

PERTH and KINROSS COUNCIL

Housing and Health Committee – 6 November 2013
Scrutiny Committee – 27 November 2013

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

Report by Executive 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 in Perth and Kinross between February 2012 and August 2013. During this period seventeen 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 17 services across Perth and Kinross Council are subject to inspection. During the period February 2012 and August 2013 all services received an inspection.
 - Adults with Learning Disabilities (St Catherine's)
 - Beechgrove House
 - Blairgowrie Adult Resource Centre
 - Dalweem Care Home and Dalweem Day Support Service
 - Fourways Day Services
 - Gleneagles Day Opportunities

- Homecare
- Homeless Housing Support
- Kinnoull Day Opportunities
- Lewis Place Resource Centre
- Meadowell/Springwell Service
- Older People's Housing Support service
- Parkdale Care Home and Parkdale Day Support Service
- Rannoch Road Day Centre
- Strathmore Day Opportunities

- 1.4 SCSWIS 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 for that theme. SCSWIS 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 The table below provides an overall summary on performance for all services. Levels awarded are based on service last inspection covering the period February 2012 to August 2013. Grades awarded are presented as a % of the total number of inspections carried out across the four quality themes.

Performance for inspections carried out between February 2012 to August 2013							
Quality Themes	6 Excellent	5 Very Good	4 Good	3 Adequate	2 Weak	1 Unsatisfactory	Total No. of Inspections carried out
Care & Support	2	9	2	3	0	0	16
Environment	1	6	5	0	0	0	12
Staffing	0	9	4	1	0	0	14
Management & Leadership	1	10	4	2	0	0	17
Total	4	34	15	6	0	0	59
%	7%	58%	25%	10%	0%	0%	100%
Source: Care Inspectorate Website as at 2nd September 2013							

- 1.7 Of the 17 services inspected a total of 59 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. Of the inspections carried out 4 quality themes received

Excellent, Homeless Housing Support Service and Kinnoull Day Opportunities.

83% (49) received Very Good/Good grade, according to the SCSWIS grading scale the grades awarded represent increasingly better levels of performance.

- 1.8 10% (6) quality themes were awarded Adequate this represents performance that is acceptable to the Care Inspectorate but which could be improved.
- 1.9 No services were awarded grades for Weak or Unsatisfactory indicating the inspectorate had no concerns about any of the services performance.
- 1.10 SCSWIS inspections are proportionate, meaning they spend less time with services they are satisfied are working hard 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.
- 1.11 Of the 17 services inspected 15 were carried out at low intensity and the other 2 were high intensity inspections. Eleven of the inspections were unannounced, 1 announced and 5 announced at short notice.
- 1.12 If 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.
- 1.13 Dalweem Care Home and Support Service and Meadowell/Springwell Day Service received requirements and recommendations. Both services developed an action plan and submitted to SCSWIS within the required timescale. Full details are provided in Sections 5 and 12 of the attached report in *Appendix 1*.
- 1.14 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 RECOMMENDATION

- 3.1 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 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 SCSWIS website.

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

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

The undernoted table should be completed for all reports. Where the answer is 'yes', the relevant section(s) should also be completed

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

1.1 Strategic Implications

The Council's Corporate Plan 2013-2018 lays out five Objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:-

- i) Giving every child the best start in life*
- ii) Developing educated, responsible and informed citizens*
- iii) Promoting a prosperous, inclusive and sustainable economy*
- 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

Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.

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 Consultations

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 The following 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. All inspection reports are available on the SCSWIS website.
- 1.2 17 services across Perth and Kinross Council are subject to inspection. During the period February 2012 and August 2013 all services received an inspection. The table below provides details on grades awarded under each Quality Theme.

Grades	Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory
Care & Support	2	9	2	3	0	0
Environment	1	6	5	0	0	0
Staffing	0	9	4	1	0	0
Management & Leadership	1	10	4	2	0	0
Total	4	34	15	6	0	0

Of all the quality themes inspected 4 received Excellent for Homeless Housing Support Service and Kinnoull Day Opportunities. 49 (83%) were awarded Very Good or Good grade, and 6 received Adequate. No services received weak or unsatisfactory grades.

- 1.3 If 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.

Dalweem Care Home and Support Service and Meadowell/Springwell received requirements and recommendations. Both services developed an action plan and submitted to SCSWIS within the required timescale. Full details are provided in Sections 5 and 12 of this report.

