

**PERTH AND KINROSS COUNCIL**

**Housing and Health Committee – 4 November 2015**  
**Scrutiny Committee – 2 December 2015**

**REPORT ON SOCIAL CARE AND SOCIAL WORK  
IMPROVEMENT SCOTLAND INSPECTIONS (SCSWIS)**

**Report by Director (Housing and Community Care)**

**PURPOSE OF REPORT**

The purpose of the report is to advise Committee of the key findings of inspections carried out by the Care Inspectorate in Perth and Kinross between September 2014 and August 2015. During this period 8 inspections were carried out across the four quality themes: Quality of Care and Support, Environment, Staffing and Management and Leadership.

**1. BACKGROUND / MAIN ISSUES**

- 1.1 Social Care and Social Work Improvement Scotland (SCSWIS) is the unified independent scrutiny and improvement body for care and children's services, known as the Care Inspectorate. The regulatory body awards grades for services based on the findings of inspections.
- 1.2 The Scottish Government's statutory minimum frequency of inspections means that all services registered in the following categories will receive, as a minimum, an annual unannounced inspection, no matter how well the service has been performing:-
  - Care homes for older people
  - Care homes for adults
  - Care homes for children and young people
  - Support services – care at home
  - Housing support services, but only those which are combined with care at home services
  - Secure Accommodation
- 1.3 14 services across Perth and Kinross Council are subject to inspection.
  - Adults with Learning Disabilities (St Catherine's)
  - Beechgrove House
  - Blairgowrie Adult Resource Centre
  - Dalweem Care Home
  - Gleneagles Day Opportunities
  - Homecare
  - Homeless Housing Support
  - Kinnoull Day Opportunities

- Lewis Place Resource Centre
- New Rannoch
- Older People's Housing Support Service
- Parkdale Care Home
- Parkdale Day Support Service
- Strathmore Day Opportunities

- 1.4 The Care Inspectorate inspect and grade elements of care that they call quality themes: Quality of Care and Support, Environment, Staffing and Management and Leadership. Under each quality theme are 'quality statements' which describe what a service should be doing well under that theme. The Care Inspectorate award grades on how the service performs against the quality themes and statements.
- 1.5 SCSWIS use six grades. The Adequate (Level 3) grade represents performance SCSWIS find acceptable but which could be improved. Grades of Good (Level 4), Very Good (Level 5) and Excellent (Level 6) represent increasingly better levels of performance. Weak (Level 2) indicates concern about the performance of the service and that there are things which the service must improve. Unsatisfactory (Level 1) represents a more serious level of concern.
- 1.6 SCSWIS inspections are proportionate, meaning they spend less time with services they are satisfied are working to provide consistently high standards of care – low intensity inspections. Services where there is more concern receive more intense inspections – medium or high intensity inspections.
- 1.7 The table below provides an overall summary on performance for all services. Levels awarded are based on service last inspection, and grades awarded are presented as a % of the total number of inspections carried out across the four quality themes.

*Table 1: Overall summary on performance for all PKC services (inspections carried out between August 2012 and June 2015)*

Quality Themes	6 Excellent	5 Very Good	4 Good	3 Adequate	2 Weak	1 Unsatisfactory	Total No. of Inspections carried out across the quality themes
Care & Support	2	9	2	1	0	0	14
Environment	1	7	2	0	0	0	10
Staffing	0	11	3	0	0	0	14
Management & Leadership	1	9	4	0	0	0	14
<b>Total</b>	<b>4</b>	<b>36</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>52</b>
<b>%</b>	<b>8%</b>	<b>69%</b>	<b>21%</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>

Source: Care Inspectorate Website as at 10th September 2015

- 1.8 Out of the 14 services a total of 52 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. 8% (4) received Excellent, 90% (47) received Very Good/Good grade, according to the Care Inspectorate grading scale the grades awarded represent increasingly better levels of performance. 2% (1) quality themes were awarded Adequate which represents performance that is acceptable to the Care Inspectorate but which could be improved.

No services were awarded grades for Weak or Unsatisfactory indicating the inspectorate had no concerns about any of the services' performance.

- 1.9 Since the last report (Report No 14/452, Housing and Health Committee, 29th October 2014) 8 services have been inspected: Beechgrove House, Blairgowrie Day Opportunities, Dalweem Care Home, Gleneagles Day Opportunities, Parkdale Care Home, Adults with Learning Disabilities Housing Support Service, Homecare and Strathmore Day Opportunities. The following report provides detail on these inspections and key findings from the Care Inspectorate. The report in *Appendix 1* provides detail on these inspections and key findings from the Care Inspectorate.

- 1.10 If the Care Inspectorate are concerned about some aspect of a service, or think it could do more to improve its service, they make a requirement or recommendation. If requirements and recommendations are made the service must submit an appropriate action plan within the required timescale.

Blairgowrie Day Opportunities, Dalweem Care Home, and Homecare received requirements and recommendations. Action plans were developed and requirements and recommendations were addressed, action plans were submitted to the Care Inspectorate. Full details are provided under Section 3, 4 and 8 of the attached report in *Appendix 1*.

- 1.11 The attached report in *Appendix 1* provides details on individual inspections. Under each service information is provided for grades awarded for recent inspection. The report also highlights strengths identified at the time of inspection, requirements and/or recommendations and improvement actions.

## **2. PROPOSALS**

- 2.1 This report makes no proposals requiring Committee approval.

## **3. CONCLUSION AND RECOMMENDATIONS**

- 3.1 Inspections by the Social Care and Social Work Improvement Scotland (SCSWIS), known as the Care Inspectorate, provide information on the standards and quality of the services and establishments provided by Community Care and Housing Services in Perth and Kinross. The inspection reports outlined above highlight the commitment to continuous improvement in the standards and quality of these services/establishments. All inspection reports are available on the Care Inspectorate website.

- 3.2 It is recommended that the Housing and Health Committee note the contents of this report with regard to Care Inspectorate inspections.
- 3.3 It is recommended the Scrutiny Committee scrutinises and comments as appropriate on the contents of the report.

