

Report To: Health & Social Care Committee **Date:** 1st September 2015

Report By: Brian Moore
Chief Officer
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/12/2015/BC

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Subject: Inverclyde Learning Disability Supported Living and Care at Home Service Inspection and Service Review Update.

1.0 PURPOSE

- 1.1 To advise members of the outcome of the Care Inspectorate inspection held in January 2015 in relation to Inverclyde Learning Disability Supported Living and Care at Home Services and to inform Committee of the proposed future of service delivery at James Watt Court and MacGillivray Avenue.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection on 26th January 2015.

2.2 Summary of Grades

Quality of Care and Support - 4 - Good

Statement 1 4 - Good
Statement 3 5 - Very Good

Quality of Staffing - 4 - Good

Statement 1 4 - Good
Statement 3 5 - Very Good

Quality of Management and Leadership - 4 - Good

Statement 1 5 - Very Good
Statement 4 4 - Good

2.3 What the service has done to meet the recommendations made at the last inspection

- The service has produced a Participation Strategy and implemented it.
- A number of the Keys to Life action points have been implemented.
- A Quality Assurance Self-Assessment and Monitoring system has been devised and implemented.
- The service monitoring process and policy have been reviewed and updated.

2.4 The feedback received from the people who use the service, and their relatives, was very positive.

- Service users spoken to were very happy with the service and the staff supporting them.
- They felt included in all aspects of service provision from their own individual care

and support plan to more general issues which affected others and their living environment.

- Relatives' written comments were very complimentary of the service.

2.5 An exercise is underway to review the service delivery at James Watt Court and MacGillivray Avenue to ensure effective and efficient use of resources in meeting service users' needs.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

3.2 The Committee is asked to note the review and evaluation of service delivery at James Watt Court and MacGillivray Avenue and agree that at this time the service continues to be directly provided by the Local Authority.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 Inspection

James Watt Court/MacGillivray Ave provide 24/7 support to 14 adults with learning disabilities and Inverclyde Supported Living Team provides support to 28 adults with learning disabilities who live in their own tenancies in the community but do not require 24 hour support. These services were inspected jointly on 26th January 2015. The inspection considered the quality themes of Care and Support, Staffing and Management and Leadership.

4.2 The inspection was unannounced and carried out on a low intensity basis. This reflects the grading history of the service.

4.3 The grades this year are the same as last year but, within the grades, 3 of the 6 statements are graded 5 (Very Good) in comparison to 1 of 6 last year.

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

- **The service should ensure that information held about service users and their support is current and accurate, in particular risk assessments should be reviewed.**

Action We will review our risk assessments. If there are areas of specific risk to individual service users, we will have a separate risk assessment. This recommendation was pertaining to the Supported Living Team.

- **Outcome focused support plans should chart the progress and outcomes achieved.**

Action We will review service users' support plans to ensure they are more Outcome Focused. When setting new goals for service users we will detail avenues that have been explored to achieve these goals and the progress that has been made. This recommendation was pertaining to James Watt Court/MacGillivray Ave.

4.5 Review and evaluation of service delivery

The accommodation within James Watt Court and MacGillivray Avenue has provided supported living services for adults with Learning Disability since 2003/04. The tenancies were commissioned from Cloch Housing Association as a result of the reprovisioning of Oronsay Hostel in Port Glasgow, Finnart Hostel in Greenock and in response to the continuing programme of Learning Disability hospital closure at that time.

4.6 With the Scottish Government 'Same as You' (2000) review of services for adults with learning disabilities came a focus for looking at people's lifestyles that included health and social care, housing, education and employment. There was a focus on people living their lives in 'ordinary houses', either family homes or their own accommodation where support could be personalised and people would have choice and control over their lives.

The closure of the more institutional models of support at Oronsay and Finnart hostels and people moving to supported living arrangements within their own tenancies realised this vision.

4.7 Currently James Watt Court supports 10 service users within 6 single tenancies and 2 shared tenancies (1 vacancy) within the same building providing a very sheltered supported accommodation model of support. The building is situated in

a central Greenock locale close to Greenock Health Centre.

The service at James Watt Court delivers 455.5 direct hours of support to service users per week with 1 staff sleepover per night.

4.8 MacGillivray Avenue currently supports 4 service users in 2 co-located semi-detached houses in the east end of Greenock. The houses are also located next door to a supported living service provided by Key Community Supports. The Key Community Support Service consists of a house of multiple occupancy supporting 5 service users with learning disability.

