

Care service inspection report

Full inspection

GMD Community Services Housing Support Service

Coatbridge



HAPPY TO TRANSLATE

Service provided by: GMD Community Services

Service provider number: SP2007009392

Care service number: CS2007164062

Inspection Visit Type: Announced (Short Notice)

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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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	3	Adequate

What the service does well

The service was providing very good person-centred support mainly to older people living in the community. Service users and their families spoke highly of the support received. This was facilitated by having small and consistent support teams who provided a high level of care and support. Staff also shadowed until they and the service were confident they could provide the quality of support required. Staff had clearly developed very good relationships with the people they were supporting.

The support planning was outcomes focussed and held very good detail which also facilitated consistent support. All the service users we spoke with told us that they had been fully involved in putting their support plans together.

What the service could do better

The service had not developed its participation or quality assurance since the last inspection. The service should ensure that all stakeholders are given the opportunity to formally participate in the development and quality assurance of the service. Reviews of the support plan and risk assessments need to take

place at least once every six months. There were also some aspects of staff training and the policies and procedures that could be improved.

What the service has done since the last inspection

The service had increased the number of people they were supporting from two to fourteen and increased the staff team. Most of the new service users were older people. The support plans had been developed so they were now outcomes focussed.

Conclusion

GMD Community Services provided very good support to the people who used the service. This support allowed people to live independently in the community, maintain their personal care and health. The support was enhanced by having consistency in relation to the support provided and the number of carers who provided the support. The service users spoke highly of the service and had developed good relationships with the staff who supported them.

However, the service had not progressed its participation and quality assurance process which is reflected in some of the grades. The service needs to ensure that service users and other stakeholders formally participate in the development and quality assurance of the service.

1 About the service we inspected

GMD Community Services registered with the Care Inspectorate in August 2011 and became an active service from 2 April 2014. It is registered as a combined housing support and care at home service. This service currently supports fourteen service users including older people, people who are profoundly deaf and someone with multiple sclerosis. The manager and four staff provide the support.

The service's mission statement was -

'For all individuals to be given choice and control whilst maintaining independence and participation in how they wish their care to be delivered.'

Aims and objectives were -

'To meet all regulations and requirements set out by our overseeing bodies.

To provide a high quality care service to clients and their families.

To provide advice and guidance on all relevant support requirements.

To provide support and training to our staff team.

To develop a good working staff ethos.

To develop networks with a wide range of organisations to public, private and voluntary sector.

To develop our company while maintaining a high standard.'

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 3 - Adequate

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

The inspection took place on Thursday 12th November 2015 from 10:00am until 2.30pm. It continued on Friday 13th November 2015 from 9.45am to 11.30am. We gave feedback to the manager on Wednesday 18th November 2015. We visited four service users and one relative in their own home.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent five care standards questionnaires to the manager to distribute to service users. Two service users sent us a completed questionnaire.

We also asked the manager to give out five questionnaires to staff and we received one completed questionnaire.

During the inspection process, we gathered evidence from various sources, including the following -

We spoke with:

- Four service users
- One relative
- The manager
- Two support workers.

We looked at:

- The most recent self assessment
- The most recent annual return
- Eight service user files including the support plan, reviews and risk assessments
- Medication records
- Five staff files including recruitment, induction and training records
- Training Plan
- Welcome Pack
- Minutes of meetings
- Charter of Rights
- Adult Support and Protection Policy
- Child Protection Policy
- Complaints Policy
- Confidentiality Policy
- Equality and Diversity Policy
- Medication Policy
- Participation Policy/Strategy
- Restraint Policy
- Supervision Policy
- Training Policy
- Whistleblowing Policy.

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.firescotland.gov.uk

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.

We received a fully completed self-assessment document from the manager. The manager identified areas they thought they did well, some areas for development and any changes planned.

Taking the views of people using the care service into account

We received the following comments from service users -

'The service being provided has been excellent in every respect'

'The support I receive is excellent'.

Taking carers' views into account

We received the following comment from a carer -

'The support provided is excellent and provides me with a break'.

