

PERTH AND KINROSS COUNCIL

Housing and Health Committee – 29 October 2014
Scrutiny Committee – 3 December 2014

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 September 2013 and August 2014. During this period 5 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.
 - Adults with Learning Disabilities (St Catherine's)
 - Beechgrove House
 - Blairgowrie Adult Resource Centre
 - Dalween Care Home
 - Dalweem Day Support Service
 - Fourways Day Services
 - Gleneagles Day Opportunities
 - Homecare
 - Homeless Housing Support

- Kinnoull Day Opportunities
- Lewis Place Resource Centre
- Meadowwell/Springwell Service
- 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 for that theme. The 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 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 the services last inspection. Grades awarded are presented as a percentage of the total number of inspections carried out across the four quality themes.

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	11	4	2	0	0	19
Environment	1	6	5	0	0	0	12
Staffing	0	11	6	1	0	0	18
Management & Leadership	1	12	4	2	0	0	19
Total	4	40	19	5	0	0	68
%	6%	59%	28%	7%	0%	0%	100%

Source: Care Inspectorate as at 10th September 2014

- 1.8 Out of the 17 services a total of 68 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. 'Excellent' grades were awarded for the Homeless Housing Support Service and Kinnoull Day Opportunities. 87% (59) received 'Very Good'/'Good' grades; according to the Care Inspectorate grading scale the grades awarded represent increasingly better levels of performance. 7% (5) quality themes were awarded 'Adequate', which represents performance that is acceptable to the Care Inspectorate but which could be improved.

All the inspections were carried out at low intensity, thirteen were unannounced and 6 announced at short notice. 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 13/511, Housing and Health Committee, 6 November 2013) five services have been inspected during the period from September 2013 to August 2014: Parkdale Care Home, Beechgrove Care Home, Dalweem Care Home, Older People's Housing Support Service and Homecare. The report at 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 more could be done to improve a 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 SCSWIS

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 2 and 5 of the attached report at *Appendix 1*.

- 1.11 The attached report (*Appendix 1*) provides details on individual inspections. Under each service, information is provided for grades awarded for recent inspections. 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 and within Appendix 1 highlight the commitment to continuous improvement in the standards and quality of these services/establishments. All inspection reports are available on the SCSWIS Inspectorate website.

- 3.2 It is recommended the Housing and Health Committee note the contents of this report.
- 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

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. Strategic Implications

1.1 The Council's Corporate Plan 2013-2018 sets 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 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 inspections 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 17 services across Perth and Kinross Council are subject to inspection. The table below provides an overall summary on performance for all services. Levels awarded are based on the services last inspection, and grades awarded are presented as a percentage of the total number of inspections carried out across the four quality themes:

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	11	4	2	0	0	19
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Total	4	40	19	5	0	0	68
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Source: Care Inspectorate Website as at 10th September 2014

- 1.3 Out of the 17 services a total of 68 quality themes were assessed for the quality of Care and Support, Environment, Staffing and Management and Leadership. 'Excellent' grades were awarded for the Homeless Housing Support Service and Kinnoull Day Opportunities. 87% (59) received 'Very Good'/'Good' grades, according to the Care Inspectorate grading scale the grades awarded represent increasingly better levels of performance. 7% (5) quality themes were awarded 'Adequate' which represents performance that is acceptable to the Care Inspectorate but which could be improved.

All the inspections were carried out at low intensity; thirteen were unannounced and 6 announced at short notice. 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, five services have been inspected during the period from September 2013 to August 2014: Parkdale Care Home, Beechgrove Care Home, Dalweem Care Home, Older People's Housing Support Service and Homecare. The following 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 more could be done to improve a 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 SCSWIS.

Dalweem Care Home and Homecare received requirements and recommendations. Action plans were developed as required and submitted to the Care Inspectorate.

