

**PERTH & KINROSS COUNCIL**

**Housing and Health Committee – 31 October 2012**  
**Scrutiny Committee – 21 November 2012**

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

**Report by Executive Director (Housing & Community Care)**

**ABSTRACT**

Social Care and Social Work Improvement Scotland (SCSWIS) is the unified independent scrutiny and improvement body for care and children's services. SCSWIS took over the work of the Care Commission in April 2011. This report advises Committee of the key findings of inspections carried out in Perth & Kinross between December 2011 and August 2012. During this period five inspections were carried out across the four quality themes: Quality of Care and Support, Environment, Staffing and Management and Leadership.

**1 RECOMMENDATIONS**

- 1.1 It is recommended that the Housing and Health Committee note the contents of this report.
- 1.2 It is recommended that the Scrutiny Committee scrutinises and comments as appropriate on the contents of the report.

**2 BACKGROUND**

- 2.1 Social Care and Social Work Improvement Scotland (SCSWIS) is the unified independent scrutiny and improvement body for care and children's services. SCSWIS took over the work of the Care Commission and SWIA in April 2011, including the registration of care services. The day-to-day working name for Social Care and Social Work Improvement Scotland is the Care Inspectorate. The new regulatory body awards grades for services based on the findings of inspections.
- 2.2 As a result of the Scottish Government's decision to minimise the frequency of inspections of certain statutory services, all services registered in the following categories will receive, as a minimum, an annual unannounced inspection, regardless of 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

- 2.3 Between December 2011 and August 2012, five inspections were carried out in Perth & Kinross on the following services: Beechgrove House, Dalweem Care Home Service for Adults, and Strathmore Day Opportunities received unannounced inspections, with Gleneagles Day Opportunities receiving a series of announced and unannounced visits. Homecare received an announced inspection at short notice. All inspection reports are available on the SCSWIS website.

### **3 INSPECTION PROCESS**

- 3.1 SCSWIS inspect and grade elements of care they call quality themes:

- Quality of Care and Support
- Environment
- Staffing
- Management and Leadership

Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. SCSWIS award grades on how the service performs against the quality themes and statements.

- 3.2 SCSWIS inspections are targeted, meaning they spend less time with services they feel are working hard to provide consistently high standards of care. These are classed as low intensity inspections. Services where there is more concern receive more intense inspections and are classed as medium or high intensity inspections.
- 3.3 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.
- 3.4 If the SCSWIS 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 to the SCSWIS.
- 3.5 Between December 2011 and August 2012, 5 inspections were carried out. Grades awarded by the Care Inspectorate are detailed in the table below:

*Inspections carried out between December 2011 and August 2012*

		Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
		Level Awarded by the Care Inspectorate			
Gleneagles Day Opportunities	December 2011 (Announced & Unannounced visits)	Good (Level 4)	Not Assessed	Adequate (Level 3)	Not Assessed
Strathmore Day Opportunities	February 2012 (Unannounced)	Very Good (Level 5)	Not Assessed	Not Assessed	Very Good (Level 5)
Beechgrove House	March 2012 (Unannounced)	Good (Level 4)	Good (Level 4)	Good (Level 4)	Good (Level 4)
Dalweem Care Home Service Adults	June 2012 (Unannounced)	Good (Level 4)	Very Good (Level 5)	Very Good (Level 5)	Very Good (Level 5)
Homecare	July 2012 (Announced - Short Notice)	Adequate (Level 3)	Not Assessed	Good (Level 4)	Good (Level 4)

Source: Inspection reports published on SCSWIS Website

Of the 5 services recently inspected a total of 15 quality themes were graded, inspections carried out ranged from low to high intensity. 87%(13) of the quality themes inspected were awarded Very Good or Good and 13%(2) received Adequate.

- 3.6 The next section of the 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.

#### 4. GLENEAGLES DAY OPPORTUNITIES

- 4.1 The Care Inspectorate carried out a series of visits both announced and unannounced and provided feedback in December 2011. The level of inspection carried out was of low intensity. In the inspection report the inspector acknowledged that the service had been inactive for a period of a year whilst undergoing major refurbishments which resulted in a well designed, modern environment which allowed all service users to access a wider range of activities.