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 had adequate methods for involving supported people in their support and how the service operated.

The service evidenced its commitment to involving service users in assessing the quality of the support they received in their strategies and documentation. The service had a participation strategy which made a commitment to keeping service users informed through good communication and to involving them in reviews, support plans, a yearly survey, service user groups and being contacted regularly. It also stated that they would have a say in ensuring a quality service. They were also to be given copies of the National Care Standards and the Care Inspectorate reports. The service agreement that service users signed made a commitment to involving service users in the development of the service.

When a person started with the service, they received a welcome pack. This provided them with copies of all the forms that would be used in relation to their support. It also provided them with a copy of the Advocacy Policy which made a commitment to supporting people to access advocacy services.

This ensured transparency about what people should expect from the service and how they could be supported to participate.

On an individual basis, we noted that reviews of the support plans had taken place in some cases. This provided service users and their families with the opportunity to discuss their support and any changes or improvements that were required. These were signed by the service user or their representative.

The service ensured that people were aware of how to make a complaint. Each support plan provided good information on how service users and their family could contact the service and make a complaint. All the information we saw relating to complaints advised service users that they could contact the Care Inspectorate at any time in line with good practice.

In the care standards questionnaires, both people agreed or strongly agreed that the service regularly checked that their needs were being met.

Areas for improvement

There were some areas where the service needed to make some improvements.

Although some reviews had taken place, reviews of the support plan and risk assessments were not taking place every six months in line with legislation. In the reviews we looked at, there was little information about the views of the service user and their family, if appropriate. There was also no specific discussions about the personal outcomes identified in the support plan and the progress towards them. The service should ensure that all support plans and risk assessments are reviewed at least once every six months. The reviews should clearly record the views of the service user and their family and evidence discussions regarding progress being made in relation to personal outcomes (see requirement 1).

The service had a commitment to involving service users through yearly surveys and service user groups. However, at the moment this was not taking place. We were told by the manager, and this was confirmed by service users, that as she was often involved in delivering the support she had regular conversations about the quality of the service.

While this level of regular contact is a positive, participation needs to be formally evidenced in the line with the service's participation strategy (see recommendation 1).

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The service should ensure that the reviews of support plans and risk assessments take place every six months. The reviews should cover the outcomes identified in the action plans and the views of the service user and their family are clearly evidenced.

This is in order to comply with Scottish Statutory Instruments (SSI) 2011. No. 210. The Social Care and Social Work Improvement Scotland (SCSWIS) (Requirements for Care Services) Regulations 2011. Regulation 5(2)(b) - a regulation regarding the reviews of personal plans.

Timescale for implementation: 25 February 2016

Recommendations

Number of recommendations - 1

1. The service should ensure that participation is formally evidenced in the line with the service's participation strategy.

National Care Standards, Care at home, Standard 11, Expressing your views.
National Care Standards, Housing support services, Standard 8, Expressing your views.

Statement 5

“We respond to service users' care and support needs using person centered values.”

Service Strengths

The service was working to a very good standard in terms of providing person-centred support that respected the rights of service users and supported them to make choices in their life.

The service was committed to supporting people's rights through their policies and documentation. There was an extensive Charter of Rights which covered dignity, respect, choice, equality and diversity, respecting people's culture and tackling discrimination. The service's mission statement promoted choice, control and independence. There was a Confidentiality Policy which guaranteed that personal information about the service user would be treated with respect.

We looked at several support plans during the inspection. These support plans held very good background information about the person's life story and their interests. Staff confirmed that they were given sufficient time to read the support plans before they started working with someone. This ensured that the staff were able to gain an insight into the person they were supporting which would enhance the support and their relationship. Staff felt that this had allowed them to develop good relationships with the people they were supporting. This was confirmed by the service users that we spoke with. There was also very good detail about the actual support being provided. We saw one example of good information on how to support the person if their activity was cancelled or cut short. This allowed staff to provide the support in a correct and consistent manner. People were supported by a small team which also supported consistent practice. Service users and staff confirmed that the consistency of the support provided was a strength of the service.