#### **Author(s)**

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#### **Approved**

<b>Name</b>	<b>Designation</b>	<b>Date</b>
John Gilruth	Director, Housing and Community Care	9 October 2015

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## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	<b>Yes / None</b>
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>None</b>
Workforce	<b>None</b>
Asset Management (land, property, IST)	<b>None</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>Yes</b>
Strategic Environmental Assessment	<b>Yes</b>
Sustainability (community, economic, environmental)	<b>None</b>
Legal and Governance	<b>None</b>
Risk	<b>None</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>None</b>
<b>Communication</b>	
Communications Plan	<b>None</b>

### 1. Strategic Implications

- 1.1 The Community Plan / Single Outcome Agreement 2013-2023 and the Council's Corporate Plan 2013-2018 both set out five Objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:-

- iv) Supporting people to lead independent, healthy and active lives
- v) Creating a safe and sustainable place for future generations

### 1.2 Assessments

#### Equality Impact Assessment

The Council's Corporate Equalities Assessment Framework requires an assessment of functions, policies, procedures or strategies in relation to race, gender and disability and other relevant equality categories. This supports the Council's legal requirements to comply with the duty to assess and consult on relevant new policies to comply with the duty to assess and consult on relevant new policies to ensure there is no adverse impact on any community group or employees.

The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment Framework and was assessed as not relevant for the purposes of Equalities Impact

Assessment. The findings of this report will have a positive impact on people's wellbeing as they demonstrate excellent care and support for some very vulnerable people.

### Strategic Environmental Assessment

Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all plans, programmes and strategies, including policies (PPS).

The matters represented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and it was assessed that no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

## **1.3 Consultation**

### Internal

The Chief Social Work Officer has been consulted in the preparation of this report. He has considered the improvement plans and he is satisfied that these are robust and appropriate.

## **2. BACKGROUND PAPERS**

No background papers were consulted.

## **3. APPENDICES**

Appendix 1: Report on Social Care and Social Work Improvement Scotland Inspections (SCSWIS)

## **APPENDIX 1**

### **HOUSING AND COMMUNITY CARE**

#### **REPORT ON SOCIAL CARE AND SOCIAL WORK IMPROVEMENT SCOTLAND INSPECTIONS (SCSWIS)**

## 1. INTRODUCTION

- 1.1 This annual report provides details of individual inspections. Under each service information is provided for grades awarded for recent inspection and grades for previous inspections. The report also highlights strengths identified at the time of inspection, requirements and/or recommendations and improvement actions.
- 1.2 14 services across Perth and Kinross Council are now subject to inspection. The table below provides an overall summary on performance for all services. Levels awarded are based on service last inspection, and grades awarded are presented as a % of the total number of inspections carried out across the four quality themes

*Table 1: Overall summary on performance for all PKC services (inspections carried out between August 2012 and June 2015)*

Quality Themes	6 Excellent	5 Very Good	4 Good	3 Adequate	2 Weak	1 Unsatisfactory	Total No. of Inspections carried out across the quality themes
Care & Support	2	9	2	1	0	0	14
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*Source: Care Inspectorate Website as at 10th September 2015*

- 1.3 Out of the 14 services a total of 52 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. 8% (4) received Excellent, 90% (47) received Very Good/Good grade, according to the Care Inspectorate grading scale the grades awarded represent increasingly better levels of performance. 2% (1) quality themes were awarded Adequate which represents performance that is acceptable to the Care Inspectorate but which could be improved.

No services were awarded grades for Weak or Unsatisfactory indicating the inspectorate had no concerns about any of the services performance.

- 1.4 Since the last report (Report No14/452, Housing and Health Committee, 29 October 2014) 8 services have been inspected Beechgrove House, Blairgowrie Day Opportunities, Dalweem Care Home, Gleneagles Day Opportunities, Parkdale Care Home, Adults with Learning Disabilities Housing Support Service, Homecare and Strathmore Day Opportunities. The following



report provides detail on these inspections and key findings from the Care Inspectorate.

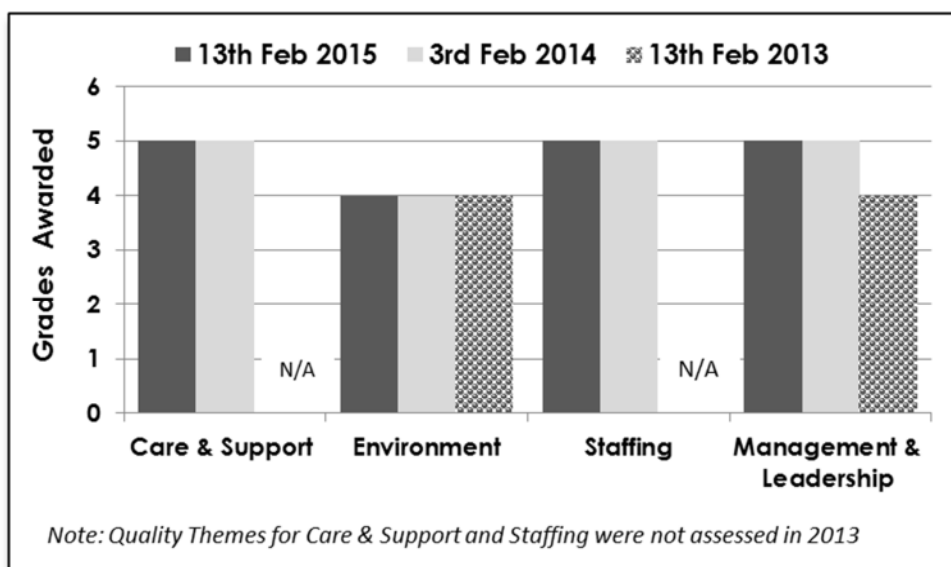
- 1.5 If the Care Inspectorate are concerned about some aspect of a service, or think it could do more to improve its service, they make a requirement or recommendation. If requirements and recommendations are made the service must submit an appropriate action plan within the required timescale.

Blairgowrie Day Opportunities, Dalweem Care Home, and Homecare received requirements and recommendations. Action plans were developed as required and submitted to the Care Inspectorate. Full details are provided under Section 3, 4 and 8 of this report.

- 1.6 Inspections by the Care Inspectorate provide information on the standards and quality of the services and establishments provided by Community Care and Housing Services in Perth & Kinross. The findings outlined in this report demonstrate the commitment to continuous improvement in the standards and quality of these services/establishments.

