ Level 2 or were in the process of completing higher levels of formal training. However, there were no identified timelines for whom, when and how staff began to formally register. The manager should collate information of eligibility to register and monitor that staff undertake this process as required.

Staff members were largely positive about their work. However, we found that there had been issues about staff relationships which hindered effective team work. The service had held a development day to promote team work. Despite this, some people felt that this did not fully address all the issues surrounding matters such as "bullying and carrying stories." Whilst people agreed that there was always support and "someone you can call on," they attributed this to peer support and individuals rather than a formal structure of support which promoted safety and confidentiality. Some staff expressed anxiety and worry about attending their work. This was in relation to working with some staff members rather than service users. People described it to be a "feeling of utter dread, horrible atmosphere and a vendetta". The staff and management of the service need to address these issues in a more pro-active manner to ensure that they continue to promote professional responsibility in delivering good quality care and support as a cohesive staff team.

(See recommendation 1 of this Quality Statement.)

The service should ensure that staff continue to receive regular individual supervision as stated in East Ayrshire Councils' policy and procedure. The service had identified "developing knowledge by sharing experiences and reflective practice" as part of ongoing training.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The staff and management team should address matters hindering teamwork to ensure that the service continues to be delivered by a well motivated, professional and cohesive team.

National Care Standards - Care at Home: Standard 4 -Management and staffing arrangements.

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

The grade awarded for this quality statement at the last inspection was 3 - Adequate. The evidence we sampled at this inspection has increased the grade to 5 - Very Good.

We decided this after we:

- Examined documentation
- Spoke to the manager and staff members
- Spoke to people who use the service

The evidence we sampled included:

- Service user involvement
- Feedback from service users

The strengths for this statement include those already mentioned in Statement 1.1& 3.1.

The following recommendation was made at the last inspection:

A clear development strategy should be devised. The Provider and Manager should introduce and implement action plans in relation to staffing and service users. National Care Standards Care at Home: Standard 4 - Management and staffing arrangements.

Action Taken:

The service has continued to expand. Much of the time has been spent in the organising and delivery of care. The Manager has put in place systems of communication, effective training and supervision for staff. She is also in the process of planning future objectives for the service. The manager has actioned the development of the service by working in partnership with other agencies.

MET

Since the last inspection, the service has undergone further expansion. Despite numerous staff changes and move of office location, the service has continued to develop and deliver a good service. Service users and staff told us that they found Managers to be responsive and listen to their views. The service had a complaints policy in place and service users indicated that they would feel comfortable raising an issue or a concern.

Respondents of the Care Inspectorate's Care Standards questionnaires and people we met said that they agreed that staff had the knowledge and skills to support them. They confirmed that staff were supportive, approachable and always available to them as stated in their care agreement.

A programme of staff meetings and effective communication systems are in place. We found positive examples of developments in working with partner agencies. For example:

- * 4000 smoke detectors have been installed in peoples own homes in conjunction with telecare and Fire Services to improve safety.

- * The service is involved in a pilot project with 3 local care homes to discharge people from hospital as a move towards rehabilitation.

- * The service is working with the local NHS towards providing support for people attending A & E to prevent recurring admissions to hospital.

Areas for improvement

The care service should continue to involve service users and carers in assessing and improving the quality of the management and leadership of the service.

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

The grade awarded for this quality statement at the last inspection was 3 - Adequate. At this inspection, we have increased the grade to 5 - Very Good.

Strengths identified in Statements 1.1, 1.3 and 1.4 are also relevant to this statement.

We found that the service had very good quality assurance processes in place to assess the quality of service.

Quality monitoring systems included:

Questionnaires for service users

Feedback from meetings

Direct observation and feedback of staff practice

Service Action plan

Good communication systems.

We followed up on the two recommendations made in this Quality Statement at the last inspection:

1. A structured quality assurance system should be introduced that takes account of the views of service users and of other professional and agencies. The information gleaned from this should be used to make improvements to the service.

National Care Standards - Care at Home - Standard 11 - Expressing Your Views.

Action taken:

The manager had substantial documentary evidence to support this recommendation. The Service had introduced a variety of methods which demonstrated ongoing developments, evaluations and surveys. The Manager had introduced a variety of audits to inform practice and sought views from all participants to improve the service. We found that the manager was in the process of seeking views from local GP's having already evaluated comments from other health professionals.

MET

2. The provider and manager should ensure that they notify the Care Inspectorate of any significant incidents relating to the service.

This is to comply with National Care Standards - Housing Support - Standard

Action taken:

We are repeating this recommendation. See Area for Development for information.

NOT MET

There was an open door policy and staff confirmed that they found managers to be approachable and that they were able to express their views both informally and formally.

Areas for improvement

We found that whilst the manager audited questionnaire returns, this did not include an evaluation of additional comments or how the service had responded or followed up on any comments made. Almost all comments in the services own questionnaire

returns were highly positive. We consider that a more responsive approach would be demonstrated by including and evaluating how any additional comments have led to service improvement.

(See Recommendation 1 of this Quality Statement)

Although the Manager was aware of her responsibilities to notify the Scottish Social Services Council (SSSC), the Local Authority and the Care Inspectorate about issues which they would respectively be interested in, such as staff conduct, Adult or Child Protection concerns and issues regarding the regulation over the service, during inspection, we became aware of an incident which was not reported to the Care Inspectorate. The Manager must ensure that she is familiar with her responsibilities in reporting fully and timeously any significant events relating to the service.

(See recommendation 2 of this Quality Statement)

The service should continue to gain views from service users, staff and other professionals and continue to enable them to contribute to the assessment and improvement of the management of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. As part of the services quality assurance processes, the service should evaluate additional comments made by service users and demonstrate how they have used this information to improve the service.
National Care Standards -- Care at Home - Standard 11. Expressing your view
2. The provider and manager should ensure that they notify the Care Inspectorate of any significant incidents relating to the service.
This is to comply with National Care Standards - Housing Support - Standard 3: Management and Staffing and The Public Services Reform Act 2010 - Section 53.6

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 - 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

Date	Type	Gradings
22 Jan 2013	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
16 Mar 2012	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership Not Assessed
1 Sep 2010	Announced	Care and support 3 - Adequate Staffing 4 - Good Management and Leadership Not Assessed
9 Sep 2009	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
23 Sep 2008	Announced	Care and support 4 - Good Staffing 4 - Good

Inspection report continued

		Management and Leadership 4 - Good
--	--	------------------------------------

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

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0845 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم ا اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com