The support plans were also outcomes focussed in line with current good practice. The plans detailed the outcome identified by the service user and how it would be achieved. If there were any updates to the support plan it was re-dated so it was clear which was the current support plan.

They also held information on the person's cultural, spiritual needs and how they liked their environment. This enhanced person-centred practice. When signing the support plans the service user was agreeing that their plans met their needs and took into account their respect, dignity, privacy and choices. All the support plans we read had been signed.

The service kept very good risk assessments in relation to each service user. There was a general risk assessment which covered health, well-being, medication, environment, finances and lone working. There was also a separate moving and handling assessment if that was a specific issue. Any medium or high risks identified had a specific risk management plan. These would be signed by the service users. This process ensured that staff had the necessary information to manage risks to or from the service user, and the service user was in agreement with this plan.

There was a signed service agreement which detailed the service provided, the cost and how the person could end the service. There was also a policy on how to support a person through the ending of the service.

The service had good processes in place in relation to medication. There was a detailed Medication Policy and all staff had to undertake medication training before they started administering medication. This ensured that there was safe practice in relation to medication.

The staff kept good daily contact notes which gave details of the visit, the time and the support worker who provided the support. The staff we spoke to told us that these were always done and was a method for keeping each other informed about the support being given. Staff felt that there was good communication in the team.

The service users and staff we spoke with were very positive about the service provided. The service users and relative we spoke with felt that the service provided high quality support. They felt that they were fully involved in the support and how it was provided. The staff we spoke with felt that the service was person centred and always gave people choices in relation to their care. We also saw from the support plans that people were being supported to achieve positive outcomes in relation to their independence, relationships, health, well-being and social inclusion.

In the care standards questionnaires, both people agreed or strongly agreed that they were happy with the overall quality of care.

In the staff questionnaire, the person agreed that the service provided good care and support to the people who used it.

Areas for improvement

There were some areas where the service could make improvements.

The support plans could be improved with a section relating to capacity and who had the power to act on someone's behalf, so the service could ensure that people's rights were being respected (see recommendation 1).

The service could improve the detail held about the medication on the MAR sheets including why a particular medication had changed or been discontinued. The service was also using MAR sheets where people had dosette boxes. This is not good practice as staff are not able to identify each individual tablet. The service should follow the Care Inspectorate guidance on this and use the recording sheet specifically designed for dosette boxes (see recommendation 2). We noted that one person did not have a consent form in relation to administering medication. The service should ensure there is a consistency by having these in all cases.

We noted that the service agreements made reference to service users treating staff with dignity and respect. A section should be added to highlight that staff will treat service users and their families with dignity and respect. Not all the files we looked at contained service agreements.

The service should ensure that there is a signed service agreement in place for every service user (see recommendation 3).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The support plans could be improved with a section relating to capacity and who had the power to act on someone's behalf so the service could ensure that people's rights were being respected.

National Care Standards, Care at home, Standard 3, Your personal plan. National Care Standards, Housing support services, Standard 4, Housing support planning.

2. The service should follow the Care Inspectorate guidance on medication recording in relation to dosette boxes.

National Care Standards, Care at home, Standard 4, Management and staffing. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

3. A section should be added to the service agreement to highlight that staff will treat service users and their families with dignity and respect. The service should ensure that there is a signed service agreement in place for every service user.

National Care Standards, Care at home, Standard 4, Management and staffing. 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 information detailed in Quality Theme 1 Statement 1 also applies to this statement.

We were told that the service had involved the two service users who were profoundly deaf in the recruitment of the staff who would work specifically with them. They met with the staff before they were formally employed to ensure that the service user felt they had the skills to support them.

As the manager provided support and met with service users daily, she was able to speak to service users about the staff on a regular basis.

Areas for improvement

The service had to develop service user and carer involvement in staffing further, and we noted that the service's recruitment and selection policy made no reference to involving service users in the recruitment process.