## 2. BEECHGROVE HOUSE

- 2.1 The Care Inspectorate carried out an unannounced inspection on 13th February 2015 at Beechgrove House. The level of inspection carried out was of low intensity. The following chart provides grades awarded for the last 3 inspections:



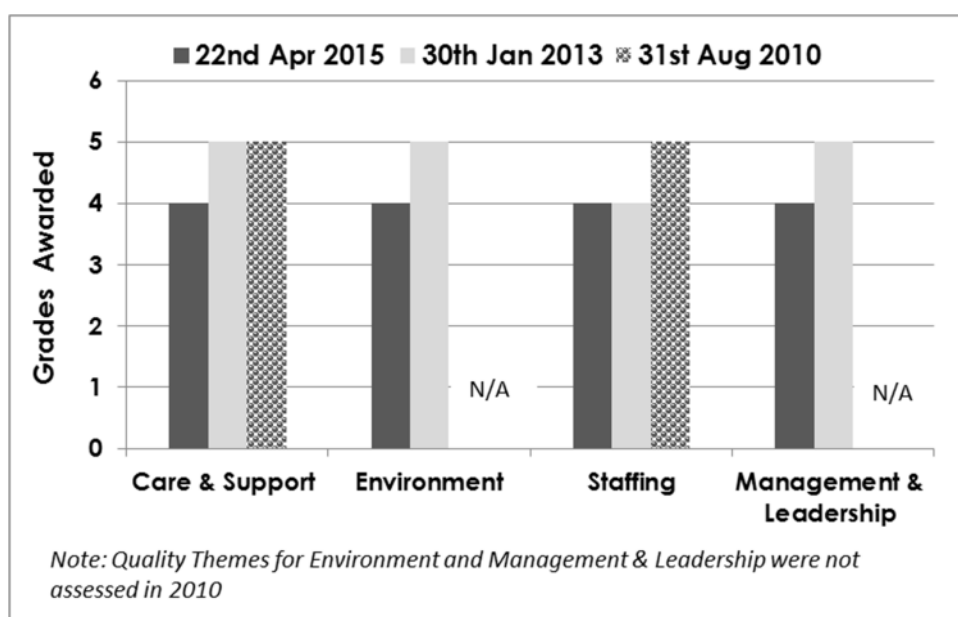
At the latest inspection carried out in 2015 the Quality of Care & Support, Staffing and Management and Leadership all received Very Good (*Level 5*), and Environment received Good (*Level 4*). The Chart above highlights that grades are being maintained since the last inspection carried out in February 2014.

- 2.2 Overall the inspectorate found that Beechgrove House was providing very good care and support. Everyone the inspector spoke with was positive about the staff team and the care they provided. The inspector found a friendly, caring atmosphere where people told them they felt welcome and well cared for.
- 2.3 The inspectorate assessed 8 quality statements in total and awarded 6 Very Good and 2 Good across the four quality themes. There were no recommendations or requirements made at the time of inspection.
- 2.4 The inspection identified strengths throughout the service including the following:
- Throughout the inspection there was strong evidence that clients had choices within their everyday lives and that staff provided support for this
  - Beechgrove provided strong evidence that staff were attentive to clients' health needs. For example, clients could see the doctor whenever they needed to and that other health checks such as the dentist and opticians were organised
  - In addition to positive feedback about how staff worked, the inspectorate found measures which supported good practice
  - In relation to Complaint records, issues had been addressed constructively. Residents could speak to the staff about any issues of concern and were confident they would be resolved
- 2.5 Clients and carers spoke highly of the staff and all respondents in the inspectorate questionnaires were overall happy with the care provided. Some of the comments residents made were:
- *'The home provides my (relative) with a quality of life that she would not have had had she continued to be at home. 1st class service.'*
  - *'Staff are very friendly, everything is perfect.'*
  - *'I cannot say good enough things about the staff at Beechgrove. They are very caring and respectful of clients and give the best care.'*
- 2.6 Although no requirements or recommendations were made at the time of inspection. Beechgrove House are taking steps to ensure continuous improvement in service delivery. An action plan is in place to take forward improvements including areas identified by the Care Inspectorate. Some of the key improvements include:
- New Assessment & Support Plan documentation has been developed and is currently being put in place in Beechgrove. In addition, audit tools to inform Quality Assurance have been developed and will commence implementation in October 2015
  - Additional staff have now completed the 'talking mats' training with further training booked for September this year. Talking Mats continues to be used as a communication tool by the Activities Co-ordinator

- A Supervision Matrix is now in place, which enables senior staff to track when the supervision is due
- In-house training in infection control will take place during the months of October and November this year

### 3. BLAIRGOWRIE DAY OPPORTUNITIES

- 3.1 The Care Inspectorate carried out an unannounced inspection on 22nd April 2015 at Blairgowrie Day Opportunities. The level of inspection carried out was of low intensity. The following chart provides grades awarded for the last 3 inspections:



At the latest inspection carried out in 2015 all quality themes received Good. The chart above indicates that grades for Quality of Care and Support, Environment and Management and Leadership have fallen from Very Good (Level 5) to Good (Level 4) since the last inspection in 2013. The Quality of Staffing has remained the same at Good (Level 4).

- 3.2 Overall the inspectorate found that people who used the local facilities, such as a local tea dance, and sports facilities, and that there were good connections with the local community. This meant that there were good outcomes for service users, who enjoyed using the service and who were able to develop a range of skills. Service users were happy with the service they received, and were keen to tell the Inspector about activities they were involved in.

Staff work hard to ensure that service users can choose activities which they particularly want to take part in, and check regularly that they still enjoy them.

- 3.3 The inspectorate assessed 8 quality statements in total and awarded Good for all statements across the four quality themes. One requirement was made at the time of inspection for the Quality of the Environment as follows:

- The provider must ensure that appropriate action is taken to repair or replace, damaged or out of date furnishings, or equipment.

*Blairgowrie Day Opportunities have replaced all furnishing and no damaged items remain in the service. Other actions to be taken forward include upgrading the gents and disabled toilets, and all other non-essential decorative upgrades are now part of PKC's planned maintenance programme.*

3.4 The inspection identified strengths throughout the service including the following:

- The service had developed a range of ways to involve service users and their carers. This included good relationships on an individual basis, both with people who used the service and their carers
- Service users' personal plans had been adapted to meet individual service user needs, and pictures and graphics had been used where this would help the service user
- The inspectorate sampled personal plans on site and saw that staff recordings were generally of a good standard, with appropriate wording and no disrespectful comments made
- Good use was made of local resources, which not only allowed service users to access a range of activities, but also made good connections with other local groups in the area
- Staff demonstrated a good knowledge of the needs of people who used the service, and it was acknowledged that there was a respectful relationship between colleagues

3.5 During the inspection the inspectorate observed people who used the service during their sessions. They appeared to be happy taking part in activities, and had a good relationship with staff. Although some found it difficult to communicate verbally, some were able to tell the inspector they enjoyed coming to the service, and that they met with friends whilst there. Some comments included:

- *'I enjoy coming to the centre, I go to the tea dance with friends'*
- *'I like (staff member), she helps me with my craft work'.*

Carers who spoke with the inspector during the visit, felt the service met the needs of their relative. They felt comfortable speaking to staff and seeking advice on an informal basis.

