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**Report To:** Community Health and Care Partnership Sub Committee      **Date:** 28 August 2014

**Report By:** Brian Moore  
Corporate Director  
Inverclyde Community Health and Care Partnership      **Report No:** CHCP/36/2014/BC

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Inverclyde Community Health and Care Partnership      **Contact No:** 01475 715387

**Subject:** Learning Disability Care and Support at Home

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## 1.0 PURPOSE

- 1.1 To advise Members of the outcome of the inspection conducted by the Care Inspectorate in relation to Learning Disability Care and Support at Home services

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an announced (short notice) inspection of the Learning Disability Care and Support at Home services on 31<sup>st</sup> January 2014.
- 2.2 The grades received reduced from the previous inspection as follows:

Quality of Care and Support	5 Very Good	to 4 Good
Quality of Staffing	5 Very Good	to 4 Good
Quality of Management and Leadership	5 Very Good	to 4 Good

## 3.0 RECOMMENDATIONS

- 3.1 That the Sub-Committee note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

**Brian Moore**  
Corporate Director  
Inverclyde Community Health & Care  
Partnership

## 4.0 BACKGROUND

- 4.1 James Watt Court/McGillvary Avenue provide 24/7 support to adults with learning disabilities and Supported Living provides support to adults with learning disabilities who do not require 24 hour support. These services were inspected in January 2014. The inspection considered the quality themes of Care and Support, Staffing and Management and Leadership.
- 4.2 The inspection was conducted on a low intensity basis. These inspections are carried out when the Care Inspectorate is satisfied that the services are working hard to provide consistently high standards of care. This also reflects the grading history of the service.
- 4.3 However, grades have reduced in comparison with inspections in recent years, with the most recent conducted in February 2013, see Appendix 1.

## 5.0 PROPOSALS

- 5.1 The actions and proposals in respect of the recommendations contained within the inspection report are listed below, with the details of actions in response.

### **Quality Theme 1: Quality of Care and Support- 5 Very Good to 4 Good**

#### Quality statement 1.1

##### **Recommendation 1**

The management team should ensure that services users, carers and staff are aware of all the ways they can influence the assessment and development of the service. This should be made clear in a localised participation strategy.

This is a recommendation under the National Care Standards, Housing Support Services, Standard 8 – Expressing Your Rights.

##### Action:

- A specific participation strategy for the service will be produced over the coming months.
- Focus groups involving carers, tenants and staff will be set up to involve them in the assessment and development of the service.

#### Quality Statement 1.3

##### **Recommendation 1**

The management should identify action points that the service can take forward from the Scottish Government's document 'Keys to Life'.

This is a recommendation against the National Care Standards, Housing Support Services, Standard 3 - Management and Staffing Arrangements.

##### Action:

- Action points from the Keys to Life document that we will take forward this year are from the Health Lifestyles – Prevention and Self Help:
  - a) We will look at the diet of the service users we support and find ways of improving it to ensure that it is well balanced.
  - b) A tenant's recipe book will be produced comprising healthy, easy to cook recipes.
  - c) We will look at the exercise taken by service users and find ways to support individuals to become more active and make greater use of the community resources that are available to them.

##### **Recommendation 2**

The service should ensure that monitoring sheets within care plans state clearly why something is being monitored, for how long, and when staff would be required to take action.

This is a recommendation against the National Care Standards; Housing Support Services, Standard 3 - Management and Staffing Arrangements.

Action:

- Monitoring sheets now explain why the monitoring is taking place and for how long.
- Monitoring sheets will also detail when further action has to take place such as organising a visit to the GP or informing Community Learning disability nurses.

### **Quality Theme 3:** Quality of Staffing - 5 Very Good to 4 Good

Although there were no requirements or recommendations for this quality theme, the following actions will be implemented:

Action:

- The views of service users and carers will be recorded on staff appraisals.
- Service users will be involved in staff recruitment (service users were recently involved in interviewing for the new senior support worker)
- The satisfaction questionnaire will be implemented.