- 4.2 The table below provides details on grades awarded:

		Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
		Level Awarded by the Care Inspectorate			
Gleneagles Day Opportunities	December 2011 (Announced & Unannounced visits)	Good (Level 4)	Not Assessed	Adequate (Level 3)	Not Assessed
	August 2009 (Announced)	Adequate (Level 3)	Good (Level 4)	Good (Level 4)	Adequate (Level 3)

Under the **Quality of Staffing** theme an Adequate grade was awarded at the December 2011 inspection, compared to Good in the previous inspection. The lower grade is in relation to Quality Statement 3.1: *'We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.'* No recommendations or requirements were made, however, the inspectorate highlighted this quality statement as an area for improvement.

- 4.3 Since the inspection two sets of questionnaires have been sent out to parents and carers regarding service delivery. Advocacy meetings are held for service users either weekly or fortnightly, advocacy carry out pictorial questionnaires for service users to assist with participation. A new brochure has been developed regarding service provision for existing and future service users.
- 4.4 The refurbished Gleneagles Building has been occupied for the past thirteen months and throughout this time management and staff have addressed and improved in the areas highlighted in the December 2011 report. Service users, staff and management have all settled into the new environment and are continually identifying potential areas of development and good practise.
- 4.5 The inspection report highlighted the following:
- Service users spoken with during the inspection were pleased with the service they received, and were especially pleased with the new environment.
  - Carers spoke positively of the support they received from staff, and felt that staff took action promptly when required.
  - The service ensured that a good range of opportunities were in place to allow service users and carers to participate in assessing and improving the quality of care and support provided by the service.
  - The service was very good at responding to service users' care and support needs using person centred values.
  - Service users and carers spoken with during inspection stated that they felt staff were appropriately trained and experienced, and provided a good standard of care.
  - Staff were able to demonstrate a professional and respectful approach to service users and carers, and had a good knowledge of their needs.
- 4.6 One requirement was made at the time of inspection for the **Quality of Care and Support**:
- The service must ensure that all relevant Risk Assessments are completed in relation to the environment of service users, and identified action carried out.

All service users now have individual risk assessment for the activities they participate in including individual risk assessments focusing on personal care needs. All areas within the environment i.e. each room within the building and outside space have relevant risk assessments in place.

- 4.7 Individuals going through the transition process have risk assessments in place prior to entering the Gleneagles building rather than waiting until the transition has been completed.

All risk assessments are reviewed and new hazards identified and addressed accordingly. Risk assessments are audited by management and also by senior Management and Health and Safety officers.

- 4.8 One recommendation was made at the time of inspection under the **Quality of Staffing**:

- the service should consider how they ensure that staff have been appropriately trained for all aspects of their role, including the cleaning of the environment.

In February 2012 staff received appropriate training regarding cleaning of the environment including how to use chemicals safely; staff continue to receive mandatory training. All staff recognise the importance of good housekeeping and their responsibilities under health and safety to ensure that they identify any risks or potential hazards and address them immediately.

- 4.9 To ensure consistency in service delivery and in line with best practice staff based at Blairgowrie Day Opportunities received similar training.

## 5. STRATHMORE DAY OPPORTUNITIES FOR OLDER PEOPLE

- 5.1 Since the last inspection in May 2010 the service has made a major transition from their previous base which was in the local community hospital. Strathmore Day Opportunities provides a flexible community based day service for older people which includes older people with dementia.

- 5.2 The Care Inspectorate carried out an unannounced inspection over two visits to the service on Thursday 9th February and Monday 13th February 2012. The level of inspection carried out was of low intensity. Overall the inspection found that service users were happy with the new service, and spoke positively about some of the activities they were now able to take part in.