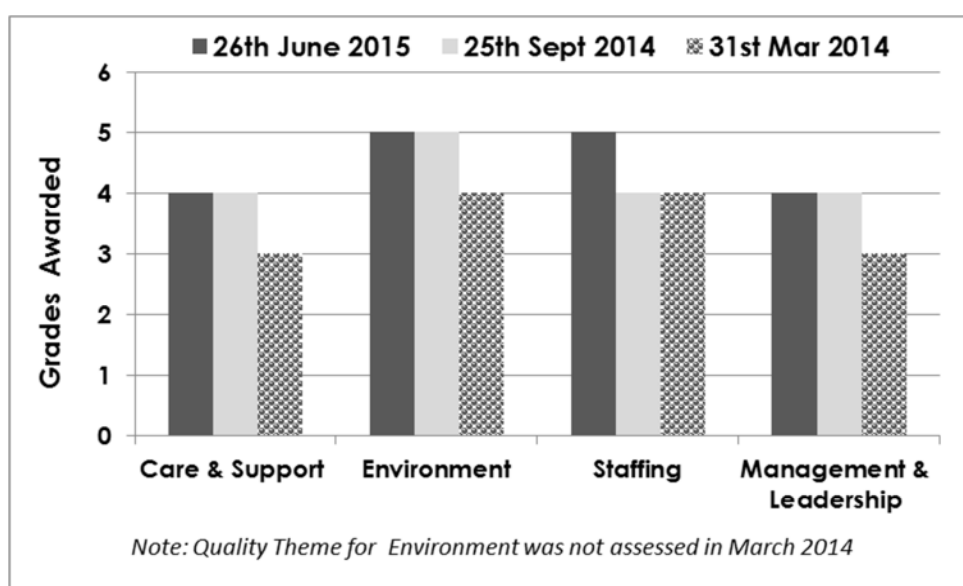
3.6 Blairgowrie Day Opportunities are taking steps to ensure continuous improvement in service delivery. An action plan is in place to take forward improvements including areas identified by the Care Inspectorate. Some of the key improvements include:

- Plan and hold regular scheduled communication events for service users, parents, and carers including newsletters with regards to service developments and survey questionnaires

- Ensure that service user reviews are held 6 monthly and relevant documentation is kept up to date
- Ensure that the administration of medication for service users is clearly identified and recorded within personal plans, these are within the medication procedure and reflect the needs of the service user
- Continue to undertake audits of service users' files and ensure that required actions have been completed by means of a follow up audit

#### 4. DALWEEM CARE HOME

- 4.1 The Care Inspectorate carried out unannounced inspection on 26<sup>th</sup> June 2015 at Dalweem Care Home. The level of inspection carried out at the Care Home was of low intensity. The following chart provides grades awarded for the last 3 inspections:



At the latest inspection carried out in June 2015 the Quality of Environment and Staffing received Very Good (*Level 5*), Care & Support and Management and Leadership received Good (*Level 4*). The Chart above shows that the Quality of Staffing has improved since the last inspection in September 2014 from Good to Very Good, and grades have been maintained for other quality themes.

- 4.2 During the inspection both residents and relatives told the Inspectorate that the staff team were providing a high standard of care and Dalweem was a good place to live. The home was clean, bright and welcoming and the manager and staff demonstrated a commitment to the residents' wellbeing throughout the inspection.

From observations and what residents, relatives and staff told the inspectorate they concluded that residents at Dalweem had a very wide range of choice about all aspects of their lives and no one felt that their life was restricted other than by their health.

4.3 The inspectorate assessed 8 quality statements in total and awarded 5 Very Good and 3 Good across the four quality themes.

4.4 One requirement was made at the time of inspection for the Quality of Care and Support. The requirement regarding resident's care plans has been carried forward from the last inspection in September 2014. Details are provided below:

Requirement 1 - the provider must ensure that the information and guidance in residents' care plans and risk assessments is clear, consistent and accurately reflects their current health and support needs.

- Existing information is being transferred from the current Care Plans on to new Support Plans. Senior staff will audit the content of these Support Plans through Supervision
- Person specific risk assessments tailored to the individual service user are being compiled and will be reviewed on a quarterly
- Emotional Support Plans are being compiled for Service Users who require them
- A protocol has been compiled which details procedure on when to administer "as required" medication
- The Activities Co-ordinator is scheduling a more specific Activities plan for each service user

4.5 One recommendation was made at the time of inspection for the Quality of Care and Support. Details are provided below:

Recommendation 1 - it is recommended that the staff team continues to develop their knowledge and practice in medication administration to ensure that all residents consistently receive medication most appropriate for their needs.

- We have identified a medication champion who takes full responsibility for the medications with the support of the Manager and the senior staff
- The duty senior audits the medications daily to ensure that there are no errors or inaccuracies in the recording and administration processes
- Training is to be given to staff on a 2 year basis, ensuring that skills and knowledge are continuously up to date

4.6 The inspection identified strengths throughout the service including the following:

- Residents benefitted from staff having close working relationships with local health professionals. There was good evidence that residents' health care needs were met and staff sought appropriate advice and support
- During the inspection all comments about the staff were complimentary; describing them as kind, helpful and friendly
- Complaints and comments were dealt with openly and fairly, with a view to learning from these. People the inspectorate spoke with felt that they could

approach the manager (and staff) with any issues and were confident these would be resolved

- Regular resident meetings are held and residents confirmed that these were an established feature of the home
- All respondents to the Inspectorate questionnaires, both residents and relatives, thought that the staff were sufficiently skilled, maintained privacy and treated residents politely

4.7 Both residents and relatives told the Inspectorate that they were happy with the care and the staff team were very attentive. They were very complimentary about the home and all respondents to questionnaires were overall happy with the care provided. Some of the comments included:

- *'(My (relative) is very well looked after in Dalweem.*
- *'The girls are so friendly'*
- *'We are very pleased with the care provided by the staff at Dalweem. All the residents appear to be happy and content. Staff are always available to discuss any concerns and keep us fully informed of what is going on with (my relative).'*
- *'It's marvellous here'*