4.9 Currently the service at MacGillivray Avenue delivers 153 direct support hours to service users per week with 1 staff sleepover per night. In addition 2 service users currently receive Independent Living Funds (ILF) of 64 hours per week. These hours are delivered by Key Community Supports from the service located next door, referred to above.

4.10 Jointly the staff team consists of 1 Service Coordinator, 2 Senior Support workers and 19 Support workers working a range of hours from 39 hours per week to 20 hours per week. The service also has a sessional bank of staff.

4.11 As part of the strategic review of Inverclyde's Learning Disability Services, an evaluation and review of the service delivery at both James Watt Court and MacGillivray Avenue is being undertaken jointly by the staff from the service, Care Management and LD Redesign Team.

The process includes a desk top analysis of individually assessed and cumulative hours against staffing levels and includes Independent Living Funds (ILF) hours delivered, and all additional day opportunities support from other services both internal and external including transport.

4.12 The combined budget for James Watt Court and MacGillivray Avenue for 14 service users is £479,760. The total support hours are 608 hours per week, plus an additional 64 hours ILF.

4.13 11 of the 14 service users attend HSCP day opportunities for 39 days per week at a cost of £114.30 per day; £213,970 per year (48 weeks).

1 service user attends college and 1 service user attends a local gardening project 2 days per week funded by the HSCP.

4.14 Staffing levels within both areas require to be maintained at levels agreed by the Care Inspectorate and in accordance with the assessed needs of service users and includes public holidays, annual holidays and staff sickness and any vacancies.

4.15 Following on from the desk top exercise a programme of reviewing individual service users' hours and ILF support hours will form the next phase in the evaluation.

Early indications are that there is an over delivery of hours in some areas with potential options to utilise ILF hours more creatively and realise some efficiencies of hours delivered.

The process will continue over the next 2 months, involving all service users and carers as appropriate.

4.16 In addition to the review of individual service users' needs, following the latest round of budget savings proposals, we have explored the option of achieving savings by transferring the service to an external provider. This has informed the view that the efficiencies which could be achieved are marginal and it is,

therefore, recommended that the service at this time remains directly provided by the Local Authority.

5.0 PROPOSALS

- 5.1 To continue the reviewing process of individual care in James Watt Court and MacGillivray Avenue.

6.0 IMPLICATIONS

Finance

- 6.1 There are no direct financial implications arising from this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
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 There are no legal issues within this report.

Human Resources

- 6.3 There are no Human Resource implications.

Equalities

- 6.4 Has an Equality Impact Assessment been carried out?

X

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 There are no repopulation implications.

7.0 CONSULTATION

7.1 Staff from the service, service users, carers and stakeholders are involved in the review process.

8.0 LIST OF BACKGROUND PAPERS

8.1 Scottish Government – Keys to Life.

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

Type of inspection: Unannounced

Inspection completed on: 26 January 2015



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	10
4 Other information	22
5 Summary of grades	23
6 Inspection and grading history	23

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2004078035

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service provides housing support and care at home services to disabled adults in the community. The service is provided within service users' own homes, within small residential complexes and in the community.

The service utilises experienced staff and supervisors who are clearly committed to the best care and welfare of service users and the achievement of their desired goals and outcomes.

What the service could do better

The service has undergone changes in management and staff in particular were aware of imminent re-structuring decisions, related to budget constraints. This has led to concerns about the future of the service, affecting morale. A number of procedures and strategies have been implemented including a participation strategy and a more outcomes-focussed methodology which need time to become established. A number of recording systems would benefit from review.

What the service has done since the last inspection

A participation strategy, suggested at inspection, has been designed and implemented consolidating and improving this area of support. A number of 'Keys to Life' areas have been utilised in support planning. While the monitoring of service users is rarely used, procedures have been reviewed as suggested. A number of new quality assurance procedures have been adopted building upon existing ones. Care

plans contain the care agreement and number of hours of support agreed. The service continues to provide a quality service to those it supports.

Conclusion

Inverclyde Learning Disability Support Service provides a person-centred and outcomes-focussed service to individuals which is effective and greatly appreciated. They do so by using experienced, committed and knowledgeable staff and managers who work in the interest of those they support and their families.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.careinspectorate.com

This service was previously registered with the care commission and transferred to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to 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 recognise 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 or Orders made under the Act or a condition of registration. Where there are breaches of the regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

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 fifty people using the service at the time of the inspection.