### **Quality Theme 4:** Management and Leadership – 5 Very Good to 4 Good

Quality Statement 4.4

#### **Recommendation 1**

The service provider should look at introducing a robust quality assurance system for the service so that the service can be assessed to see if it is meeting the aims and purpose and function of the service. This is a recommendation against the National Care Standards, Housing Support Services, Standard 3 – Management and Staffing Arrangements.

Action:

- In conjunction with day centre managers we have started to look at producing a Quality Assurance system.

#### **Recommendation 2**

Care plans should detail the amount of support hours the Council agrees to provide for service users and ILF if receiving. This is a recommendation against the National Care Standards, Housing Support Services, Standard 2 – Your Legal Rights.

Action:

- Care plans now detail the number of support hours Inverclyde CHCP is providing.

## **6.0 IMPLICATIONS**

### **Finance**

6.1 There are no financial implications in respect of this report.

#### Financial Implications:

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report £000</b>	<b>Virement From</b>	<b>Other Comments</b>
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

### Legal

6.2 None

### Human Resources

6.3 None

### Equalities

6.4 Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### Repopulation

6.5 None

## 7.0 CONSULTATIONS

7.1 N/A

## 8.0 LIST OF BACKGROUND PAPERS

8.2 Care Inspectorate – Inspection Report 31 January 2014.

8.3 Service Action Plan 2014.

## Care service inspection report

# Inverclyde Learning Disability Support & Care at Home Service

## Housing Support Service

CHCP

Kirn House

Ravenscraig Hospital

Inverkip Road

Greenock

PA16 9HA

Telephone: 01475 714188

Inspected by: Colin McCracken

Type of inspection: Announced (Short Notice)

Inspection completed on: 31 January 2014



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### **Service provided by:**

Inverclyde Council

### **Service provider number:**

SP2003000212

### **Care service number:**

CS2004078035

### **Contact details for the inspector who inspected this service:**

Colin McCracken

Telephone 0141 843 6840

Email [enquiries@careinspectorate.com](mailto: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 service is very good at supporting people to overcome barriers to good health care. People we met had communication tools such as hospital passports and G.P. books which help doctors and nurses understand what may be wrong with them and what support is essential to meet their needs. The provider also runs a health advocacy group which several service users from this service attend, this aims to increase medical professionals understanding of the issues faced by people with learning disabilities.

### What the service could do better

We were told that developmental work had not really taken place in the last year as there had been staff shortages and the existing staff group were concentrating on ensuring that service users continued to receive good daily support. For the service to improve the provider needs to review how it covers staff absence.

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

The service has supported some service users to take part in a workshop (in association with the Scottish Consortium for Learning Disabilities) on hate crimes. This was to help service users understand that they did not need to accept harassment in the community. Service users we met who had been on the course found it enjoyable.

## **Conclusion**

The feedback that we received from people who use the service and from their relatives continues to be positive about the service. There were no recommendations to follow up on from the last inspection report. However the service has not managed to progress areas we highlighted for improvement in the last report.

## **Who did this inspection**

Colin McCracken



# 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 work of registering care services. This means that from April 1 2011 this service continued its registration under the new body, SCSWIS.

Inverclyde Learning Disability Support and Care at Home has been registered with the Care Commission since November 2004. The service provides a Housing Support and Care at Home service to people with a learning disability living in their own homes. There were 50 people using the service at the time of the inspection.

The service provides 24 hour support to people living in James Watt Court in Greenock and two houses within the Gibshill area of Inverclyde. The service also has a team of support workers who provide support to people living in their own homes throughout Greenock.

The service aims to "provide high quality person centred services that support and encourage people with a learning disability to live valued, fulfilling lifestyles in their own homes, as part of the community."

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](http://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

The inspection was carried out by one Inspector; Colin McCracken, on the 29th and 30th of January. Feedback was given to the manager at the end of the second day of the inspection. Additional information was sent to us by the provider on the 31st of January which we considered as part of the inspection.