- 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 3rd February 2014 at Beechgrove House. The level of inspection carried out was of low intensity. The following grades were awarded:

Quality Theme	Latest Inspection (03/02/14)	Previous Inspection (13/02/13)
Care and Support	Very Good (Level 5)	Not Assessed
Environment	Good (Level 4)	Good (Level 4)
Staffing	Very Good (Level 5)	Not Assessed
Management & Leadership	Very Good (Level 5)	Good (Level 4)

There were no recommendations or requirements made at the time of the last inspection. The report highlighted that the Beechgrove staff team were providing very good care for clients. Clients and relatives told the inspectorate that they were very happy with the care at Beechgrove. One person said that, *'since becoming a resident (my relative's) quality of life has improved.'* Another comment was, *'all the care I get is perfect; I get treated exceptionally well.'*

- 2.2 The inspectorate assessed 8 quality statements in total and awarded 7 *Very Good* and *Good* across the four quality themes. The inspection identified strengths throughout the service including the following:

- Beechgrove had a very good range of ways in which clients and relatives were provided with information and encouraged to give views. The annual consultation process which includes staff collating views,

developing an action plan and providing feedback was highlighted as a strength within the service.

- Care records demonstrated that the service had a thorough approach to checking with each person and their representative about any changes to care needs or wishes. Medication records were well organised with attention to detail and followed good practice guidance.
- Care plans provided very good detail about following up on health concerns along with clear evidence of routine health checks such as appointments with opticians, dentists and audiologists.
- The inspectorate found that Beechgrove was very clean when they arrived for the unannounced inspection, and clients/relatives had no concerns about cleanliness.
- The Inspectorate were pleased to find that most of the staff at Beechgrove had recent training in dementia. This training had been agreed as equivalent to the 'skilled' level of 'Promoting Excellence', the Scottish Government's good practice guidance showing the level of training expected for all care staff.
- The recently developed auditing system was also highlighted as a key strength including cross auditing with another home which the Inspectorate felt represented best practice.
- Beechgrove provided good evidence from their complaint record that the manager approached comments constructively, took action where needed and learn from the situation.

2.3 During their visit the inspectorate received very positive feedback about staff including the following comments:

'The staff are always around and very helpful. All easily approachable'.

'The staff are very good, they treat (my relative) with respect'.

'I've not had a bad member of staff, they are all excellent'.

The inspector spoke with staff during the inspection and all were satisfied with training arrangements. It was evident that supervision and appraisal took place regularly and staff felt it was a worthwhile system which helped them to reflect on work.

2.4 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:

- Remedial work has been carried out in the kitchen and there are plans to refurbish the shared areas and toilets within Beechgrove. Before plans are finalised, the Care inspectorate will be involved in discussions along

with service users. Areas identified for improvement by the Inspectorate will be considered within the refurbishment plans. Service users worked with the Activities Co-Ordinator to purchase tubs and flowers, shrubs to plant and enhance the main areas outside.

- Although the Care Inspectorate did not find poor outcomes for clients, Skin Care and Care Planning were suggested areas for improvement.
 - A care plan for creams and lotions has been developed to provide more guidance to staff as to where, how and when they should be applied. Two skin care Champions have also been identified for monitoring weights, Malnutrition Universal Screening Tool (MUST) scores and skin integrity, and will attend training in October.
 - ‘All About Me’ documents provide summary information about each person for use if someone has to go into hospital. Actions have been taken to ensure that these documents always match up-to-date care plans.
- As part of the quality assurance and audit system, a number of audits are already in place at Beechgrove (both internal and external). All actions identified are carried forward to the Team Action Plan and updated regularly at team meetings. Work is underway to further develop audit tools to ensure there is consistency in carrying out audits and improve the quality of information collected.

3. PARKDALE CARE HOME

- 3.1 The Care Inspectorate carried out an unannounced inspection on 9th January 2014 at Parkdale Care Home. The level of inspection carried out was of low intensity. The following grades were awarded:

Quality Theme	Latest Inspection (09/01/14)	Previous Inspection (06/02/13)
Care and Support	Very Good (Level 5)	Very Good (Level 5)
Environment	Very Good (Level 5)	Very Good (Level 5)
Staffing	Very Good (Level 5)	Very Good (Level 5)
Management & Leadership	Very Good (Level 5)	Very Good (Level 5)

There were no recommendations or requirements made at the time of the last inspection. The inspection report highlighted that Parkdale provided very good care for its clients, with a well trained and committed staff team. People told the inspectorate that it was a happy place to live and that staff were friendly and helpful.

