

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 575423

Type of inspection: Unannounced

Inspection completed on: 21 November 2014



HAPPY TO TRANSLATE

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

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at 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	6	Excellent

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 told us 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 address matters hindering teamwork.

Staff should submit applications to register as professional workers at the appropriate time with the Scottish Social Services Council (SSSC).

The provider should use the Promoting Excellence framework, Scottish Government 2011 to review staff training and development.

What the service has done since the last inspection

The service has maintained the very good standards identified at the last inspection.

We noted positive developments and have increased some quality statement grades . 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 further changes in the way staff teams are organised. This is because the service has substantially increased 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 very good standard of service delivery identified the last time we inspected.

We found that a very good standard of support is delivered by professional and well engaged staff group. The service continued to provide good individualised support.

This service is highly valued by service users.

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

Requirements and recommendations:

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

* A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

* A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations and Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

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 supports 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 Council's 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 continued to expand and now has bases in a variety of locations throughout 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 6 - Excellent

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:

20 October 2014 - 22 November 2014.

During this time, we sampled evidence from a variety of sources. We examined relevant documentation at the services office base on 20 October and 17 November 2014. We visited some service users on 28 October 2014 and conducted staff during visits. The initial visit to the service was unannounced. Final feedback on the grades achieved, was given to the manager on 21 November 2014. One Inspector carried out the inspection.

We asked the service to send out 30 questionnaires for service users and 12 were returned. In addition, we received 13 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
1 Relative
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 worked hard to address all 3 recommendations made in the previous report. We have repeated the recommendation about staffing in Quality Statement 3.3 to monitor progress.

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 comprehensive 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:

"Pleasant and friendly and very helpful"

"First class."

"It is very good."

"Great service."

"Given me independence."

"I am relieved to be staying at home"

Taking carers' views into account

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

Carers stated:

"We are happy with the care the carers are carrying out at the moment with our mother. They are quick and efficient at their job and take good care of her".

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 in October 2013 was 5 - Very Good. This inspection, the service has increased the grade to 6 - Excellent.

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 care plans titled "My Life, My Plan Assessment Framework. We found documentation to be detailed and person centred. Service users we spoke with confirmed that support staff always asked people's preferences. All people we spoke with knew of the personal diaries in their homes and were able to show the Inspector the contents.

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.

The services' Participation Strategy involved staff, service users and other professionals 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.

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. Questionnaire results were correlated and action plans were recorded with timescales to address any issues identified. People we spoke with were highly complimentary of the service they received.

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

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

In addition, during inspection, we observed the service going over and beyond their remit to ensure that a service user received the appropriate support whilst taking account of her wishes.

There was a complaints policy and procedure. Service users were confident about raising concerns with staff and/or the managers of the service. We found that service users were clear about who with and how to raise any concerns.

Service users were enabled to participate in this inspection. In addition, Service users were enabled to complete Care Inspectorate 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:

"It is a very good service"

"I have no complaints."

"Gives me independence"

"Yes- they treat me with respect and dignity"

"Always someone at the end of a phone -it is reassuring."

Areas for improvement

The service has a clear complaints procedure which service users confirmed they could access. It contains also contains information about making complaints to the Care Inspectorate. We advised the manager to update the contact details.

The service should continue to involve service users and carers in improving the quality of the service.

Grade awarded for this statement: 6 - Excellent

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 in October 2013 was 5 - Very Good. This inspection, the service grade has been maintained at 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.

There is a clear medication policy and procedures in place. Support staff have received training in the management of medication. 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.

We found that staff were knowledgeable about the support for service users. All service users we met had a "care diary" to enhance communication and detail care delivery. We found communication between staff to be very good. 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. Current legislation states that all service users care needs must be reviewed every 6 months,

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

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 people's needs and wishes.

The service played a significant role with service users in ensuring they managed their health in a safe and responsive manner. We found that 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. Both the Intermediate Care and Enablement Services (ICES) Team and Community Alarm Support Teams worked well together. Service users told us they 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 assisted 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 service's 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.

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.

Staff and service users confirmed that they liaised with community health professionals and others, such as clinical practitioners. The services self assessment states that the joining with local NHS services improved communication and delivery of services. Service users have a single point of contact giving access to health and social services. This includes contact at local hospitals and the service is expanding to now include and pilot Emergency Departments to support people in their own homes and reduce admission to hospital.

Areas for improvement

One service user commented during interview that it would be helpful if she was contacted when her support staff were running late.

We advised the service about the Scottish Government document about preventing falls in the community. The manager has confirmed that staff are in the process of updating learning in good foot care and falls prevention.

One staff member made the following comment in relation to care and support.

"It may be suggested that an assessment of the service users home prior to hospital discharge would prove beneficial to both service users and also carers in attendance. This would ensure all equipment required ,would be in place prior to discharge"

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 in October 2013 was 5 - Very Good. This inspection has maintained 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.

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:

"Staff always treat me with respect".

"The staff are always nice."

"The staff are very good."