Although, there had been some service user involvement in recruitment, this needs to be developed further and evidenced better. The service should ensure that service users are involved in all recruitment including internal posts, that as many people take part as possible and that they are involved in the whole process including job descriptions, adverts, interviewing and in the final decision. This needs to be fully evidenced (see recommendation 1).

We saw little evidence of service user feedback being part of supervision. The service should ensure that feedback is obtained by the manager about the staff and that this feeds into supervision and any appraisals. The service should look to develop 360 feedback so that all service users and other staff contribute to the assessment of staff and managers (see recommendation 2).

The service should also ensure that staffing is covered in any surveys that they undertake (see recommendation 3).

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The service should ensure that service users are involved in all recruitment including internal posts, that as many people take part as possible and that they are involved in the whole process including job descriptions, adverts, interviewing and in the final decision. This needs to be fully evidenced.

National Care Standards, Care at home, Standard 4, Management and staffing. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements. National Care Standards, Care at home, Standard 11, Expressing your views. National Care Standards, Housing support services, Standard 8, Expressing your views.

2. The service should look to develop 360 feedback so that all service users and other staff contribute to the assessment of staff and managers.

National Care Standards, Care at home, Standard 4, Management and staffing. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements. National Care Standards, Care at home, Standard 11, Expressing your views. National Care Standards, Housing support services, Standard 8, Expressing your views.

3. The service should ensure that staffing is covered in any surveys that they undertake.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements. National Care Standards, Care at home, Standard 11, Expressing your views. National Care Standards, Housing support services, Standard 8, Expressing your views.

Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

Service Strengths

It was evident from the inspection that the service had a professional and motivated staff team who were committed to providing very good support to the people who used the service.

We saw that when staff started with a service they had to undertake an induction. This induction provided them with all the relevant information required to work in the service, including the opportunity to read the service's policies and procedures. The staff we spoke with told us that they had received good support when they started working with the service. Shadowing lasted for a few weeks. In fact, one of the staff we spoke with had been with the service for four weeks and was still shadowing. Staff shadowed until they and their manager felt they were ready to start working on their own. One member of staff told us that on the first day they worked on their own, the manager was outside in the car in case they needed any support. This process ensured that staff only started working with people when they were able to provide the level of support required.

The service had a training plan which detailed training that was planned in relation to first aid, food hygiene, medication and moving and handling. We read in staff files that staff had received training in the areas listed above. We also noted that staff were being supported to attain the appropriate SVQ in preparation for registration with the SSSC. This ensured that the staff team had the appropriate training to support people in relation to their care.

The service had very good policies in place to support staff in their practice. This included Adult Support and Protection, Challenging Behaviour, Child Protection, Medication and Restraint. There was also a Whistleblowing policy which stated that staff could contact the Care Inspectorate at any time in line with good practice.

The Challenging Behaviour Policy stated that staff would be supported in relation to this area by a debriefing and analysis with their manager. The Training Policy encouraged staff to be reflective practitioners. This ensured that staff had the necessary information in relation to these areas, and staff told us that they had easy access to all policies.

The service's Supervision Policy stated that staff should receive supervision on a three-monthly basis. At the time of the inspection, not all staff had been with the service that long. However, the ones that had been were receiving supervision in line with the guidance. We saw from supervision notes that well-being, personal development and relationship with other staff were discussed.

The service users we met spoke highly of the staff team. They felt that the staff were well-trained and provided the support in a positive manner. People always knew who was coming and if staff were running late they would call the service user to let them know. Staff would go the extra mile and do additional tasks which sometime involved them going over the support time allocated. Service users and family members had positive relationships with staff and this was helped by the fact that there was very good consistency in the support provided.

The staff we spoke with were also positive about working in the service. They felt that they were very well supported by their manager who was approachable and always available. Staff felt that the communication in the service was good and this included getting positive feedback if they were performing well.

In the care standards questionnaires, both people agreed or strongly agreed that staff had the skills to support them and treated them with respect.

In the staff questionnaire, the person agreed that they had the skills to support people, that all staff treated service users with respect and that they received regular supervision.

Areas for improvement

There were some areas where improvements could be made.