Prior to the inspection, we sent out 48 Care Standards questionnaires to the management team to pass out to the people who use the service and/or their relatives. 20 were returned to us. We also sent out 10 staff questionnaires, all of these were returned. These give individuals the chance to contribute to the inspection and to do so anonymously if they wish. Comments made within questionnaires are included in this report. While there were no negative comments within these questionnaires; in principle where someone leaves a concerned comment, it influences what evidence we sample during the inspection.

During the inspection we had individual discussions with a range of people including:

- 10 service users
- The manager
- 1 team leader
- 2 carers
- 1 senior support worker
- 6 Support workers

We also sampled a range of policies, procedures, records and other documentation, including the following;

- Minutes from care review meetings
- Review planners
- Complaints policy
- Complaint records
- Returned Care Standard Questionnaires to the Care Inspectorate
- Participation Strategy
- Evidence of the service working with independent advocates who support service

users

- Information brochure
- hospital passports
- medication records
- Medication audits
- Accident and Incident forms
- Insurance certificates
- Financial records
- Evidence of service user involvement in staff interviews
- Staff supervision records
- Staff appraisal records
- Team meeting minutes
- Staff induction programme
- Supervision planner
- Training Information
- Service's aims and objectives
- Operational audits
- Compliments records
- Complaint 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](http://www.firelawscotland.org)

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

There were no recommendations to follow up on in the last inspection 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. The management identified what they thought the service did well, some areas for development and any changes they had planned. It could be improved by making it clear how service user and carers have been involved in the assessment process and highlighting what the outcomes for people have been from using the service.

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

Prior to the inspection we sent out 48 care standard questionnaires to the service and asked them to be distributed to people who use the service. 20 were returned and all of them were positive about the overall quality of the service provided.

During the inspection we had the opportunity to meet 10 people who were using the service either in their own home or in the care at home office. Everyone was very happy with the service that they received. Comments people made are included within the report.

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

As mentioned under service user comments we sent out 48 care standards questionnaires to the service and asked them to distribute them. Some of these were completed by relatives on behalf of service users. All were positive about the overall quality of the service.

We were able to speak with one relative over the phone during the inspection. They were positive about the overall quality of the service provided to their relative. Comments made by relatives have been included within the report.

## 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

The service was good at involving people in the assessment and development of the service which they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Interviews with service users
- Participation strategy (draft)
- Minutes from care review meetings
- Review planners
- Complaints policy
- Complaint records
- Care standard questionnaires returned to the Care Inspectorate
- Evidence of the service working with independent
- House meeting minutes

Care plans had detailed information about service users and the support they receive within their homes. This is important so that staff; particularly new ones, are able to refer to them when providing support. Staff we spoke with had a good knowledge of how individuals wanted supported.

The service has a review planner which evidenced that reviews were taking place at least every 6 months. Service users decided who was invited to their reviews and where they wished it; family members, advocates and care managers were invited. There was evidence in the review minutes and from what people told us that issues raised within reviews were taken forward by the staff.

Prior to care reviews key workers meet with service users in a pre-review meeting which give service users the opportunity to raise issues in a more informal setting and discuss what they might wish to talk about at their review. This is important as some service users are nervous about speaking at their reviews and some would prefer not to be there, so having their views recorded prior to the review meetings can help them feel more relaxed.

The provider has developed a satisfaction questionnaire which will be getting sent out to service users and relatives this year. This has been under review for some time as the provider sought feedback on a pilot version of the questionnaire prior to finalising it.

We met some service users who told us that they had independent advocates to support them at review meetings. This is important as not everyone is able to stand up for their rights or has family that can do this for them. The service tries to get independent advocates for people who don't have family support.

100% of the people who returned care standard questionnaires to us agreed or strongly agreed with the statement; 'My needs and preferences have been detailed in the personal plan.'