The table below provides details on grades awarded:

		Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
		Level Awarded by the Care Inspectorate			
Strathmore Day Opportunities	February 2012 (Unannounced)	Very Good (Level 5)	Not Assessed	Not Assessed	Very Good (Level 5)
	May 2010 (Unannounced)	Very Good (Level 5)	Good (Level 4)	Good (Level 4)	Good (Level 4)

**Quality of Care** and Support received Very Good at the February 2012 inspection, same grading as the previous inspection. For the **Quality of Management and Leadership** Very Good was also awarded, an upgrade from Good (Level 4) in the previous inspection carried out in May 2010. No recommendations or requirements were made at the recent inspection or the previous inspection.

5.3 The inspection report highlighted the following:

- Service users spoke highly of staff, and said that they felt staff were very supportive.
- The service had made a variety of contacts within the local community, and were able to be flexible to allow service users to attend preferred activities.
- Service users had the opportunity to take part in regular service user and carers meetings, where issues could be raised with management.
- Service users had a variety of ways to make choices about their service, such as through initial needs assessment, speaking with their key worker, and receiving regular newsletters.

5.4 Strathmore Day Opportunities are implementing the following improvements:

- Helping service users to be more aware of the choices available to them through the service. Activities include publishing up-to-date information and activities feedback in bi-monthly newsletter, the use of service users' forums and carers meetings, and publicity at the Strathmore Dementia Information Café which is open to general public.
- Further developing carer support programme through offering carer training (for example dementia awareness, dealing with challenging behaviour). Running an information hub - Strathmore Dementia Information Café in partnership with Alzheimer Scotland and Strathmore Dementia Service.
- Improving staff skills through further training, especially "Best Practice in Dementia Care" (6 month course at City and Guilds level, accredited by Stirling Dementia Centre and delivered by one of the team members to her peers), "Aspiring Leaders" programme and other training.

## 6. BEECHGROVE HOUSE

6.1 The Care Inspectorate carried out an unannounced inspection on 19th and 23rd March 2012. The level of inspection carried out was of medium intensity. Overall the inspection found that residents and relatives were satisfied with the care provided in the home. Staff were committed to the service and motivated to identify and act on areas to improve the outcomes for residents.

The table below provides details on grades awarded:

		Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
		Level Awarded by the Care Inspectorate			
Beechgrove House	March 2012 (Unannounced)	Good (Level 4)	Good (Level 4)	Good (Level 4)	Good (Level 4)
	July 2011 (Unannounced)	Adequate (Level 3)	Adequate (Level 3)	Adequate (Level 3)	Adequate (Level 3)

- 6.2 **All four quality themes were inspected** and all awarded Level 4 – Good. The latest grades show improvement in the service provided. At the previous inspection carried out in July 2011 all four quality themes were awarded Level 3 – Adequate.

The inspector acknowledged since the last inspection the manager and staff had worked hard to make improvements which made a positive impact on the home.

- 6.3 The inspection report highlighted the following:

- The service had an effective process of consultation consisting of collating the findings, planning improvement action and sharing with residents, relatives and staff.
- Residents spoke positively about living in the home. Comments included:  
*'I love it here I really do, everyone is so nice'*  
*'No complaints. Staff very nice. Well looked after'*  
*'Everybody is very good. They understand and make allowances for you'*
- Staff had a good understanding and awareness of residents needs and were professional, caring and friendly in their interactions with residents.
- Resident's views and comments were taken into account during the recruitment process.

- 6.4 One requirement was made at the time of inspection for the Quality of Care and Support in relation to risk assessments and care plans.

The provider must ensure that:

- Risk assessments are completed for identified risks and these are reviewed as stated in the assessment.
- Care plans are in place for identified needs and these are reviewed as stated in the plan.

- 6.5 Risk assessments, including nutritional risk assessments, are completed for any identified risks to service users and all risk assessments are reviewed and updated regularly. All service users moving and handling care plans are monitored, reviewed and updated as required.

- 6.6 Beechgrove's policy and procedure is to have Pain Management Care Plans in place for all service users, who have prescribed pain relief medication. For the future, management and staff will check routinely to ensure these care plans are completed and are available to staff for all service users.

In-house procedures will be further reviewed and updated to ensure all risk assessments and care plans are reviewed and updated, as appropriate to clients' needs.