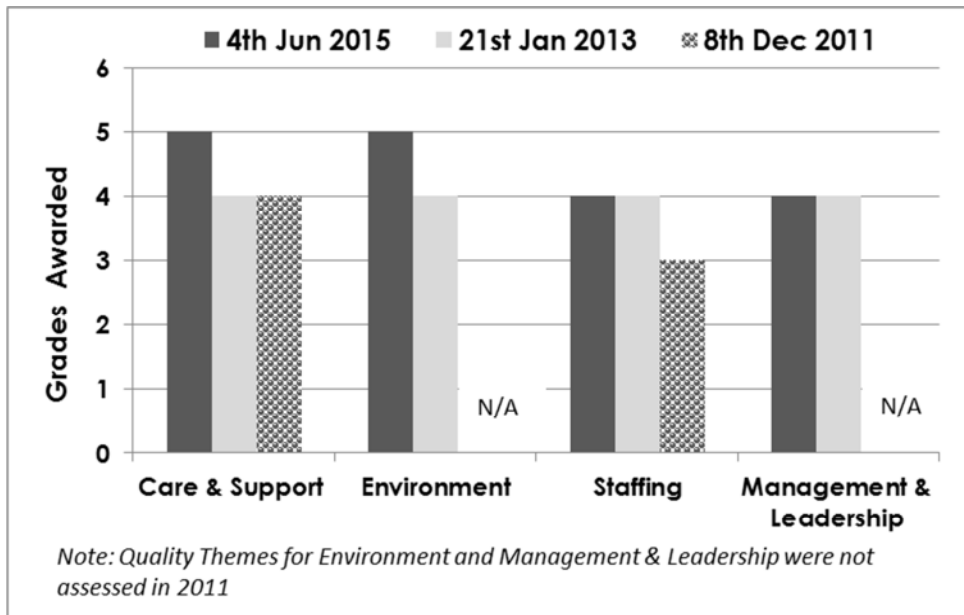
The inspectorate were overall satisfied that the staff at Dalweem were attentive to residents, knew their main needs, responded to health changes and provided a relaxed and caring atmosphere.

4.8 Dalweem Care Home are taking steps to ensure continuous improvement in service delivery. An action plan is in place to take forward improvements including areas identified by the Care Inspectorate. Some of the key improvements include:

- Person centred support plans will give more comprehensive details in how service users are to be supported in all aspects of their daily lives and to maintain their independence (enablement)
- Emotional support plans will ensure that staff have the knowledge of how to support someone who has emotional or behavioural issues
- Activity care plans will be much more in depth in relation to the service user's specific requirements
- Medications will continue to be progressed and staff will be kept abreast of any changes to legislation through training. Audits will be carried out on a nightly basis

## **5. GLENEAGLES DAY OPPORTUNITIES**

5.1 The Care Inspectorate carried out an unannounced inspection on 4th June 2015 at Gleneagles Day Opportunities. The level of inspection carried out was of low intensity. The following chart provides grades awarded for the last 3 inspections:



At the latest inspection carried out in 2015 Quality of Care & Support, and the Environment received Very Good (*Level 5*), Staffing and Management and Leadership received Good (*Level 4*). The Chart above highlights that grades improved for Care and Support and the Environment since the last inspection in 2013, Staffing and Management and Leadership have remained the same.

- 5.2 Overall the inspectorate found that Service users enjoyed coming to the service, and also enjoyed the variety of activities they got involved in. Service users they spoke with said they got on well with staff and felt they could approach them for assistance at any time. It was also acknowledged in the report that the service has developed good links within the local area which means that service users can access a wide range of community based activities.
- 5.3 The inspectorate assessed 8 quality statements in total and awarded 2 Very Good and 6 Good across the four quality themes. There were no recommendations or requirements made at the time of inspection.
- 5.4 The inspection identified strengths throughout the service including the following:
- Individual support plans clearly took into account the specific needs and preferences of people who used the service
  - The service has built up good relationships with local schools, which makes the transition to the service much easier for pupils who have additional needs
  - The service had recently been renovated to provide a completely barrier-free environment, there is a variety of flexible spaces which can be used by service users for music, art, computer access, plus a fully accessible kitchen
  - A team plan had been developed for the year 2015/16 which clearly linked to the Perth and Kinross Council Learning Disability Services Charter



- Staff generally spoke positively about their work, and felt they were well supported by colleagues and senior staff

5.5 During the inspection the inspectorate observed activities which were happening throughout the service, and also spoke with some service users. They made comments such as:

- *"I like coming to meet my friends."*
- *"We go to the bowling."*
- *"(staff member) helps me and I like her."*

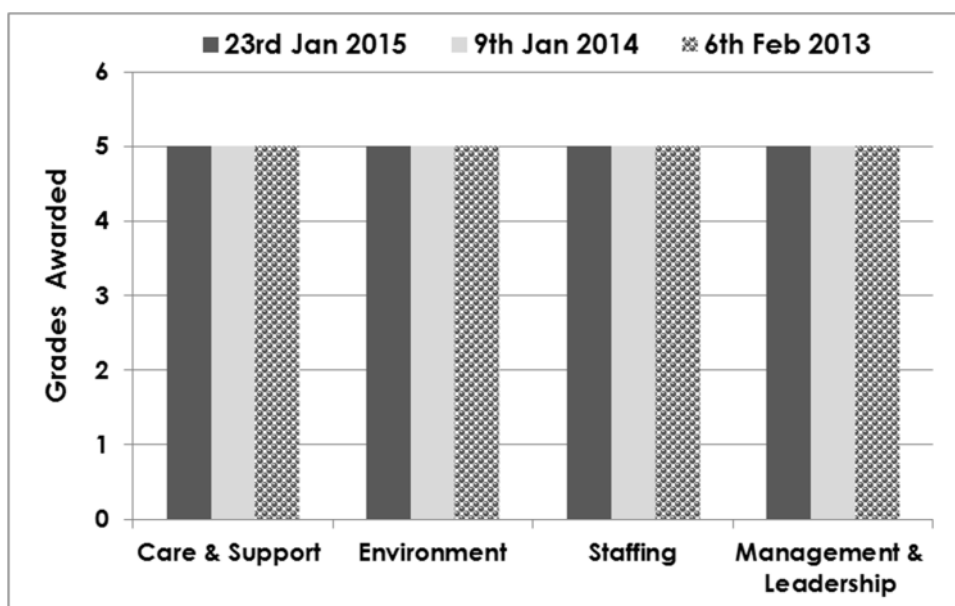
Carers' views were also taken into account during the inspection and they were happy with the service their relatives received.