Service users that we spoke with described being comfortable with the management and staff of the service, that they could raise issues and complaints with them if need be. They also described the service as being flexible with the support offered to them which allowed them try different things. Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I'm very happy in my home and staff always help me. If I was worried or not happy I could tell my staff."
- "I love my flat and would not want to share any more."
- "I have nice holidays and go to shows. I like to go for dinner and staff help me to have a happy life."
- "I make my own choices and if I wasn't happy would tell the team leader."
- "We set up a health advocacy group which tries to improve services for people with learning disabilities."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "My relative is receiving excellent care and support."
- "We got a lot of information about different housing opportunities."
- "The team leader is great; I wouldn't hesitate to phone if I wasn't happy about something."
- "The Carer's Council developed a Carers Strategy which the Council took on board."

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## Areas for improvement

While staff we spoke with were aware of the importance of encouraging service users to take a lead in decisions affecting the way their support is delivered, they were unaware of the service's participation strategy. The management team should ensure all staff are aware of this and encourage their input into how participation can be improved.

One of the relatives that we spoke with told us; "I've not heard of the participation strategy." The management team should ensure that the participation strategy is communicated to all service users and relatives so that they are informed of all the ways and means that they can contribute in the assessment and development of the service. (See recommendation one under this statement.)

In relation to the new questionnaires developed by the provider; the service should:

- distribute the new questionnaires
- analyse the responses they get
- create an action plan for any issues raised
- inform all service users and relatives as to the results and the action plan
- follow up on any action plan to see if it has had a positive impact.

While care plans had a lot of good personal information in them they could be more outcome focused and could be improved by considering the main points from the Scottish Governments document; "Talking Points - A personal outcomes approach." This is basically a different style of planning which puts the focus on what a service user wants out of life, starting from that point and working backwards. Management have had recent training on outcome focused care so we will expect to see this being passed on to all staff over the next year. We noted that risk assessments were already outcome focused.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Recommendations

1. The management team should ensure that service users, carers and staff are aware of all the ways they can influence the assessment and development of the service. This should be made clear in a localised participation strategy.

This is a recommendation under the National Care Standards, Housing Support Services, Standard 8 - Expressing Your Rights.



## Statement 3

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

### Service strengths

The service was very good at ensuring service user's health and wellbeing needs are met. We arrived at this conclusion after considering the following information:

- Hospital passports
- Medication records
- Medication audits
- Accident and Incident forms
- Insurance certificates
- Risk assessment
- Financial records
- Health Advocacy Information

We assessed that the health and wellbeing of those using the service was given appropriate priority. When we spoke with staff their responses showed awareness of the needs of the people that they supported. Staff have training on relevant health and well-being related topic. Training includes; adult support and protection, safer handling, emergency first aid, risk management, infection control, food hygiene, child protection, brain injury awareness, domestic violence, hate crime. In addition staff told us that they were confident additional training would be arranged to help them support an individual's needs if it was required.

Health care needs were identified within the care plans we sampled. The service works closely with the Community Learning Disability Team. Professionals from this team including; speech therapists, physiotherapists, social workers, dieticians and psychologists are regularly involved in review meetings and on-going support for service users. As a result service users experience co-ordinated support around their health care needs, an outcome of this is that service users feel less stress when they have to seek medical support because they are better understood by health professionals.

We sampled support plans during the inspection and found them to be detailed; containing robust risk assessments, they were also person centred.

Within the care plans we sampled we found the information in them was mainly up to date. Plans are split into different sections making them easy for staff to follow, this is particularly important for new staff who do not know service users. We found the risk assessments had been reviewed within the last 6 months.

Service users from this service had been part of a project aiming to improving the numbers of people who referred themselves for bowel screening. The management told us that this was a success and they are now beginning a project to promote breast screening. This is very good practice and is in line with the Scottish Government's paper called "The Keys to Life," which considers ways that inequalities in the health service can be challenged.

We found that all service users had a completed 'Health Passport' which detailed their health care needs this can be taken with them in the event they need to go to hospital. The detailed information recorded in the health passport will provide NHS staff with information about the service users' life style and likes and dislikes etc.

As in last year's report we continued to see evidence that service users had visited their doctor or other health professional (e.g. Psychiatrist, Dentist, Chiropodist, Occupational Therapist & Physiotherapist etc.)