The service provides twenty four 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 or by calling us on 0345 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

We wrote this report following an unannounced inspection of the service on Friday 23 and Monday 26 January 2015 between 9am and 4pm. The inspection was carried out by Inspector David Lindsay. Feedback was given to the Resource Officer, Service Manager and Senior Support Worker on 26 January 2015.

During our inspection we spoke with: - The Resource Officer, Service Manager, two Senior Support Workers, four Support Workers and six service users.

We examined - Files and documents including:-

Service Participation Strategy, Carers' Questionnaire (Example), Disability Hate Crime guide and toolkit. Healthy Eating menus, information leaflet on Sexual Wellbeing and Relationships. Quality Assurance Self-Assessment and Monitoring procedure, Service User Survey Questionnaires, Support Plans, Daily Recordings File, Photo Albums of events and activities attended. Medication Records including MAR Sheets, Staff Meetings - Minutes, Tenant's Meetings - Minutes, Tenant's Reviews - Minutes, Staff Personnel Files including Supervision Records, Staff Training Records and Accident/Incident Records.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects

of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The service has produced a participation strategy is has implemented it.

A number of the Keys to Life action points have been implemented and more are planned.

The Monitoring process and policy has been reviewed.

A Quality Assurance Self-Assessment and Monitoring system has been devised and implemented.

A Support Agreement and plan now appears within each service user's care plan.

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.

Self-Assessment was well completed and submitted in good time.

Taking the views of people using the care service into account

Service users spoken to were largely very happy with the service and the staff supporting them.

Taking carers' views into account

There was no opportunity to speak to carers but their written comments were noted. They were very complimentary of the service.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found that the service encouraged and facilitated service user involvement in quality improvement in a number of ways.

Service users and their family carers regularly attended reviews and various meetings and forums at which their views and opinions were sought. Service user questionnaires and carer's questionnaires were utilised by the service to gauge opinions as to how the service was performing and how it could improve.

We noted that the service had employed a 'Service User Participation Strategy'. Their 'Participation Principles' included :-

'Treat people with respect and dignity', 'Work and make decisions with people', 'Make sure that people are encouraged and supported to speak their minds and have their say about our services'

The 'Strategy Aims' included:-

'To develop service user participation across all aspects of our service's delivery and planning' 'To develop service user support so that participation is meaningful and not just a 'token'.

We considered that these Principles and Aims demonstrated a commitment by the service to ensure that service user participation continued to develop.

We noted that the service had found that engaging the participation of carers was more challenging particularly as many of those supported had little or no regular family contact from people who could become involved. The service intended to

develop a Carers' Focus Group but this was proving difficult. A newly developed carers' questionnaire had been created by the Local Authority which, it was hoped, would prove to be more successful in ascertaining the views and opinions of family carers.

The service had organised a number of events with service users to which friends and family were invited and which were generally attended. Staff took these opportunities together with visits by family members to the residential complexes to engage carers and ascertain their views.

We noted in particular when viewing care plans, questionnaires and speaking to service users that they felt included in all aspects of service provision from their own individual care support plan to more general issues which affected others and their living environment.

The service also used other methods to enable and empower service users to become involved in developing the way services were delivered including Tenant's Meetings at which ideas and decisions were developed including activity and holiday destinations and fund-raising events. Service users were also annually encouraged and supported to consider and complete a satisfaction questionnaire which once again provided an opportunity to participate in service improvement.

Areas for improvement

The service should continue to develop an outcomes-focussed approach to support and explore all opportunities to involve family carers in the improvement of service quality.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found evidence through examination of documentation and by speaking to individuals that the service made a great effort to maintain the health and wellbeing of service users and that this informed practice and procedures.

We noted in particular that support plans contained full and comprehensive health-related information. Some sections of these plans were coloured with symbols and were in an easy-read format which was very user-friendly. Important details of health conditions, related medication and treatment needed and contact information for health and social service professionals involved were clearly documented. Healthy eating programmes, activity and exercise, health advice relating to sexual health, cancer advice and other subjects were included and participation in learning about them encouraged.

Hospital Passports were included and which we saw being used to good effect when a resident had been taken unwell. The service also used a 'Personal Identification Profile' document for each service user which provided an immediate profile for emergency services should the individual go missing.