We noted in some contact notes that the support was not always at the time detailed in the support diary. The service should ensure wherever possible that it adheres to the times of the support and if this is not possible the reason for this is recorded.

The service should ensure that all staff receive training in Adult Support and Protection as soon as possible after they have started with the service. Staff should also be given training on dementia as they are supporting people with this condition. It was also not clear from the training plan how and when refresher training would be highlighted. The service should adapt their training plan to ensure that when refresher training is required, it is identified (see recommendation 1).

Some of the service's policies could be improved. The Adult Support and Protection Policy needs to highlight the three-point test for an Adult at Risk. It needs to hold the contact details for social work and the Care Inspectorate. It could also benefit from having information on the issue of consent and a flowchart explaining the process to aid staff understanding. The Child Protection Policy needs to state that staff should report concerns to social work if the manager is not available. It also needs to highlight the importance of reporting immediately.

The Medication Policy needs amended to highlight that when as required medication is administered the time it is given should always be recorded. There should be more detail on recording, in particular, that staff should check that the person has taken the medication before recording it. The guidelines in relation to dosette boxes needs to be incorporated into the policy (see recommendation 2).

Although supervision was taking place, the detail recorded could be better. The service needs to ensure that supervision evidences that staff are regularly reflecting on their practice (see recommendation 3).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The service should ensure that all staff receive training in Adult Support and Protection as soon as possible after they have started with the service. Training on dementia is also required. The service should adapt their training plan to ensure that when refresher training is required is identified.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

2. The service's policies should be updated in line with Paragraphs 4 and 5 in 'Areas for Improvement'.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

3. The service needs to ensure that supervision evidences that staff are regularly reflecting on their practice.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

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 information detailed in Quality Theme 1 Statement 1 and Quality Theme 3 Statement 1 also applies to this statement.

In particular, the manager was involved in providing support so was able to speak to service users on a regular basis, about the service and the service had a commitment to participation in their strategy.

Areas for improvement

The service should work to a co-production model and look at ways to involve service users and their families, if appropriate, in the service such as induction, training, developing policies and procedures, and all other aspects of how the service is managed (see recommendation 1).

The service needs to develop 360 degree feedback so that it is part of the appraisal of managers so that service users, family members and staff can participate in the assessment of the management and leadership of the service (see recommendation 2).

The service could also look at involving service users in wider consultations in the care sector and issues in their local community.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service should work to a co-production model and look at ways to involve service users and their families, if appropriate, in the service such as induction, training, developing policies and procedures, and all other aspects of how the service is managed.

National Care Standards, Care at home, Standard 4, Management and staffing. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements. National Care Standards, Care at home, Standard 11, Expressing your views. National Care Standards, Housing support services, Standard 8, Expressing your views.

2. The service needs to develop 360 degree feedback so that it is part of the appraisal of managers so that service users, family members and staff can participate in the assessment of the management and leadership of the service.

National Care Standards, Care at home, Standard 4, Management and staffing. National Care Standards, Housing support services, Standard 3, Management and staffing arrangements. National Care Standards, Care at home, Standard 11, Expressing your views. National Care Standards, Housing support services, Standard 8, Expressing your views.

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 had some processes in place which involved stakeholders in assessing the quality of the service.

As stated earlier, the manager regularly met with service users through providing support so was able to monitor the quality of the service being provided first hand. The staff also benefited from this involvement from the manager. They felt she was approachable and that she listened to them if they had any ideas about the service. We noted that there had been occasional management and team meetings. The minutes we read covered service issues and training.

The service showed us a pro forma for a Quality Minimum Standards Audit that they planned to start using. This covered legal compliance, support plans and reviews, medication, risk assessments, training and supervision. This had not been used yet so this will be followed up at the next inspection.

The service recorded good information in relation to incidents. There was detail that analysed the incident in terms of what happened before, during and after in line with the ABC (Antecedent, Behaviour, Consequence) model that is recommended. This provided staff with the opportunity to reflect on the incident and if practice could be improved. It also highlighted that staff were supported by the manager after the incident in relation to their well-being and practice.