5.6 Although no requirements or recommendations were made at the time of inspection. Gleneagles Day Opportunities are taking steps to ensure continuous improvement in service delivery. An action plan is in place to take forward improvements including areas identified by the Care Inspectorate. Some of the key improvements include:

- Continue to liaise and consult with service users, parent and carers with regards to the development and usage of the building to meet the outcomes of service users. In particular progress sensory room and garden area to meet outcomes of those services users with Profound and Multiple Learning Disabilities.
- Ensure that service user reviews are held 6 monthly and relevant documentation is kept up-to-date
- Continue to undertake audits of service users' files and ensure that required actions have been completed by means of a follow up audit.

## 6. PARKDALE CARE HOME

6.1 The Care Inspectorate carried out an unannounced inspection on 23 January 2015 at Parkdale Care Home. The level of inspection carried out was of low intensity. The following chart provides grades awarded for the last 3 inspections:



At the latest inspection carried out in 2015 all quality themes received Very Good (Level 5). The Chart above highlights that these grades have been maintained over the last three inspections.

- 6.2 Overall the inspectorate found that the staff team at Parkdale provided high quality care. Clients and relatives were very happy with the care and said the staff were always happy to help with anything. The refurbishment of Parkdale was seen as an improvement in the environment for people living there.

In conclusion the Inspectorate found that the care home was working well; had good links with the local community and provides homely and professional care. Clients and relatives were quite satisfied and could raise any issues with the approachable management team.

- 6.3 The inspectorate assessed 8 quality statements in total and awarded 8 Very Good across the four quality themes. There were no recommendations or requirements made at the time of inspection.

- 6.4 The inspection identified strengths throughout the service including the following:

- The inspectorate heard from both clients and relatives that the manager and staff were very approachable about any issues and would strive to resolve these, as well as learn from them
- Staff were currently undertaking dementia training which matched in with the skilled level for 'Promoting Excellence', the Scottish Government's good practice guidance about staff training on this topic
- Care was very much personalised. There was a friendly and relaxed atmosphere and the Inspectorate found very good outcomes for clients
- Health needs were followed up and staff had a good working relationship with other health professionals

- 6.5 People spoke highly about the staff that supported them and all of the respondents (including carers) in the Inspectorate questionnaires said that staff treated them with respect. Some of the comments included:

- *'Parkdale is my home now and I am very happy here.'*
- *'My relative is always clean, warm and appropriately dressed.'*
- *'Staff are really friendly and caring.'*
- *'I am reassured that my relative is well cared for'*

The inspectorate also met with staff and heard about a good culture within the team which encouraged all staff to continue asking questions if they were unsure about anything. This helps staff to continue to learn and develop their knowledge and skills.

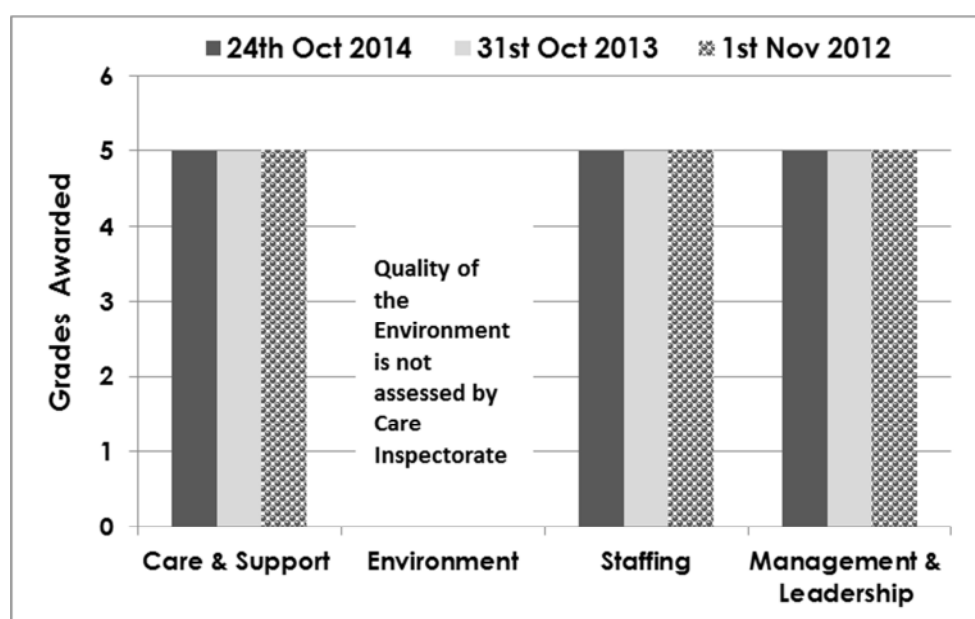
- 6.6 Although no requirements or recommendations were made at the time of inspection. Parkdale Care Home are taking steps to ensure continuous improvement in service delivery. An action plan is in place to take forward

improvements including areas identified by the Care Inspectorate. Some of the key improvements include:

- Parkdale are currently working with Beechgrove and Dalweem to develop a Quality Assurance system for the care homes. The aim of this is to ensure that they are regularly auditing service delivery against the four Care Inspectorate Quality Themes
- The service is reviewing existing systems and documents that are used to assess and plan each service user's care and support. This will assist Parkdale in adopting an outcome and asset based approach
- We are reviewing current systems and processes to ensure that issues and actions that have been identified are carried forward, and there is clear recording to evidence that action has been taken

## 7. ADULTS with LEARNING DISABILITIES HOUSING SUPPORT SERVICE

7.1 The Care Inspectorate carried out an unannounced inspection on 24th October 2014 for the Adults with Learning Disabilities Housing Support Service. The level of inspection carried out was of low intensity. The following chart provides grades awarded for the last 3 inspections:



At the latest inspection carried out in 2014 all quality themes received Very Good (*Level 5*). The Chart above highlights that these grades have been maintained over the last three inspections.

7.2 Overall the inspectorate found that the service supports people in their own homes to live as independently as possible, and to continue to make good local connections. People who used the service were happy with the service they received and said that they got on well with staff who encouraged them to be as independent as possible.