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 in October 2013 was 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

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.

Staff we spoke with 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. 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 told us they could approach the Managers at any time for guidance and support. They said that communication was good and some 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.

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:

"Happy with my job."

"We have access to a lot of training"

"We are a good team"

"We also have night shift meetings"

"I feel well supported"

"East Ayrshire Council offers a variety of training courses, all of which are beneficial to providing adequate and additional knowledge which allows me to provide high quality care."

"We have regular team meetings with our line manager, who will give us information regarding any training courses that are forthcoming and encourages us to attend".

"If I come across a situation that was unsure of, I am aware of the correct procedures to follow to ensure I carry out my duties to the best of my ability".

"I find the team I work for are excellent and care a great deal about their staff and service users".

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

Areas for improvement

Staff members were largely positive about their work. However, at the previous inspection, we had found that there had been issues about staff relationships which hindered effective team work. The service has held development days to promote team work. Despite this, at this inspection, there continued to be some discontent. Whilst people agreed that there was always support, people felt there was a need to work better in more cohesive teams. The staff and management of the service need to continue 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 staff team.

This recommendation has been repeated to monitor progress.

(See Recommendation 1 of this Quality Statement.)

Some members of the staff team understood their responsibility to register as professional workers at the appropriate time with the Scottish Social Services Council (SSSC). However, this was not the case for all staff. We discussed this with the manager and advised that the service should collate information of eligibility to register and monitor that staff undertake this process as required.

(See Recommendation 2 of this Quality Statement)

Staff have received some training in working with people with dementia. It is also part of the services induction programme for all new staff. The service had information of the "Dementia skilled - Improved Practice" learning resource although most staff were not familiar with this training tool. As discussed with the manager during inspection, all care staff should complete the skilled level and all nurses and managerial staff should undertake the enhanced level. The provider should use the Promoting Excellence framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia.

(See Recommendation 3 of this Quality Statement).

The service should ensure that staff continue to receive regular individual supervision, as stated in East Ayrshire Council's policy and procedure.

One staff member commented:

"Regular team meetings would be advantageous to our day-to-day work. One to one supervision would help to encourage development and growth. Although my manager has an open door policy, it is not always easy to get hold of her, as her workload is heavy, however, she is supportive if any problems arise and helps to resolve issues".

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 3

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.

2. Staff should ensure that they submit applications to register as professional workers at the appropriate time with the Scottish Social Services Council (SSSC). The manager should collate information of eligibility to register and monitor that staff undertake this process as required.

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

3. The provider should use the Promoting Excellence framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. This should include training at skilled and enhanced level for all staff working directly with residents.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangement.

Promoting Excellence framework, Scottish Government 2011

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

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 in October 2013 was 5 - Very Good. The evidence we sampled at this inspection has increased the grade to 6 - Excellent.

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.

Since the last inspection, the service has undergone further expansion. The service has continued to develop and deliver a very good service.

Service users and staff told us that they found Managers to be responsive and listen to their views. Staff confirmed that the manager has an "open door policy" and that she is accessible.

The service had a complaints policy in place and service users indicated that they would feel comfortable raising an issue or a concern. Service users were keen to stress that they had no complaints.

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.

The service has continued to expand. The Manager has put in place systems of communication, effective training and supervision for staff. She had identified future objectives for the service and a clear development and participation plan was in place. The manager has actioned the development of the service by working in partnership with other agencies and taking account of views of staff and service users.

Areas for improvement

No areas for improvement were identified in this Quality Statement.

Grade awarded for this statement: 6 - Excellent

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 in October 2013 was 5 - Very Good. At this inspection, we have maintained 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
- Implementation of the services participation strategy
- Service Action plan
- Good communication systems.

We followed up on the two recommendations made in this Quality Statement at the last inspection and found them both to be met:

1. As part of the service's 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

Action taken:

We found that the manager audited questionnaire returns in a thorough manner, which included an evaluation of additional comments and how the service had responded or followed up on any comments made. Almost all comments in the service's own questionnaire returns were highly positive. We consider this to be a more responsive approach to service users who do not want to escalate concerns to a formal complaint.

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:

The manager has submitted informing the Care Inspectorate of any significant incidents throughout this inspecting year.

MET

The manager had substantial documentary evidence to support this Quality Statement. 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 there were very good processes in place to assess the quality of the service.

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

Given some staff discontent, we discussed with the manager the potential to seek views from staff in an anonymous and safe manner, to enable them to influence service delivery.

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: 6 - Excellent

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 - 5 - Very Good	
Statement 1	6 - Excellent
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 - 6 - Excellent	
Statement 1	6 - Excellent
Statement 4	6 - Excellent

6 Inspection and grading history

Date	Type	Gradings	
29 Oct 2013	Unannounced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
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

Inspection report continued

		Management and Leadership 4 - Good
23 Sep 2008	Announced	Care and support 4 - Good Staffing 4 - Good 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 iarrtas.

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 بلطلا دن ع رفاوتم روشنملا 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