## 7. DALWEEM CARE HOME SERVICE

- 7.1 The Care Inspectorate carried out an unannounced inspection on 19th May 2012. The level of inspection carried out was of low intensity. Overall the inspection found that there was a high level of satisfaction expressed by residents and relatives about care provided in the home. The quality of care and support provided at Dalweem reached a very good standard and had major strengths. These strengths had a positive impact on people using the service.

The following grades were awarded for the service provided:

		Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
		Level Awarded by the Care Inspectorate			
Dalweem Care Home Service Adults	June 2012 (Unannounced)	Good (Level 4)	Very Good (Level 5)	Very Good (Level 5)	Very Good (Level 5)
	November 2010 (Unannounced)	Very Good (Level 5)	Not Assessed	Not Assessed	Not Assessed

As detailed in the table above the quality of the **Environment, Staffing, and Management and Leadership** all received Very Good grades at the June 2012 inspection. For the quality of Care and Support provided Good (Level 4) was awarded in comparison to Very Good at the previous inspection in November 2010.

- 7.2 The lower grade relates to Quality Statement 3.1 - *'we ensure service users' health and wellbeing needs are met'*. Two requirements and one recommendation were made at the time of inspection. An action plan was developed and submitted to SCSWIS. For further details on improvement actions, please refer to paragraphs 7.4, 7.5 and 7.6.
- 7.3 The inspection report highlighted the following:
- Staff were motivated, enthusiastic and showed commitment to developing the service.
  - The home has continued to strengthen the ways they involve residents and relatives in the home.
  - Dalweem provides a friendly, caring and supportive environment for residents.



- Residents and carers spoke positively about living in the home.

Comments included:

*'Wouldn't wish to be in any other place'*

*'Staff are very friendly'*

*'All very nice. The girls are absolutely marvellous'*

*Residents are kept spotlessly clean. There is a good ethos in residence. Visitors are warmly welcomed'*

- Staff encourage residents to maintain their links with the local community and their individual levels of independence.

- 7.4 Two requirements and one recommendation were made at the time of inspection for the Quality of Care and Support.

The service must make improvements to:

- medication recording and procedures
- care plan and risk assessment information and documentation
- all levels of staff to be made aware of the Whistle-blowing policy and what to do if they have concerns about practice in the home

- 7.5 The service is in the process of adapting care plans to ensure that all information is clear and consistent. All risk assessments are updated at reviews and if required between reviews if a service user's needs and support requirements change. Risk assessments now include skin care and pressure damage prevention, nutrition and falls as per the requirement.

Staff are now aware of the correct procedures for the management and administration of medication with procedures being discussed at supervision.

- 7.6 A notice in relation to whistle-blowing has now been placed on notice boards around the home and the Whistle-blowing policy is discussed with staff at supervision.

## **8. HOMECARE**

- 8.1 The Care Inspectorate carried out an unannounced inspection between 20th June and 6th July 2012. The level of inspection carried out was of high intensity. Overall the inspection found that service users felt individual staff who provided their care were of a high standard and carried out tasks promptly and efficiently.

The following grades were awarded for the service provided:

		Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
		Level Awarded by the Care Inspectorate			
Homecare	July 2012 (Unannounced)	Adequate (Level 3)	Not Assessed	Good (Level 4)	Good (Level 4)
	July 2011 (Announced)	Good (Level 4)	Not Assessed	Good (Level 4)	Not Assessed

Quality themes for **Staffing, Management and Leadership** were both awarded Good (Level 4) and the Quality of Care and Support Adequate (Level 3). Under Care Inspectorate guidelines overall grades awarded are based on the lower grade.

8.2 The lower grade relates to Quality Statement 3.1 - *'we ensure service user's health and wellbeing needs are met'*. One requirement and two recommendations were made at the time of inspection. An action plan was developed and submitted to SCSWIS. For further details on improvement actions, please refer to paragraphs 8.4 to 8.7 of the report.