Correspondence and appointments information showed that an established relationship with health professionals existed and was supported for those less able to do so.

We were made aware that the service had supported several service users to secure their own tenancy and achieve many personal goals. We noted that the service had adopted a more outcomes-focussed approach to supporting service users. One of the tools used was a 'SHANARRI WHEEL'. This is an acronym for Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. This tool was used to support service users to consider and improve upon these aspects of their lives in which ever order and at what ever pace they chose. We also noted that the service had adopted the 'Keys to Life' initiative, had distributed copies to all staff members and had, following consultation with service users, focussed upon 'Promoting Healthy Diets' and 'Exercise'. This was in recognition of existing weight issues around a number of service users.

Areas for improvement

We considered while examining documentation that a number of areas would benefit from review. As this was a Local Authority service, risk assessments were mainly Social Work orientated. We felt that many were historic and required to reflect risks directly related to the individual areas of support and intervention where risk had

currently been identified. We also felt that where desired goals or outcomes were identified, the progress or successful conclusion of these was not always updated and a new goal identified. The service should ensure that these records and procedures accurately reflect the service users' current status. We have made a recommendation regarding this.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that information held about service users and their support is current and accurate. In particular risk assessments should be reviewed and outcomes-focussed support plans should chart the progress and outcomes achieved.

NCS 3 Care at Home - Your Personal Plan

NCS 4 Housing Support Services - Housing Support Planning

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

We found that the service facilitated service users and family carers to influence the assessment and improvement of staffing in a number of ways.

As indicated previously, service users and family carers were encouraged to participate in care reviews, meetings and complete a number of questionnaires as part of their care plan but also in response to the services' participation policy. All of those actions tended to inform staff quality.

Informally, service users freely interacted with their support team during and outwith support activity and used these opportunities to raise and discuss any issues they wished to be addressed. We noted that the service was open to staff changes if poor compatibility became an issue for service users or their families. To avoid this, allocated support staff and key workers were introduced to service users and their family carers where appropriate to allow them to become familiar with each other. A period of shadowing an experienced practitioner was normally undertaken prior to new staff working with an individual.

We learned that while the service were committed to staff continuity for the benefit of service users and the development of experience, they also attempted to rotate key workers on an annual basis. We were advised that this was both for staff development reasons and to prevent close attachment and detrimental dependency from forming.

We noted that service users were involved in the recruitment of staff and depending upon their wishes, contributed questions to be put to candidates or participated in interviews. This practice was greatly valued by service users who felt involved in a very real way in influencing the quality of staff working in the service. We learned that in the previous year, service users had interviewed candidates for a senior support worker post providing feedback which informed the final choice.

The service had now taken service user involvement in staff development a stage further by consulting service users prior to staff appraisals. This gave the service an important and unique perspective upon staff performance.

Areas for improvement

The service should continue to involve service users and family carers in the improvement of staff quality. The introduction of outcomes-focussed support provides another opportunity for service users to consider how well staff were promoting the implementation of this. The service may wish to consider the further involvement of service users in staff training.

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 that support staff employed by the service were properly selected, well matched with service users, well-trained, experienced and motivated.

Although concerned about what the future may hold for their service, staff were committed to their caring and supporting role and clearly had the welfare of those for whom they had responsibility as a priority.

We noted that staff were fully trained in all relevant core subjects and also in some more specialised subjects in response to service users' specific needs. Staff were encouraged to pursue personal development and further education and many had done so. SSSC registration was being undertaken by those not yet registered in line with regulations.

We saw that staff were made aware of policies and procedures relevant to their employment and responsibilities including risk assessment, Adult Support and Protection, grievance, complaints and whistleblowing policies. We also noted that each member of staff was given a copy of the 'Keys to Life' booklet in line with the service's uptake of this initiative. Staff had also had training regarding new employment benefits changes and outcome-focussed care plans.

We also noted that although the service embraced a more outcomes-focussed strategy, this type of work was already being undertaken and implemented by staff. In particular, independence, development and self-determination were continuous and common themes for support and we were told of a number of cases where this had been successful for individuals. One service user we met had spent much of their earlier life within residential institutions and hospitals. They were now living in their own tenancy in the community with only a modest package of support.

We saw that staff attended and participated in service user reviews, staff meetings, team meetings and other events and we viewed minutes showing that they regularly made comments and suggestions which were listened to and acted upon. We also noted that managers were not slow to praise and commend the regular good practice they witnessed from staff.