We sampled the medication processes and records in the houses we visited and found them to be in order. We found that service users who needed help with medication had been assessed in line with the Council's policies. Staff attended an external trainer for their medication training; all staff had been given refresher training on medication over the last year.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I feel safe in my house."
- "I like to go on holidays, go out to clubs and parties."
- "It's a good place, it makes you independent. I'd never done my own washing or cooking before."
- "Staff will go to the dentist and doctors with you if you want them to."
- "I go to the health advocacy group once a fortnight. We invite Dr's and nurses from the health centre to come along to our group."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "We've had a lot of input from the community learning disability team, from, psychologists, psychiatrists and from dieticians."
- "The social life he has is fantastic."
- "They always let us know if there are any problems."

90% of the people who returned care standard questionnaires to us agreed or

strongly agreed with the statement; 'I am confident that the staff have the skills to support me.'

### Areas for improvement

As mentioned above one of the real strengths of this service is the multidisciplinary approach to supporting service users' health care needs. This could possibly be enhanced by considering the findings of the Scottish Government's report entitled; 'Keys to Life' and decide how the service can take forward the advice in it and share this with staff. (See recommendation one under this statement)

The provider should ensure that where staff are asked to monitor aspects of service user's health for example their weight or bowel movements or seizure patterns etc. that the monitoring forms state briefly;

- 1: why this is required
  - 2: when it will be reviewed
  - 3: when staff will be expected to take further action.
- (See recommendation two under this statement.)

As mentioned under statement 1.1 putting more of an emphasis within care plans on outcomes would enhance existing plans by making it clearer how service users benefit from the support they receive.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The management should identify action points that the service can take forward from the Scottish government's document 'Keys to life.'

This is a recommendation against the National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements.

2. The service should ensure that monitoring sheets within care plans state clearly why something is being monitored, for how long, and when staff would be required to take action.

This is a recommendation against the National Care Standards; Housing Support Services, Standard 3 Management and staffing arrangements.

## 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

The service was good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation policy (draft)
- Staff training
- Interviews with service users
- Interviews with staff
- Returned Care Standards questionnaires

All the people who use the service that we either spoke with or who returned care standards questionnaires were positive about the quality of staffing within the service. Care reviews that we sampled included discussions on the staff within the service and there were no concerns raised in the sample we saw.

When we spoke with service users and a relative they confirmed that they had consistency in who supported them. 100% of people who returned care standards questionnaires agreed with the statement "I know the names of the staff who provide my care and support." 90% of the people who returned questionnaires to us agreed or strongly agreed with the statement; "I am confident staff have the skills to support me."

As mentioned previously in the report, on top of the core training which staff receive, staff told us that they will receive additional training if it is required to help them support a particular individual's needs. We were given a recent example of this happening.

Some service users had had the chance to be involved in staff recruitment in either informal meetings with candidates or by sitting in on the interview panel. Their views on a candidate were taken into account when deciding to offer someone a position or not.

Service users that we were either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I know all the staff team."
- "The staff are good listeners."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I am confident they put their tenants' needs first at all times."
- "I've interviewed people (interview candidates) before, it was good."

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

### **Areas for improvement**

The provider should consider having a section within the staff appraisal process which encourages managers to record feedback from service users and carers. Similarly there should be a section in staff induction paperwork which does the same.

While there was evidence that some service users had been involved in staff recruitment it did not appear to be a hard and fast rule that the service gave service users and/or their relatives the opportunity to be involved in interviews on every occasion.

At the most recent round of interviews held for the service the venue made it difficult for service users with a disability to be involved. The provider should have used a venue which did not have access problems. The localised participation document recommended under Theme 1 - Statement 1 should include details of how service users can be involved in assessing and improving staff within the service.

The management team should evaluate how feedback has helped the service develop. This should be highlighted within the services self -assessment prior to their next inspection. We note that the provider told us that they intend to review their new questionnaires on a regular basis, this should help with their self- assessment.

The areas for development reported in Theme 1 - Statement 1 remain relevant for this statement.