- 1.4 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 findings outlined in this report demonstrate the commitment to continuous improvement in the standards and quality of these services/establishments.

2. ADULTS WITH LEARNING DISABILITIES HOUSING SUPPORT

2.1 The Care Inspectorate carried out announced inspection at short notice between 30th October and November 2012. The level of inspection carried out was of high intensity. The following grades were awarded:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment - not assessed
- Quality of Staffing - Very Good (Level 5)
- Quality of Management and Leadership – Very Good (Level 5)

The inspection report highlighted that people who used the service were happy, felt well supported and liked the staff that supported them. They had good relationships with their staff teams who supported them in their own homes, to access a wide range of essential services as well as social activities.

2.2 The inspection report highlighted the following key strengths:

- 6 quality statements were inspected and all received Very Good (Level 5)
- The service offered a range of opportunities for service users to feedback their views of the service including carers surgery, evaluation of activities, support plans and regular care reviews
- The service provided very good evidence that staff worked with other health professionals to ensure that people received the correct support
- Staff demonstrated that they had knowledge of the National Care Standards. This included treating people with dignity and respect
- The service used different ways to assess the quality of the service including complaints procedure, audits of personal plans, finance audits and environmental audits
- Personal plans demonstrated that people were supported in a variety of ways including choosing healthy meals, budgeting, getting out and about, attending supported employment and social events

2.3 No requirements or recommendations were made at the time of inspection however the Housing Support Service are taking steps to ensure continuous improvement in service delivery. Service user participation has been improved through client newsletters and service user questionnaires. Support plans now provide further detail to guide staff when they are supporting people. Improvements to environmental audits have taken place through spot checks by the management team. This improvement action ensures staff are guided about specific checks that they should undertake.

Through a recent carers surgery it was identified and agreed that the service will review their Medication Procedure. This would allow tenants who have the ability to self medicate to manage such ailments as colds. Perth and Kinross has previously supported the involvement of tenants in the recruitment process for new staff. The service will investigate the recruitment process with regards to Fair Selection to ensure tenants are fully involved in the process.

3. BEECHGROVE HOUSE

3.1 The Care Inspectorate carried out unannounced inspection on 12th February 2013 at Beechgrove House. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – not assessed
- Quality of Environment – Good (Level 4)
- Quality of Staffing – not assessed
- Quality of Management and Leadership – Good (Level 4)

The inspection report highlighted that Beechgrove provides a welcoming and supportive environment for residents and their relatives. Residents were happy living in the home and staff were positive about the work they do and felt supported in their role.

3.2 The inspection highlighted the following key strengths:

- The service encouraged, welcomed and valued peoples comments and suggestions
- A range of methods were in place to make sure the environment was safe and residents protected
- The inspector found that the recently developed 'Quality Assurance Toolkit' was a positive development within the service
- The service had used their complaints procedure to record and take action on any comments or issues received. This showed an open and positive approach to people's concerns

3.3 No requirements or recommendations were made at the time of inspection however Beechgrove House are taking steps to ensure continuous improvement in service delivery. The consultation and participation strategy for 2013/2014 has been reviewed, updated and implemented. Staff continue to take on leadership/champion roles within Beechgrove e.g. Dementia Champion, Medications Champion, Continence Champion, Oral Hygiene Champion.

The complaints procedure has been reviewed, updated and implemented. The service will continue to build on developing & implementing quality assurance systems which will ensure a quality service is provided.

4. BLAIRGOWRIE DAY OPPORTUNITIES

4.1 The Care Inspectorate carried out unannounced inspection on 30th January 2013 at Blairgowrie Day Opportunities. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment – Very Good (Level 5)
- Quality of Staffing – Good (Level 4)
- Quality of Management and Leadership – Very Good (Level 5)

People who spoke to the inspector during the inspection said that staff had built up good relationships with service users and their families and worked hard to provide a service which supported service users to learn new skills and develop good social skills.

4.2 The inspection highlighted the following key strengths:

- 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
- Personal plans showed that staff had a good awareness of service users health and physical needs, and action was seen to have been taken to ensure they are met
- The service makes use of Circle Sheets, taken from the Learning Disability Charter pledges. These are sent to people who use the service on a monthly basis to review the service they receive and in particular to review the activities they are involved in

4.3 No requirements or recommendations were made at the time of inspection however Blairgowrie Day Opportunities are taking steps to ensure continuous improvement in service delivery. The service will continue to keep service users and carers up to date with latest service developments through the recently developed newsletter, communication plan, quarterly meetings with external providers and hold events open to all service users and carers.