8.3 The inspection report highlighted the following:

- Reablement service has been successful in helping people to become more confident resulting in some no longer needing the service, and for others they have been able to reduce their dependence on the home care service.
- Service users were given the opportunity to comment on the quality of service they receive through regular care reviews, surveys and questionnaires.
- Service users spoke highly of individual staff members and were generally pleased with the practical care the service provided. Comments included:  
*'I couldn't manage at home without them'*  
*'The staff have hearts of gold and work really hard'*  
*'They help to keep me independent in my house'*
- Staff had access to a range of training and comprehensive supervision programme to support them in their work.
- The service had developed a private provider forum, where information could be passed on, and providers made aware of the quality of care expected.
- Senior staff carries out regular monitoring of sickness absence which has helped to reduce overall sickness levels within the service by more than 50% in the first 6 months of 2012.

8.4 One requirement was made at the time of inspection for the Quality of Care and Support:

- The provider must develop and implement an effective system to ensure that all service users receive their care and support at the times that are agreed in their personal outcomes plan.

The service has a Real-Time Monitoring system in place which enables the Home Care Officer to check the actual start and finish time of each visit. This is discussed with each Social Care Officer in supervision and clerical staff monitors the situation regularly throughout each working day.

Weekend visits are monitored by the duty Home Care Officer who covers all 8 areas during their shift and they check to ensure any sickness has been adequately covered for the weekend and that all staff are aware of any changes including notifying any family members. There has been an emphasis on the importance of monitoring the system made to all staff through weekly communication memos and at team meetings.

- 8.5 The report also indicates lack of consistency of staff and feedback from service users that carers do not always arrive at the stated time. This is primarily based on feedback from a small number of service users in rural areas. We have put a system in place whereby staff must phone a service user if they are going to be more than 20 minutes late.

- 8.6 Overall three recommendations were made at the time of inspection for the **Quality of Care and Support:**

Recommendations:

- Assessments which look at whether people who use the service require support to manage their medication should lead to care plans.
- It is recommended that a written procedure is developed to support and guide staff with completing/reviewing the risk assessment document.
- Written records, particularly reviews, should be signed and dated as soon as possible after review.

- 8.7 Risk Assessment is part of the Manual Handling policy and procedures which is currently being updated and submitted for approval to SMT. The Risk Assessment checklist in the hand held record is also being re-evaluated. Written records, particularly reviews, should be signed and dated as soon as possible after review.

Two copies of review documentation are sent out to the client (or the next of kin) with a request that one of them is signed and returned. A profile note is then put on the system to record it is returned signed.

## 9. CONSULTATION

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.

## **10. RESOURCE IMPLICATIONS**

Any costs arising from implementation of actions from the SCSWIS reports will be contained within the revenue budget for Community Care Services.

## **11. COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012**

The Council's Corporate Plan 2009-2012 lays out five objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The following are relevant to this report:

- (i) Safe, secure and welcoming environment
- (ii) Healthy, caring communities
- (v) Confident, active and inclusive communities

## **12. EQUALITIES IMPACT ASSESSMENT**

- 12.1 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 requirement 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.
- 12.2 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.

## **13. STRATEGIC ENVIRONMENTAL ASSESSMENT**

- 13.1 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).
- 13.2 The plan, programme or strategy presented in this report was considered under the Environmental Assessment (Scotland) Act 2005 and the determination was made that the items summarised in this report do not require further action as they do not qualify as a plan, programme or strategy as defined by the Act.

## **14. CONCLUSION**

Inspections by the Social Care and Social Work Improvement Scotland (SCSWIS) provide information on the standards and quality of the services and establishments provided by Community Care and Housing Services in Perth & Kinross. The inspection reports outlined in this report highlight the commitment to continuous improvement in the standards and quality of these services/establishments.

**DAVID BURKE**  
**Executive Director (Housing and Community Care)**

**Note:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

**Contact Officer:** Samantha Rankin, Performance and Improvement Officer, Housing and Community Care, Tel: 01738 476164, [srankin@pkc.gov.uk](mailto:srankin@pkc.gov.uk)

**Address of Service:** Housing and Community Care, 5 Whitefriars Crescent, Perth, PH2 0AP

**Date of Report:** 22 October 2012

If you or someone you know would like a copy of this document in another language or format, (on occasion only, a summary of the document will be provided in translation). this can be arranged by contacting Sam Rankin



Council Text Phone Number 01738 442573