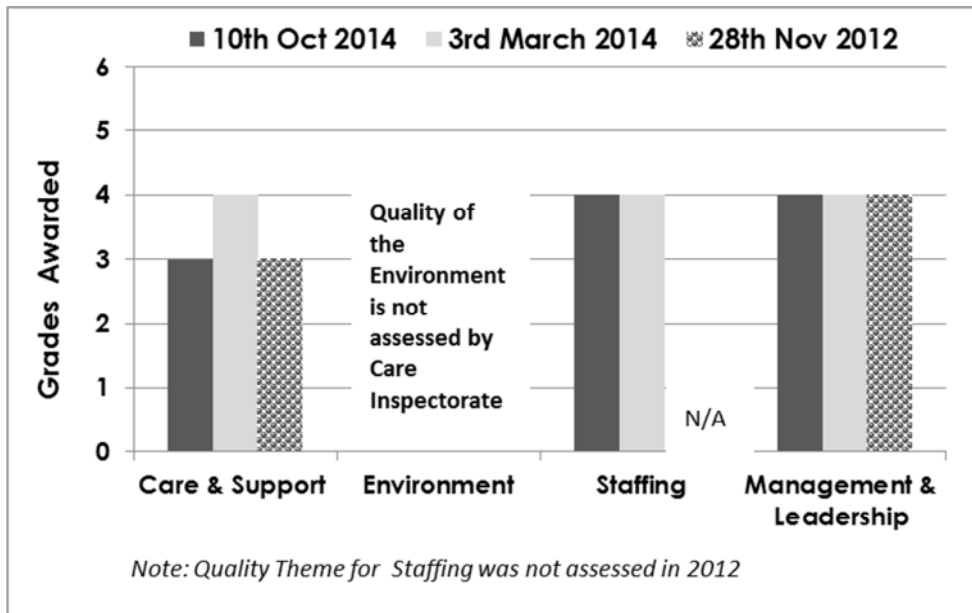
- 7.3 The inspectorate assessed 6 quality statements in total and awarded Very Good across the four quality themes. There were no recommendations or requirements made at the time of inspection.
- 7.4 The inspection identified strengths throughout the service including the following:
- Support plans that were sampled on site evidenced that people were asked to contribute to their plan where possible. If this was difficult a relative or other close person involved in their care was asked for their views
  - Service users said that they could speak to staff or the manager if they weren't happy about anything and they had a leaflet to remind them how to complain. The complaints procedure was available in both audio tape and in an easy to understand/pictorial format
  - Staff supported service users in a variety of ways including choosing healthy meals, budgeting, getting out and about, and attending supported employment and social events
- 7.5 People the inspectorate spoke to who used the service were very happy with the service they received. They made comments such as:
- *"I like my staff, they help me get to the bowling."*
  - *"If I am worried about something I can speak to any of my staff."*
  - *"I know who will be coming in because I have a rota on my fridge".*

It was observed by the inspector during the visit that service users had good relationships with staff and felt comfortable discussing issues with them.

- 7.6 Although no requirements or recommendations were made at the time of inspection. Adults with Learning Disabilities Housing Support Service are taking steps to ensure continuous improvement in service delivery. An action plan is in place to take forward improvements including areas identified by the Care Inspectorate. Some of the key improvements include:
- Continue to plan and hold regular scheduled communication events for service users, parents, and carers including newsletters with regards to service developments and survey questionnaires
  - Ensure that service user reviews are held 6 monthly and relevant documentation is kept up-to-date
  - Continue to develop the range of community based activities accessed by tenants, these include social, leisure, educational, and employment related activities and pavements

## **8. HOMECARE**

- 8.1 The Care Inspectorate carried out an unannounced inspection at short notice on 10 October 2014. The level of inspection carried out was of low intensity. The following grades were awarded:



At the latest inspection carried out in 2014 the Quality of Staffing and Management and Leadership received Good (*Level 4*). The Chart above highlights that grades remained the same over the last inspections for Staffing and Management and Leadership. The Quality of Care and Support has fallen from Good to Adequate since the last inspection carried out in March 2014.

- 8.2 Overall the inspectorate found that service users were generally happy with the service they received and that they appreciated the support staff provided to them. Service users told the Inspectorate that the staff who supported them were caring and efficient, and that they tried hard to make sure they were happy with the support they received.
- 8.3 The inspectorate assessed 6 quality statements across the four quality themes, 2 statements received Very Good and 3 Good. One quality statement received Adequate under Care and Support and was in relation to 'We ensure that service users' health and wellbeing needs are met'. This is covered in more detail under para 8.4.
- 8.4 Two requirements were made under Quality of Care and Support, one requirement in relation to 'reviews' had been carried forward from the previous inspection in March 2014. Details are as follows:

Requirement 1 - the provider must ensure that appropriate assessment of the moving and handling needs of service users are made and reviewed, and that action is taken to ensure that these needs are met by the provision of additional staff, and suitable equipment as required. This should include assessment of the risk of falls, and how the service can support service users to reduce this risk.

- *There is now a dedicated Moving & Handling training officer in place who offers courses at Beechgrove. All three patches have a training*

*plan in place to ensure that staff receive the mandatory refresher training on an annual basis.*

Requirement 2: The provider must develop and implement an effective system to ensure that all reviews are carried out at a minimum of six monthly intervals and that records are kept of these reviews.

- *This is an area for improvement and to address this, Care at Home have provided additional resources and will look at a more sustainable approach through the review of Care at Home.*

8.5 Two recommendations were made under the Quality of Staffing regarding supervision and up-to-date training. Details are provided below:

Recommendation 1- staff should have access to regular supervision according to the service's agreed policy and procedures.

- *The service has an upskill programme in place which enables care staff to come into the office to learn aspects of the Reviewing Officers role and offers further support to the managers. This will free up Reviewing Officer time to enable them to focus on areas such as supervision. The peripatetic Reablement Co-ordinator will also be used to undertake supervisions and observed practices.*

Recommendation 2 - all staff should receive up to date training in adult support and protection to ensure that they are aware of local policies and procedures.