The service are currently developing an Outcomes database which will be updated after every review. The database will assist the service in identifying any trends of individuals wanting to develop in a certain area i.e. employment. Findings from the database will form the basis of an action plan for future development of activities.

5. DALWEEM CARE HOME and DALWEEM DAY SUPPORT SERVICE

5.1 The Care Inspectorate carried out unannounced inspection on 31st May 2013 at Dalweem Care Home and Dalweem Day Support Service. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support for Care Home and Day Support Service – Adequate (Level 3)
- Quality of Environment for Care Home and Day Support Service – Good (Level 4)
- Quality of Staffing for Care Home - Good (Level 4)
Quality of Staffing for Day Support Service - Adequate (Level 3)
- Quality of Management and Leadership for Care Home and Day Support Service – Adequate (Level 3)

The inspection report concluded that Dalweem Care Home and Dalweem Day Support Service provides a friendly, welcoming environment for service users

and visitors. Service users were happy with the care and support provided by the home. Staff were caring, supportive and professional when working with service users.

- 5.2 The inspection highlighted the following key strengths:
- Service users had been involved in their plan of care ensuring people's views and preferences about their care is known
 - Service users are encouraged and supported to maintain their links with the local community and to make their own choices and decisions
 - The service had systems in place to make sure the environment was safe and service users were protected
 - The service encouraged and valued staffs views on improving the service
 - Staff had good knowledge and understanding of the service user's health and support needs
 - A system of quality assurance is in place including a range of audits, accident prevention checklists and service users questionnaires
- 5.3 Requirements and recommendations were made at the time of inspection. An action plan was developed to address the improvement areas identified and submitted to the Care Inspectorate. The following section provides details on requirements made and improvement actions taken by the service.

Quality of Care and Support

- (i) The service must ensure that personal plans are reviewed on a six monthly basis and that review outcomes are documented within the personal plan. A matrix plan is now in place to ensure care plans are reviewed in order to comply with regulations. Client files have been audited and arrangements are in place for six monthly reviews including one to one with service users and families.
- (ii) The service must ensure that the information and guidance in service users' care plans and risk assessments is clear, consistent and accurately reflects their current health and support needs. The current system and relevant risk assessments have been reviewed including individual care plans. All residents now have individual risk assessments incorporating their care needs. Staff are aware of the information required in care plans and risk assessments.
- (iii) The service must develop and implement a safe and effective system for the management and administration of medication. An audit tool has been developed for weekly MAR (medication administration recording) sheets and is used by senior staff. The audit tool will assist in the managing of safe and effective administration of medication.

Quality of Management and Leadership

- (iv) The service must ensure senior staff are provided with training appropriate to the work they are to perform. The existing training programme including training records has been reviewed to identify

specific training needs. A revised training programme is now in place and being implemented.

- (v) The service must give notice to the Care Inspectorate of any change of manager of the care service. The relevant steps have been taken to inform the inspectorate of any management changes to the service.
- (vi) The service must ensure they adhere to the conditions of registration. This must include the manager's time being 100% supernumerary. This requirement was discussed at the senior managers meeting and it is confirmed that the manager's time is 100% supernumerary.

5.4 The following section provides details on any recommendations made at the time of inspection and improvement actions taken by the service.

Quality of Staffing

- (i) As a further support to staff, the service should make sure regular staff supervision sessions and an annual appraisal are provided, following the timescales in the provider's policy/procedures. Actions have been taken in response to this requirement. Management have ensured that the necessary arrangements are in place to ensure that all staff receive their supervision along with their Employee Review Development.
- 5.5 Ongoing discussions regarding the improvements within Dalweem Care Home are taking place with the care inspectorate to ensure they are fully informed of developments.

6. FOURWAYS DAY SERVICES

6.1 The Care Inspectorate carried out announced inspection at short notice on 5th June 2013. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Good (Level 4)
- Quality of Environment – Good (Level 4)
- Quality of Staffing – Good (Level 4)
- Quality of Management and Leadership – Good (Level 4)

The inspection found that the service provides a person centred, flexible service in a rural area. Fourways Day Service aims to meet the support needs of people with severe/enduring mental health issues. Service users spoke highly of the staff and the support they received, and commented that they would find life difficult without the help they received from the service.