- 3.2 The inspectorate assessed 8 quality statements in total and awarded 8 Very Good across the four quality themes. The inspection identified strengths throughout the service including the following:
- Parkdale had a very good range of ways in which clients and relatives were provided with information and encouraged to give views.
 - The recently developed auditing system was also highlighted as a key strength, including cross auditing with another home which the Inspectorate felt represented best practice.
 - Parkdale provided good evidence from their complaint record that the manager approached comments constructively, and tried to learn from them.
 - Care records demonstrated that review meetings took place, as required by law; with good records demonstrating a thorough approach to checking with each person and their representative about any changes to care needs or wishes.
 - The inspectorate found good detail about individual needs within the care plans and that the staff knew the clients. This was supported by strong evidence of staff recognising changing health needs and seeking medical advice.
 - The inspectorate found that Parkdale was very clean when they arrived for the unannounced inspection, and clients/relatives said this was always the case and they had no concerns about the standards of this aspect of care.

- 3.3 Clients and relatives told the Inspectorate they were quite satisfied and could raise any issues with the approachable management team. Some of the comments included:

'I feel I could not do any better anywhere else but Parkdale'.

'Staff very friendly and makes you welcome when you come to visit. I am kept informed of any changes. All in all very satisfied with dad's care, knowing he is being looked after so well'.

'To be able to visit and be made so welcome is also a pleasure'.

- 3.4 The inspection also highlighted that the management team had a very good knowledge of the legislation about Adults with Incapacity and the importance of protecting people's rights.

In the past year Parkdale obtained useful equipment to aid clients' safety. For example, the front door intercom and pressure mats (to alert staff to come to the aid of someone at risk of falls). There was also a GPS tracking system (for use if someone wants to go out alone but may get lost), which used appropriately can help to maintain independence and quality of life.

- 3.5 During their visit the inspectorate received very positive feedback about staff and how caring they were. Some of the comments included:

'(My relative) has settled in well helped by the caring nature of the staff from carers to cleaners!'

'We continue to be very impressed with the high standard of care, concern and compassion of (my relative's) carers and all the Parkdale staff.'
'(My relative) was given exceptional care and kindness by the staff at Parkdale, which was such a comfort to me and my family.'

The inspector spoke to staff who felt there was a thorough induction process for new staff. All the staff who gave their views also said they had access to training on various topics and that they could ask for additional training. Staff told the Inspectorate that the regular supervision sessions were worthwhile in identifying their strengths and training needs.

3.6 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 Care Inspectorate identified some areas for improvement and will follow up at the next inspection. Details as follows:

- The service is in the final stages of developing Outcome Focussed Care Assessment and Support Plans to ensure that effective systems are in place to identify, plan and review the personal outcomes of service users. Implementation will take place in September this year.
- Within the newly developed Care system staff will work from one single 'working' care file; this will ensure that it is easy to find a clear written trail as to how situations have been followed up. The new system also includes a 'Daily Support Plan' to be completed on admission; the plan provides additional information for staff in how to best support the service user during their respite/short stay.
- Parkdale have a Skin and Weights Champion in place who ensures that all residents are weighed monthly or more frequently and action is taken as required. Waterlow (risk of pressure sores) assessments are in place for service users and are reviewed monthly or more frequently as required. Medication recording sheets are audited daily and there has been a significant improvement in the recordings by Senior members of staff.
- A Training Plan and Training Record database is now in place; the plan sets out the mandatory training for each staff group and additional training to be undertaken. The training plan includes the 'Skilled Level' of Promoting Excellence. Promoting Excellence is the Scottish Government's guidance setting out the levels of knowledge needed for all care staff working with people who live with dementia.

Six members of staff have completed the 'Skilled Level' of Promoting Excellence training, 2 of these staff will attend a training for trainers course and roll out to small groups of up to 6 staff until all staff have completed the training.

In conclusion the Inspectorate found that the care home had good links with the local community and provides homely but professional care. Clients and

relatives were quite satisfied and could raise any issues with the approachable management team.

4. DALWEEM CARE HOME

- 4.1 The Care Inspectorate carried out an unannounced inspection on 31 March 2014 at Dalweem Care Home. The level of inspection carried out was of low intensity. The following grades were awarded:

Quality Theme	Latest Inspection (31/03/14)	Previous Inspection (31/05/13)
Care and Support	Adequate (Level 3)	Adequate (Level 3)
Environment	Good (Level 4)	Good (Level 4)
Staffing	Good (Level 4)	Good (Level 4)
Management & Leadership	Adequate (Level 3)	Adequate (Level 3)

The inspection report concluded that Dalweem is a small care home with a homely feel; residents told the Inspectorate that staff were good and they were happy with the care.