We saw that staff were properly and regularly supervised and supported in their challenging work by supervisors both formally and informally. Staff we spoke to were confident that they had strong support from management. It was also apparent to us

that staff were passionate about the care and support they provided to service users and their family carers which they felt had to continue despite budget and resource constraints.

Areas for improvement

We felt that staff were unsure about Self Directed Support and how it would affect service users, family carers and their support of them. The service should consider the provision of information or training regarding this.

We noted that, although apparently being provided, records of supervision and appraisal were in some cases not up to date. The service should ensure that staff are fully appraised and have regular supervision and that this is recorded including any reasons why this was not possible or delayed. The service should, in light of known pressures upon budgets and resources, ensure that they always maintain a sufficiency of staff available to meet the needs and wishes of the individuals they support.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 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

We noted that in the same way as service users and family carers participated in and contributed to assessing and improving the quality of the service and staff. They also as a consequence, did so in respect of management and leadership. The related evidence reported at statements 1.1 and 3.1 is also relevant here.

As part of the service's participation policy, specific sections related to the performance of and satisfaction with management and leadership and ways in which service users in particular could influence change and improvement in this area. The newly adopted carer's questionnaire also included a section about management and leadership, inviting comment.

Questionnaires and survey feedback examined all indicated that service users and their family carers were very happy with the way in which the service was managed and operated.

Staff felt that management were approachable, valued their opinions and listened and responded to their concerns.

Service users we spoke to and those whose questionnaires we consulted felt that they had a good rapport with supervisors and managers as well as support staff and were happy to approach or contact them. During our inspection we witnessed them doing so on several occasions and it was apparent that they considered managers and leaders to be both approachable and receptive to their needs, wishes and concerns.

Areas for improvement

The service should continue to identify ways in which service users and family carers can become involved in discussions and decisions which take place at a more managerial level.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We found that the service employed a number of quality assurance systems and processes at both local level and local authority level which aimed to monitor, review and improve service provision.

We noted that the service implemented a Quality Assurance, Self-assessment and Monitoring Tool which they applied on a six-monthly basis. Headings to be addressed by this tool included 'Safe Services', 'Being part of my community', 'Helping service users to keep healthy and feel good', 'Achieving', 'Nurtured', 'Respected', 'Responsible', and 'Included'. We observed that this system was very outcomes-focussed in its approach and that related survey forms returned predominantly scored the service 'very good' by those completing them.

We saw an example of the new carer's survey which was about to be rolled out and found that, although very statistical in nature, it covered all relevant aspects of service provision about which the carer's view was sought.

Staff we spoke to felt that they were well supervised and kept apprised of procedural developments and requirements. This was evidenced in the training, supervision and questionnaire documentation we examined.

We considered however that the most effective method of quality assurance employed by the service was the close and trusting relationship which clearly existed between managers and leaders and the service users, family carers, staff and others.

We noted the efficacy of both formal and informal quality assurance systems in two incidents we were made aware of. In one case a staff member had left the service following a number of issues being raised due to the robust monitoring systems in place and the confidence of staff and service users in management to come forward. In the other case a service user had become unhappy about certain aspects of a staff member's performance. The service user had been encouraged to approach staff and management about any issues they were unhappy about and did so, allowing management to take the appropriate preventative action. This benefitted both the service user involved and others.

Areas for improvement

While we found that the service utilised a number of relevant and comprehensive systems to provide quality assurance in service provision there were a number of weaknesses.

As indicated previously, the carer's survey gave the appearance of a statistical return and while this aspect is valuable it should not be the main purpose of this exercise. Making the form more user- friendly and relevant to carers may attract a much needed improved response. Similarly, the service user's survey, while covering most aspects of service provision, did not provide an opportunity to summarise issues raised or record any subsequent response or follow up thus denying the service the opportunity for this to be used as an effective outcomes-focussed monitoring tool.

We considered that risk assessments should go beyond a general social needs assessment aimed at appropriate placement and consider specific areas of risk identified in respect of and relevant to areas of support and care provision including supporting activities. This will provide not only a valuable assessment exercise for keyworkers and support staff but will provide an essential record and point of reference for all those delivering care and support.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
31 Jan 2014	Announced (Short Notice)	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
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

Inspection report continued

		Management and Leadership	Not Assessed
19 Feb 2009	Announced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good

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

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

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

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

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