6.2 The inspection highlighted the following key strengths:

- Service users had the opportunity to be involved in the recent mental health strategy review

- Service users felt very involved in their support, and said that they felt they had plenty opportunities to be involved in the service, such as developing group activities, and in their own personalised support
- Service users felt well supported and that staff were responsive to their needs
- Staff felt supported to carry out their work and were able to access a range of training opportunities to allow them to develop both personally and professionally
- The service had a range of quality assurance systems in place which involved people who used the service as well as staff and stakeholders

6.3 No requirements or recommendations were made at the time of inspection however Fourways Day Service are taking steps to ensure continuous improvement in service delivery. The service will make better use of reference groups to give service users the opportunity to discuss how well the service met their needs. Fourways has ensured that there has been a strong focus for all teams to complete reviews and meet timescales.

A key improvement area within the service is the outcome focussed assessment. The service is currently developing the use of service user centred risk assessments within outcome focused assessments. This includes discussing with service users how they would recognise signs that they were not well as well as identifying how they would stay well.

7. GLENEAGLES DAY OPPORTUNITIES

7.1 The Care Inspectorate carried out unannounced inspection on 21st January 2013 at Gleneagles Day Opportunities. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Good (Level 4)
- Quality of Environment – Good (Level 4)
- Quality of Staffing – Good (Level 4)
- Quality of Management and Leadership – Good (Level 4)

The service is working to provide service users with a variety of opportunities, including the use of community facilities such as bowling, drama, and recreation. Service users told the inspectorate that they really enjoyed coming to the centre, and some of the carers also said that they felt the service provided a good quality service to their family members.

7.2 The inspection highlighted the following key strengths:

- The service had 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 the care and support provided by the service
- Personal plans had been personalised and gave good information on the support needs of service users

- A comprehensive risk assessment had been completed on all areas of the service
- Staff had access to a variety of training opportunities to allow them to support people who used the service
- A recent Management Support Action plan had been put in place which identified support for all staff who worked in the Day Opportunities service, including the manager

7.3 No requirements or recommendations were made at the time of inspection however Gleneagles Day Opportunities are taking steps to ensure continuous improvement in service delivery. One of the improvement areas identified at time of inspection related to contact sheets. All staff were informed and given further guidance on the information that should be documented within the contact sheets. In July this year the service commenced one day a week activity for service users who live in the Kinross area this has now progressed to two days a week.

A more personalised approach at meal times has recently been developed with staff producing individual place mats for service users. Staff continue to develop communication strategies for service users and have introduced more interactive story telling using sensory aids. The service is also looking at offering service users once in a life time dream activity supported by staff at Gleneagles Day Opportunities.

8. HOMECARE

8.1 The Care Inspectorate carried out announced inspection at short notice on 28th November 2012. The level of inspection carried out was of low intensity. A requirement was made at the last inspection in July 2012 in relation to the existing system used to monitor staff visits. A complaint made in September 2012 also related to issues of timekeeping and was followed up as part of this inspection.

8.2 The following grades were awarded:

- Quality of Care and Support – Adequate (Level 3)
- Quality of Environment – not assessed
- Quality of Staffing – not assessed
- Quality of Management and Leadership – Good (Level 4)

The inspection report highlighted that people who used the service felt individual staff who provided them with their care were of a high standard and carried out tasks promptly and efficiently. Service Users had good relationships with their staff teams who supported them in their own homes, to access a wide range of essential services as well as social activities.

8.3 The inspectorate required the service to 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 outcome plans.

During their visit the inspectorate looked at electronic records of staff visits and notifications made to the Care Inspectorate by the service. The records were reviewed to see whether service users received their care at the agreed times, and for the agreed length of time. The records showed details of when staff arrived and left, as well as the agreed time for care to be provided. In all cases, over the period sampled all clients except 1 received at least their allocated duration of care if not more. The exception was due to a visit by family who wished to carry out the required care.

The inspectorate concluded that the requirement made at the last inspection and the complaint investigation had been met.

- 8.4 The inspectorate acknowledged that the service had taken steps to ensure that all action plans are submitted to the Care Inspectorate within the agreed timescales. All staff concerned are now aware of processes to be followed with regard to notifications and the submission of action plans.
- 8.5 The aim of the inspection was to follow up on requirements made at the last inspection. The inspection report acknowledged that the service had taken action on the issues identified and that the quality of service had improved.