- *The team have introduced Adult Support & Protection scenario training for care staff. We have trained the three Reviewing Officers to go through the scenarios with their staff to ensure that they fully comprehend the ASP agenda and their responsibilities.*

8.6 The inspection identified strengths throughout the service including the following:

- Service users were happy they could contact relevant staff to discuss any issues they had with the service they received, and they were confident that action would be taken on any concerns raised
- All service users confirmed that they received a weekly rota of the staff who would be providing their support, and they said that this only changed if a staff member was off sick or an emergency happened
- Records showed that the service had good connections with other professionals such as GPs, District Nurses, Occupational Therapy service and the Falls Co-ordinator
- Staff spoke positively about the support they received and said they felt they could access support from their line manager as well as colleagues
- The service had developed a Team Plan which identified actions they had highlighted as priorities, the plan made good use of the Care Inspectorate Quality Themes and Statements

8.7 People who used the service told the inspectorate that they felt the staff provided them with good quality support. They made comments such as:

- *"The girls are very good, always cheery, and help keep me going"*
- *"I always get a rota, and it very rarely changes, unless there's an emergency and one of the girls are ill"*
- *"I have asked them to make changes to my care and they took this on board"*

Carers told the Inspectorate that they were happy with the support their relatives received, they felt staff were good at their job, being caring and competent, and willing to "go the extra mile".

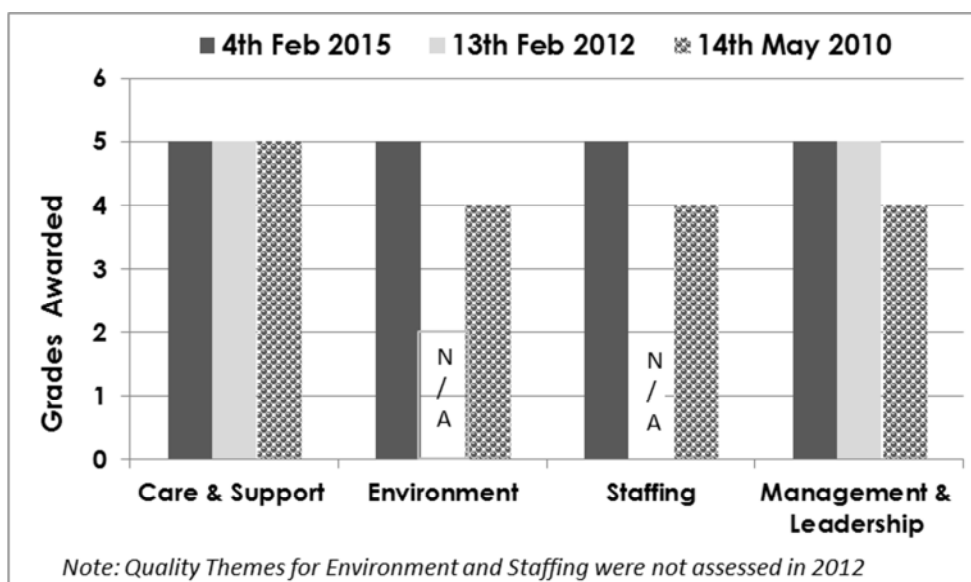
8.8 The service had had two complaints since the last inspection, and one of these was upheld while the other was partially upheld. The complaints received both related to missed visits by internal care teams. It was acknowledged by the Inspectorate that the service had taken action, details as follows:

- Reviewing Officers follow up on voicemail messages rather than rely on the member of staff to pick it up
- All staff are sent updated copies of schedules with version control to minimise confusion over the most recent copy
- The reablement team have started using smartphone technology, which enables schedules to be emailed out to staff. If successful, consideration may be given to rolling this out to mainstream care teams

8.9 The Homecare service are focussing on the improvement areas detailed within the requirements and recommendations highlighted by the Care Inspectorate.

## 9. STRATHMORE DAY OPPORTUNITIES

9.1 The Care Inspectorate carried out an unannounced inspection at short notice on 4 February 2015. The level of inspection carried out was of low intensity. The following grades were awarded:



At the latest inspection carried out in 2015 all four quality themes received Very Good (Level 5). The Chart above highlights the following across the four quality themes:

- Care and Support has remained the same at Very Good over the last three inspections
- Environment and Staffing improved from Good to Very Good since they were last inspected in 2010
- Management and Leadership improved their grade from Good in 2010 to Very Good and have maintained this level

9.2 Overall the inspectorate found that Strathmore Day Opportunities provides a flexible service which aims to support people's independence, choices and abilities. Strathmore Day Opportunities provides a friendly, encouraging and supportive environment for people who use the service. Service users told the Inspectorate that they were happy with the care and support they received at the service.

Staff were motivated and committed to providing a quality service and positive experiences for service users.

9.3 The inspectorate assessed 8 quality statements in total and awarded Very Good across the four quality themes. There were no recommendations or requirements made at the time of inspection.

9.4 The inspection identified strengths throughout the service including the following:

- Service users and relatives had been involved in developing their support plan and also been involved in reviews of the plan. This provides an opportunity for people to give their views and comments on the care and support they receive
- Overall the service's performance reached a very good standard and has major strengths which have a positive impact on people using the service
- Staff provide a flexible service, linked to people's support needs, choices and preferences. This showed that the service was being developed and shaped around the service users' aims for attending
- There was very good evidence of the service seeking people's views, acting on the comments and suggestions received and informing people of the results
- Staff had a good knowledge and understanding of service users' support needs. Service users were encouraged and supported to make their own choices and decisions and maintain their level of independence.

9.5 During the inspection the inspector spoke to service users who were attending that day. They were all happy with the level of care and support they received at the service.

- *"Since starting Day Opportunities it has changed my outlook in life. Great place to be, a very happy place."*



- *Day opportunities is a great place. We have fun and laugh. The staff are very caring."*
- *My [relative] always returns from day care quite happy to have been there and meeting other people."*
- *We get regular chats and questionnaires about what we think of everything."*

Service users told the inspectorate they were very happy with the level of care and support they received at the service. They felt that there was enough staff to look after them, and that staff were experienced, caring and friendly.

During the inspection the inspector also spoke with staff who said they were very happy working at the service, they felt valued and were well supported in their roles.

- 9.6 Although no requirements or recommendations were made at the time of inspection, Strathmore Day Opportunities are taking steps to ensure continuous improvement in service delivery. An action plan is in place to take forward improvements including areas identified by the Care Inspectorate. Some of the key improvements include: Details as follows:

- Plan and hold regular scheduled communication events for service users, parents, and carers including newsletters with regards to service developments and survey questionnaires.
- Ensure that service user reviews are held 6 monthly and relevant documentation is kept up-to-date
- Promote the use of eLearning for the staff team to ensure their knowledge and training is current and relevant to the outcomes of clients
- Continue to develop the range of community based activities accessed by clients, this to continue to be done in a safe and supported manner