**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 found the service's performance in the areas covered by this statement was good. We concluded this after considering the following:

- Staff supervision records
- Staff appraisal records
- Team meeting minutes
- Staff induction programme
- Supervision planner
- Training Information

Staff are expected to complete core training which includes; medication, fire safety, adult support and protection and first aid some of these have timescales to receive refresher training to ensure they don't forget key information, for example the administration of medication is refreshed regularly. This training helped staff to come across as confident in their roles and service users and the relative we were able to speak with told us that they believed staff had the knowledge to support them well. 90% of those who returned questionnaires to us agreed with the statement "I am confident that the staff have the skills to support me."

Staff told us that they are regularly supervised; supervision minutes that we sampled showed that there is a set agenda which ensures important subjects such as; service users, health and safety, new policies and training are discussed as well as giving staff the opportunity to discuss other issues. Good quality supervision is important to ensure that staff are motivated and working to best practice principles.

Staff working with people who have complex medical needs receive training appropriate to the needs of the person being supported; for example epilepsy, head injuries, alcohol addiction. The service is able to tap into training from the professionals within the community learning disability team. The benefit from this arrangement is that the training is very specific to the individual who is requiring support from staff.

The provider has a range of policies and procedures which meet the expectations laid down in the National Care Standards, for example; Health and Safety, Fire Safety, Accidents and Incidents and Whistle-blowing.

Staff told us that they could get advice from the management team as they were approachable. They also said that senior management had joined their team meetings to directly discuss future developments in the service and in the wider community. They described there being a good team spirit amongst their colleagues.

We found that there were Performance Appraisals in place in the staff files sampled. These are used to check that staff are achieving core competencies and identify on-going development and training needs. We thought that it was encouraging that these sessions are also used to provide positive feedback on performance.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "Staff talk to me all the time. If I wasn't happy I could tell ... or my family"
- "The staff are good."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "The staff are great, the attention they give and the help is great."
- "Everyone involved in her care does their best, some better than others but she is very happy."
- "Staff are always helpful and pleasant."
- "Staff come across as if they are well trained."

100% of the people who returned care standard questionnaires to us agreed or strongly agreed with the statement; 'Staff treat me with respect.'

### **Areas for improvement**

The manager should ensure that staff are involved in the process of completing the self-assessment which the manager sends to the Care Inspectorate prior to our inspections. These discussions would be enhanced if staff were aware of the grading criteria within the reports.

The management should arrange for staff to have some training on Self Directed Support (SDS) due to the possible implications for the people who use the service in the coming year.

As mentioned previously the management should arrange for staff to have training on outcome focused care planning; this should take into account the good practice guidance from the Scottish Government; "Talking Points - a Personal outcomes approach.



While team meetings cover a lot of important areas to do with the day to day running of the service, these could be enhanced by introducing a training element; such as reviewing a policy of the month or discussing a new best practice document.

A lot of the feedback we received from staff either from direct discussions with them or from returned care standards questionnaires mentioned that there had been a lot of pressure on staff this year due to covering staff absence. The feedback was that although this hadn't greatly affected the direct care provided to service users; developmental work had taken a back seat as staff covered for absent colleagues. Team leaders and seniors frequently had to cover shifts which have reduced their capabilities to look at developing the service. This is the reason that this statement is graded lower than it had been at the last inspection.

One relative wrote in a questionnaire; "I feel that services have been watered down and that staff are under pressure trying to maintain the high quality of support they want to give."

We note that the provider is going through a review of management structures as part of the wider review of learning disability services. We would hope that once this has been completed the service will be able to move forward again.

**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

The service was good at ensuring that service users participated in assessing and improving the quality of management and leadership of the service. We considered the following information in grading this statement:

- Interviews with management and staff
- Corporate plans
- Returned care standards questionnaires
- Discussions with service users

The provider has run pilot discussion groups involving some service users and relatives looking at the review of learning disability services in Inverclyde.

The provider has involved service users in reviewing written material that it produces to ensure that it is in a user friendly format. One of the outcomes from this has been that some materials such as the "working together pack" has been re-written to make it easier for service users to understand.