- 4.2 At the time of the last inspection 6 requirements were made and 1 recommendation. The Inspectorate found that three of the requirements had been met. Details are as follows:

- *Requirement 3: The service must ensure that personal plans are reviewed on a six monthly basis and that review outcomes are documented within the personal plan.*

The Inspectorate acknowledged that staff have worked hard on this important aspect of care. Evidence from care records clearly demonstrated that reviews are now happening regularly. It was also acknowledged that one senior social care officer had taken a lead by developing a spreadsheet to alert staff as to when each resident's review was due. The sheet also noted when the review had taken place ensuring that review meetings did not get forgotten about.

- *Requirement 4: The service must ensure senior staff are provided with training appropriate to the work they are to perform.*

Since the last inspection senior staff attended training including risk assessment, supervision, maximising attendance, recruitment, and accredited health and safety training. Staff told the inspectorate that they felt sufficiently trained for their role and that since the new manager had started, were much better supported.

- *Requirement 5: The service must give notice to the Care Inspectorate of any change of manager of the care service.*

Since the last inspection the Inspectorate had received notification of the new manager.

- 4.3 Three requirements and one recommendation had not been met since the last inspection and the Inspectorate have carried them forward for completion. Details are as follows:

- *Requirement 1: The service 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. Timescale: 31st July 2014*

All Care Plans have been transferred on to a new format ensuring that each plan meets the individual needs of the particular resident. This information is current, accurate and precise. The care plans and risk assessments are reviewed at regular intervals (3, 6, 9 & 12 monthly) to ensure that they meet the needs of the individual.

- *Requirement 2: The service must develop and implement a safe and effective system for the management of administration of medication. Timescale: 16th June 2014*

Medication policies & procedures have been reviewed and updated, and information is available for staff to reference. Staff have undergone training with Davidsons Chemist who supply medication for Dalweem. Medication Mars sheets are checked for accuracy twice daily and any issues are dealt with at the time, supported by the senior member of staff on duty. Weekly monitoring/audits are carried out by the Medication Champion who also oversees the ordering of medication, distribution and deals with any issues that may arise with the pharmacy.

- *Requirement 6: The service must ensure they adhere to the conditions of registration including the manager's time being 100% supernumerary. Timescale: 16th June 2014*

A rota has been compiled to ensure that the co-ordinator is supernumerary to allow for the conditions of registration to be met.

- 4.4 A recommendation was made about staff receiving regular supervision and annual appraisals. At the inspection it was found that all staff had received a recent appraisal and that the senior team were now working on holding regular supervision sessions. The Inspectorate continued the recommendation as it was felt that staff should strive to adhere to the service's policy to embed regular supervision into the routines of the home.

Supervision has now been brought up to date and arrangements are now in place to ensure that all staff receive regular supervision and annual appraisals as per recommendation.

- 4.5 No further requirements or recommendations were made at the time of inspection. Dalweem Care Home developed an action plan to address existing requirements and recommendations detailed above which are now complete.
- 4.6 During their visit the Inspectorate highlighted the following key strengths:
- Good range of discussions at residents meetings and evidence that suggestions had been actioned by staff and the service were making progress on participation
 - Consultation participation policy in place with surveys carried out for both residents and relatives.
 - Through discussions with staff and residents, the Inspectorate were reassured that staff identified changing health needs and sought appropriate advice
 - During the unannounced visit the Inspector found the home to be clean and well kept with decorations and furnishing creating a homely environment.
- 4.7 The inspectorate spoke to some of the residents at Dalweem and found that overall they were happy with the care provided. Comments included:
- 'The staff do a very good job here'*
'It's excellent here'
'The food is good, all the staff are very helpful'
- During the inspection residents indicated that they were happy with the cleanliness of the home and thought that staff did a good job in this respect.
- 4.8 The inspector assessed 8 quality statements across all themes and awarded a Very Good, 5 Good and 2 Adequate. It was acknowledged that since the new manager had started there were now a number of developments in progress and the running of the home was improving.