In the care standards questionnaires, both people agreed or strongly agreed that the service asked for their opinion on how it could improve.

In the staff questionnaire, the person agreed that the service asked their opinion on how it could improve.

Areas for improvement

The service needs to develop the more formal aspects of quality assurance further.

The service should ensure that their participation strategy is implemented so that service users and their families can formally provide feedback about the quality of the service. The actions from this should be fed back to them. This could be done through a newsletter as recommended at the previous inspection. Progress with this will be followed up at the next inspection.

Staff should also be given the opportunity to contribute formally to the quality assurance of the service. The service should consider developing staff supervision to obtain regular feedback from staff about the service. They should also ensure that regular team meetings take place so that staff have the opportunity to contribute to service development and also reflect on their practice. The service should evidence how issues raised with staff fed into quality assurance (see recommendation 1).

The service should consider obtaining regular feedback about the service from other professionals which would ensure that the opinions of all stakeholders are taken into account in the quality assurance of the service (see recommendation 2).

They will also need to develop a system for capturing quality assurance data at an overall service level in respect of the outcomes identified in support plans to monitor whether or not they are being met (see recommendation 3).

Although the incident reports provided the opportunity for staff reflection, the quality of reflection in the report we read could have been better. The incident reports also need to have prompts to remind staff to consider any Adult Support and Protection issues, whether the support plan and risk assessment should be updated and whether the Care Inspectorate need to be notified (see recommendation 4).

The staffing levels had gone up by more than 10% but the service had not made a notification to the Care Inspectorate. The service should ensure that it follows the Care Inspectorate notification procedure (see recommendation 5).

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 5

1. The service should consider developing staff supervision to obtain regular feedback from staff about the service. They should also ensure that regular team meetings take place so that staff have the opportunity to contribute to service development and also reflect on their practice. The service should evidence how issues raised with staff fed into quality assurance.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

2. The service should consider obtaining regular feedback about the service from other professionals.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

3. They will also need to develop a system for capturing quality assurance data at an overall service level in respect of the outcomes identified in support plans to monitor whether or not they are being met.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

4. Incident reporting would be improved by better staff reflection and having prompts to consider whether the support plan and/or risk assessment needs updated, if there are Adult Support and Protection concerns and whether the Care Inspectorate should be notified.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

5. The service should ensure that it follows the Care Inspectorate notification procedure.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. The service should ensure that the review process actively reviews the outcomes identified in the revised support plans. The reviews of the progress towards the outcomes should record who was involved in the review, what was discussed and be signed by the service user, or their representative, which is particularly important in outcomes focussed work.

National Care Standards, Care at home, Standard 3, Your personal plan.
National Care Standards, Housing support services, Standard 4, Housing support planning.

This recommendation was made on 05 December 2014

This recommendation had been partially met so a requirement has been made in this report.

2. The service should revise their support plans and practice to work in an outcomes focussed way in line with current good practice. The service should ensure that all support plans are signed by the service user and/or their representative, which is particularly important in outcomes focussed work, or if the service user does not want to sign the documentation, this is recorded with the reason for the service user's decision.

National Care Standards, Care at home, Standard 3, Your personal plan.
National Care Standards, Housing support services, Standard 4, Housing support planning.

This recommendation was made on 05 December 2014

This recommendation had been met.

3. The service should update its medication policy and MAR sheets to address the issues highlighted in paragraph 2 in 'Areas for improvement'.

National Care Standards, Care at home, Standard 3, Your personal plan.
National Care Standards, Housing support services, Standard 4, Housing support planning.

This recommendation was made on 05 December 2014

This recommendation had been partially met so a further recommendation has been made in this report.

4. The service should have a copy of any Guardianships and Powers of Attorney that are in place. If these are not in place all forms should be signed by the service user.

National Care Standards, Care at home, Standard 3, Your personal plan.
National Care Standards, Housing support services, Standard 4, Housing support planning.

This recommendation was made on 05 December 2014

This recommendation had been met.