9. HOMELESS HOUSING SUPPORT SERVICE

- 9.1 The Care Inspectorate carried out announced inspection at short notice inspection in July 2013. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Excellent (Level 6)
- Quality of Environment – not assessed
- Quality of Staffing - Very Good (Level 5)
- Quality of Management and Leadership – Excellent (Level 6)

The inspection report highlighted the manager and staff are committed to developing services for homeless people. The service continues to seek ways to develop methods of consultation and the information gathered is used to review, improve and develop the support they provide. It also highlighted the good partnership working processes that are in place to meet all the needs of the people receiving the service and are committed to continuing developing the service.

- 9.2 The inspection report highlighted the following key strengths:
- 4 out of the 6 quality statements inspected received Excellent (Level 6) grades and 2 Very Good (Level 5).
 - Information from initial assessments was used to develop personal support plans which detailed the support that people required and what actions were required
 - The development of the Homeless Voice Group, Residents Academy and Quality Panel

- The service had developed very good partnerships with other agencies that regularly held surgeries in the hostels
- Staff had gained specific skills and knowledge through working with individuals who had specific support needs. This information was used to improve outcomes for people who used the service
- The service had a robust quality assurance system which covered all aspects of the service

9.3 No requirements or recommendations were made at the time of inspection however the inspection report did identify a few areas for improvement as detailed below:

- Continue with the development of a hospital discharge protocol
- Consider better recording methods regarding specific knowledge that staff gain through working with other agencies

In response to the suggested areas for improvement the Homeless Service has drawn up an action plan and incorporated the actions into the Homeless Support Services team plan. These will be progressed and monitored by the Housing Options & Support Team Leader through established team planning and performance monitoring arrangements.

10. KINNOULL DAY OPPORTUNITIES

10.1 The Care Inspectorate carried out unannounced inspection on 25th April 2013 at Kinnoull Day Opportunities. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Excellent (Level 6)
- Quality of Environment – Excellent (Level 6)
- Quality of Staffing – Very Good (Level 5)
- Quality of Management and Leadership – Very Good (Level 5)

At the time of the last inspection the service was at that point still building based, and has since moved to a completely community based service. This has allowed people who use the service to experience a variety of new activities within their local community, and for the service to build up new networks with other facilities.

The inspection found that service users enjoyed the service they received. Service users told the inspector that they had been able to try some new activities, while still maintaining relationships with friends made at the original service. All service users were able to tell the inspector who their key worker was, and how they supported them such as helping them to access groups, learn about new things such as having healthy snacks, or supporting them to deal with changes in their personal lives.

10.2 The inspection highlighted the following key strengths:

- Six out of the 8 quality statements inspected received Excellent (Level 6) grades and 2 Very Good (Level 5)
- The service has developed good connections within the local community to develop additional opportunities for people who use the service
- People who used the service had regular opportunity to comment on activities and make choices of new activities to try through surveys
- Personal plans sampled showed that information held was comprehensive, with a user friendly format and provided good information
- Staff felt that supervision was a useful process and gave them the opportunity to discuss service users' issues as well as personal and professional development

10.3 No requirements or recommendations were made at the time of inspection however Kinnoull Day Opportunities are taking steps to make improvements identified at the time of inspection. A regular newsletter has now been developed. This now includes a short section reminding carers that their feedback is important for the development of the service. Updates on audits undertaken will also be highlighted in the newsletter.

Service users will be involved in the internal audit process through the use of questionnaires. Carers will be informed of how the audits are progressing through media such as the service newsletter.

11. LEWIS PLACE RESOURCE CENTRE

11.1 The Care Inspectorate carried out unannounced inspection on 16th April 2013 at Lewis Place Resource Centre. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment – Very Good (Level 5)
- Quality of Staffing – Very Good (Level 5)
- Quality of Management and Leadership – Very Good (Level 5)

The inspector found that service users spoke positively of the service and felt that it provided a high quality service and helped them to continue to enjoy their lives in their local community. Service users also felt that staff listened to what they said and acted on any suggestions they made.

11.2 The inspection highlighted the following key strengths:

- 7 out of the 8 quality statements inspected received Very Good (Level 5) grades and 1 Excellent (Level 6).
- service users are given the opportunity to be involved in the development of care plans and, where appropriate, had made changes to the level of care they received

- Service users were able to visit before starting to use the service, and were given comprehensive information on the service
- As well as a fully accessible, attractive garden area there is good provision of general purpose rooms and the facilities are pleasantly decorated and well maintained

- 11.3 No requirements or recommendations were made at the time of inspection however Lewis Place Resource Centre are taking steps to ensure continuous improvement in service delivery. Service users are encouraged to participate in the planning of the newsletter and its contents. All clients are currently involved in evaluating the service and planning for future developments. Actions have been taken to improve the format of care plans which have now been updated. Staff have been given information on how to complete the paperwork and what to record on contact sheets.