The Inverclyde Carer's Council which has representatives from carers from this service on it, helped to develop the Carers Strategy within Inverclyde. It was also successful in raising the funds to partially support an outreach worker to work in the Inverclyde Royal Hospital. Their role is to help identify carers in the area who need support.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "The team leader and my key worker look after me. If they did not help me I would tell my advocate."
- "We've been to the houses of Parliament with the Health Group."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "Inverclyde Carer's Council is very well supported by the social work department. We developed a carer's strategy which the council took on board."
- "The carers group now has someone up at the Inverclyde Royal (to offer advice to other carers)."
- "They (Inverclyde Council) will be doing a review of the Carers' Strategy and they will be asking how much of what we said the last time has been taken on."

For general areas of strength around participation refer to Quality Theme 1 - Statement 1.

### **Areas for improvement**

The provider should ensure that feedback from the people who use the service and their relatives is considered within the annual appraisal process of the service manager and team leaders.

The manager should consider what the outcomes have been for service users from their participation in relation to this statement and make it clear within the next self-assessment that they send to the care inspectorate.

The service should detail within the participation policy the methods that will be used to assess the quality of management and leadership.

The areas for development reported in Theme 1 - Statement 1 remain relevant for this statement.

**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

The service has good quality assurance procedures in place which involve service users, stakeholders and staff. We considered the following information in grading this statement:

- Discussions with people who use the service
- Discussions with carers of people who use the service
- Interviews with management and staff of the service
- Service's aims and objectives
- Compliments records
- Complaint records
- Medication audits
- Finance audits

The staff we spoke with spoke highly of the way that the service is run and told us that it was a supportive team to work in. Supervision is offered frequently and in line with the provider's policy.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that management discuss; service audits, supervision, training and action plans during these meetings. Staff told us that they had a clear understanding that management carry out checks to ensure that they are working within the guidelines set down to them. Management ask staff to bring their written work into supervision meetings so that they can be discussed as a regular item on the supervision agenda.

Senior staff will check medication and financial records on a regular basis. The records that we sampled appeared to be in order and maintained in line with the provider's policies.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "It's great living here, it's brilliant."
- "Don't think it needs improving it's fine the way it is."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "My relative is receiving excellent care and support."
- "The service provided is excellent."
- "The service is the very best the staff can provide, over the years they have proved most caring and conscientious."

100% of the service users that we either spoke with or who returned care standards questionnaires to us agreed with the statement that overall I am happy with the quality of care and support that this service gives me.

### **Areas for improvement**

Management should take a more outcome focused approach to their self-assessment process next year. By this mean that they should give examples under each statement of the difference that support has made to service users and how service user participation has led to improvements within the service.

We assessed that the service was good in terms of this statement because the people we spoke to were happy and paperwork that we sampled was generally in order. However the provider should think about creating a more formal quality assurance system by pulling the measures already in place into clear internal and external audits. It is important to have a clear quality assurance policy so that service users and their relatives know how quality will be monitored it. It also lays out clear expectations for how managers operate. (See recommendation one under this statement.)

The total amount of hours that service users are supported by the service was not always captured within care plans. The management team should address this as the provider is currently reviewing the way services are provided across the authority and it needs an accurate picture of the support currently being provided to do this. (see recommendation two under this statement.)

There should be a record within care plans to demonstrate that they have been audited with a list of any required actions noted on them.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

## Recommendations

1. The service provider should look at introducing a robust quality assurance system for the service so that the service can be assessed to see if it is meeting the aims purpose and functions of the service.

This is a recommendation against the National Care Standards - Housing Support Services. Standard 3 -Management and Staffing Arrangements.

2. Care plans should detail the total amount of support hours the council agrees to provide for service users.

This is a recommendation against the National Care Standards - Housing Support Services. Standard 2 - Your Legal Rights

## 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

No additional information recorded.

### 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

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	5 - Very Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
4 Feb 2013	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
28 Sep 2011	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
27 Jan 2011	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership 5 - Very Good
26 Jan 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
19 Feb 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good



## Inspection report continued

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		Management and Leadership 5 - Very Good
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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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