5. The service should consider developing their incident and accident forms to provide the opportunity for staff to reflect on the incident through the use

of the ABC (Antecedent, Behaviour, Consequence) behavioural model. There should be a section in the form to state whether and how the support plan and risk assessments were updated. This should be clearly cross referenced. The service should also consider including a reminder to notify the Care Inspectorate and consider if there are Adult Protection concerns.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 05 December 2014

This recommendation had been partially met so a further recommendation has been made in this report.

6. The Adult Protection policy needs to be updated to include the local contact details for social work, the police and the Care Inspectorate. It would also benefit from a flow chart to explain the reporting process. The Child Protection policy also needs updated to hold the contact details for social work, the police and the Care Inspectorate.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 05 December 2014

This recommendation had not been met so a further recommendation has been made in this report.

7. The service should look at how they will involve service users and, if appropriate, their families throughout the recruitment process. People should be supported to participate in this through accessible formats. Service users and their families should be offered the chance to contribute to job descriptions, set the questions for the interviews, take part in the interviews and be involved in the final selection. The service will need to evidence the meaningful involvement of service users in the process and in the final decision.

National Care Standards, Care at home, Standard 11, Expressing your views.
National Care Standards, Housing support services, Standard 8, Expressing your views.

This recommendation was made on 05 December 2014

This recommendation had not been met so a further recommendation has been made in this report.

8. The service should consider ways to include feedback from service users in the supervision and appraisal of staff. The service should consider introducing a system of 360 degree feedback so that service users, family members and staff can contribute to assessing and improving the quality of staffing.

National Care Standards, Care at home, Standard 11, Expressing your views.
National Care Standards, Housing support services, Standard 8, Expressing your views.

This recommendation was made on 05 December 2014

This recommendation had not been met so a further recommendation has been made in this report.

9. The service should consider introducing a questionnaire to check staff's knowledge of particular policies such as Adult Support and Protection.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 05 December 2014

This recommendation had not been met.

10. The service should ensure that Adult Support and Protection and Child Protection is part of staff induction training.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 05 December 2014

This recommendation had not been met so a further recommendation has been made in this report.

Recommendation 11

The whistleblowing policy needs updated to clarify that staff can contact the Care inspectorate at any time.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 11

This recommendation had been met.

Recommendation 12

360 degree feedback should be a part of the appraisal of the managers so that service users, relatives and staff can participate in the assessment of the management and leadership of the service.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 12

This recommendation had not been met so a further recommendation has been made in this report.

Recommendation 13

The service should also work to a co-production model and look at other ways to involve service users and their families, if appropriate, in the service such as training, developing policies and procedures, and completing the Care Inspectorate self-assessment.

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

National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 13

This recommendation had not been met so a further recommendation has been made in this report.

Recommendation 14

The service should consider using newsletters to encourage feedback and update service users on the progress with the actions from feedback. They should also look at developing their website so service users and staff can provide feedback and suggestions online.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 14

This recommendation had not been met.

Recommendation 15

The service should consider developing their support plan review process and staff supervision to obtain regular feedback from service users and staff about the service.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 15

This recommendation had not been met so a further recommendation has been made in this report.

Recommendation 16

They should consider the use of external audits to improve the level of quality assurance further.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 16

This recommendation had not been met.

Recommendation 17

The service should consider obtaining regular feedback about the service from other professionals which would ensure that the opinions of all stakeholders are taken into account in the quality assurance of the service.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 17

This recommendation had not been met so a further recommendation has been made in this report.

Recommendation 18

They will also need to develop a system for capturing quality assurance data at an overall service level in respect of the outcomes identified in support plans, when this is put in place, to monitor whether or not they are being met.

National Care Standards, Care at home, Standard 4, Management and staffing.
National Care Standards, Housing support services, Standard 3, Management and staffing arrangements.

This recommendation was made on 5 December 2014.

Action Taken in recommendation 18

This recommendation had not been met so a further recommendation has been made in this report.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
5 Dec 2014	Announced (Short Notice)	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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