The service is looking at ways they can ensure that service users are aware of the National Care Standards and give them opportunities to comment on whether they felt staff were working to meet them.

12. MEADOWELL/SPRINGWELL DAY SERVICE

- 12.1 The Care Inspectorate carried out unannounced inspection. The inspection began on 20 June 2013 and took place over 3 weeks. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment – Very Good (Level 5)
- Quality of Staffing – Very Good (Level 5)
- Quality of Management and Leadership – Very Good (Level 5)

The inspector found that the Meadowell/Springwell showed a commitment and enthusiasm towards improving the service. The quality of the staff team was a major strength within the service. All people the inspector spoke with had very positive views of the service.

- 12.2 The inspection highlighted the following key strengths:
- 8 quality statements were inspected and all received Very Good (Level 5)
 - Service users and carers had been given opportunities to be involved in consultation regarding the local Mental Health and Wellbeing Strategy
 - Staff worked from a sound base of experience and knowledge. There were very good examples of therapeutic work which had resulted in positive outcomes for service users
 - The service encouraged service users to become involved in the recruitment and selection process by attending and contributing to staff interviews
 - Staff felt supported by their line management and found supervision to be a positive experience

- The service is using an inclusive approach in shared quality assurance systems and ensures that a high standard of service delivery is maintained and continually developed

12.3 One requirement was made at the time of inspection under the Quality of Care and Support. The requirement requested the service ensure all service users' health and welfare needs are fully reviewed at least every six months or sooner if the service user's care and support needs change. Since inspection the service has had a strong focus on all teams completing reviews and meeting timescales.

Other areas of improvement include regular community and planning meetings with 'group' activities and further involvement of reference/focus groups. The service aims to offer therapeutic support to people and prevent them from going into hospital. Meadowell/Springwell will also focus on improving support for relatives and carers and continue to develop employability practices.

13. OLDER PEOPLE'S HOUSING SUPPORT SERVICE

13.1 The Care Inspectorate carried out announced inspection at short notice between 5th and 14th February 2013. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment – not assessed
- Quality of Staffing - Very Good (Level 5)
- Quality of Management and Leadership – Very Good (Level 5)

In conclusion the inspection highlighted that people who used the service were confident that they received a very good service from staff. Service users felt that staff worked hard to make sure that all tenants were well looked after, and built up good communication links with professionals such as GPs and District Nurses.

13.2 The inspection report highlighted the following key strengths:

- 6 quality statements were inspected and all received Very Good (Level 5)
- The service had made a range of opportunities available to tenants, and could evidence that action had been taken on comments made
- The local authority quality team supported the service to gather information from tenants, and use this in the development of the service
- Housing Support Officers encouraged tenants to take part in communal activities. During the inspection tenants confirmed that these activities helped to maintain their social relationships and reduce any feelings of isolation

- Staff were committed to providing a good quality service, and were observed to have good working relationships with people who used the service

- 13.3 No requirements or recommendations were made at the time of inspection however the Housing Support service are taking steps to ensure continuous improvement in service delivery. The service will continue to engage with stakeholders to seek their views and ideas for improving the service. An older people's network will be developed and involved in assessing the quality of service delivery and management of the service.

The Staff Focus Group will review and update service procedures to ensure they are 'fit for purpose' and able to meet future development of the service. The service will continue to improve the quality of Housing Support Plans and ensure they reflect and meet the changing needs of tenants.

14. PARKDALE CARE HOME and PARKDALE DAY SUPPORT SERVICE

- 14.1 The Care Inspectorate carried out unannounced inspection on 6th February 2013 at Parkdale Care Home and Parkdale Day Support Service. The level of inspection carried out was of low intensity. The following grades were awarded for Parkdale Care Home and Support Service:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment – Very Good (Level 5)
- Quality of Staffing – Very Good (Level 5)
- Quality of Management and Leadership – Very Good (Level 5)

The inspection report highlighted that Parkdale Care Home and Parkdale Day Support Service provide a welcoming, friendly and encouraging environment for residents and visitors. Residents are encouraged and supported to maintain their independence and links with the local community. Staff were caring and professional when assisting residents and had a very good knowledge and understanding of the residents support needs.

- 14.2 The inspection highlighted the following key strengths:
- 8 quality statements were inspected and all received Very Good (Level 5)
 - The manager supports and encourages staff to further their knowledge, experience and professional development
 - Routine involvement of residents and relatives in service development and evaluation using a variety of methods had a positive impact on people using the service
 - The service carried out audits as one of the ways they assessed the quality of the service including care plan audits, incident reports and medication
 - The service used a range of methods to make sure the environment was safe and residents and visitors were protected

- 14.3 No requirements or recommendations were made at the time of inspection however Parkdale Care Home are taking steps to ensure continuous improvement in service delivery. The Consultation & Participation Strategy for 2013/2014 has been reviewed, updated and implemented. The service have tele-care equipment available in the unit, additional equipment will be purchased according to service users identified needs.

Staff achievements and quality of work will continue to be recognised at supervision and staff meetings as well corporate policies/procedures and annual ceremonies. The service is currently developing and implementing a full quality assurance system in the home.

15. RANNOCH ROAD RESOURCE CENTRE

- 15.1 The Care Inspectorate carried out unannounced inspection on 31st August 2012 at Rannoch Road Resource Centre. The level of inspection carried out was of high intensity. The following grades were awarded:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment – Very Good (Level 5)
- Quality of Staffing – Very Good (Level 5)
- Quality of Management and Leadership – Very Good (Level 5)

The inspection report acknowledged that Rannoch Road provides a very good quality of support to people who use the service and this included their relatives and carers. The service has worked hard to provide a stimulating environment for people who use the service who have dementia. Service users were happy with the support they received and spoke very highly of the staff.

- 15.2 The inspection highlighted the following key strengths:
- 4 out of the 8 quality statements inspected received Excellent (Level 6) and 4 Very Good (Level 5)
 - The service had reviewed their Participation Strategy and this had become a Partnership Plan
 - All service users were supported to be involved in their reviews of the service they received
 - Staff completed comprehensive notes for each attendance of service users and any issues raised are monitored by Key Workers
 - Staff felt that they had good opportunities to make sure they had all the necessary information to provide a good service
 - Systems such as review outcomes, questionnaires, and surveys were used to assess how the service could improve
- 15.3 No requirements or recommendations were made at the time of inspection however Rannoch Road Day Centre are taking steps to ensure continuous improvement in service delivery. A new format for the outcome focused support plan was introduced in July 2013 and all staff received training in this area. Support plans have been updated in relation to individual symptoms of epilepsy, high/low blood pressure, etc (rather than generic symptoms).

Comprehensive training has taken place over the last year including Promoting Excellence, infection control, SSSC codes of practice and Talking Mats. Members of staff have also attended Cognitive Therapy workshops and are currently facilitating this with a group of clients.

The service introduced a photographic/symbol menu to assist clients with meal choices and all carers. The service also ran a very successful six week, male carers cooking group to build the confidence of male carers in this area.

16. STRATHMORE DAY OPPORTUNITIES

16.1 The Care Inspectorate carried out unannounced inspection on 13th February 2012 at Strathmore Day Opportunities. The level of inspection carried out was of low intensity. The following grades were awarded:

- Quality of Care and Support – Very Good (Level 5)
- Quality of Environment – not assessed
- Quality of Staffing – not assessed
- Quality of Management and Leadership – Very Good (Level 5)

The inspection report acknowledged the service's major transition from their previous base which was within the local community hospital. The service makes more use of community facilities, events and activities, and have increased their staffing to enable this to happen. Service users were happy with the new service, and spoke positively about some of the activities they were now able to take part in.

16.2 The inspection highlighted the following key strengths:

- 4 quality statements were inspected and all received Very Good (Level 5)
- 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
- Personal plans sampled during the inspection showed that service users had regular reviews of their service
- The service had carried out an extensive audit of the service among service users and this resulted in very positive outcomes
- 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 with information on activities available

16.3 No requirements or recommendations were made at the time of inspection however Strathmore Day Opportunities are taking steps to ensure continuous improvement in service delivery. The service will continue to assess the range of activities available to service users through consultation, questionnaires, and hold open events to review feedback. A key improvement area for the service is to look at ways in which carers can be involved in the auditing of the Day Opportunities provided.