5. HOMECARE

- 5.1 The Care Inspectorate carried out an announced inspection at short notice on 3 March 2014. The level of inspection carried out was of low intensity. The following grades were awarded:

Quality Theme	Latest Inspection (3/03/14)	Previous Inspection (28/02/12)
Care and Support	Good (Level 4)	Adequate (Level 3)
Environment	Not Assessed	Not Assessed
Staffing	Good (Level 4)	Not Assessed
Management & Leadership	Good (Level 4)	Good (Level 4)

There were no requirements or recommendations made at the time of the last inspection. The inspection report acknowledged that the service had

developed to meet a range of needs of people who use the service including the development of the Reablement service. People who used the service told the Inspectorate that they felt they received a good service, and that they thought staff who supported them were caring and competent.

5.2 The inspectorate assessed 6 quality statements under Quality of Care and Support, Staffing, Management and Leadership; the service was awarded Very Good and 5 Good across the three quality themes. 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.
- People who used the Reablement service received a review of their service within 72 hours of starting, frequently sooner than that if necessary.
- Records of Real Time Monitoring showed that service users sampled had received their allocated visits as planned or close to the planned time. These records also showed that staff provided care for the allocated length of time, frequently for longer if required.
- Records held by the service showed that staff could access a range of training which helped them to support people who used the service.
- The Homecare working group was also highlighted as a key strength. The group involves private providers and looks at ensuring local services are provided by the most appropriate provider.
- A Hand Held Records audit was in place, evidence demonstrated that files from different areas were audited, and checks were made against expected outcomes and areas for improvement identified.

5.3 One requirement was made at the time of inspection in relation to carrying out reviews.

Requirement 1: The service 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.

Timescale: 8 weeks of receipt of inspection report.

Over a period of 8 weeks the Care at Home Reviewing Officers focussed on reviews to ensure the above requirement was met. A full detailed action plan is in place for Reviewing Officers and is monitored on a regular basis to ensure the requirement continues to be met.

5.4 Service users made some very positive comments about the service they received, and the staff who supported them. They made comments such as "excellent staff and service", "they are...experienced, well trained and

regularly updated on health and safety issues", and "the carers are a credit to the service."

- 5.5 Staff told the Inspectorate that a supervision process was in place, and records confirmed this. Staff also said that they could attend regular team meetings, depending on their shift patterns. Staff received weekly memos informing them of any changes to service users' condition, admissions to hospital, or changes to visit times. Staff spoke positively about the support they received and said they felt they could access support from their line manager as well as colleagues.

6. OLDER PEOPLE'S HOUSING SUPPORT SERVICE

- 6.1 The Care Inspectorate carried out an announced inspection at short notice on 28 March 2014. The level of inspection carried out was of low intensity. The following grades were awarded:

Quality Theme	Latest Inspection (28/03/14)	Previous Inspection (14/02/13)
Care and Support	Very Good (Level 5)	Very Good (Level 5)
Environment	Not Assessed	Not Assessed
Staffing	Very Good (Level 5)	Very Good (Level 5)
Management & Leadership	Very Good (Level 5)	Very Good (Level 5)

There were no requirements or recommendations at the time of the last inspection. The inspectorate acknowledged that the service continues to provide very good support to tenants in Perth and Kinross Council's sheltered housing complexes, and has worked hard to keep tenants informed of the proposed changes to the service.

- 6.2 The inspectorate assessed 6 quality statements in total and awarded 6 *Very Good* across the three quality themes. The inspection identified strengths throughout the service including the following: The inspection report highlighted the following key strengths:
- Older People Housing Support has supported the development of an older people's network within Perth and Kinross and a tenants' panel within the housing support service.
 - There were a variety of ways that the service engaged with tenants and sought their views including tenant's meetings for each complex and the annual tenant's survey.
 - Individual tenant's reviews of their care were taking place every six months as required by legislation.
 - In each complex there was a variety of social activities on offer, developed in conjunction with tenants and their preferences.

- Complaints records demonstrated an open and constructive approach to dealing with complaints.
- 6.3 Tenants told the Inspectorate that they were very happy with their individual support from the various housing officers. 97% of tenants were very happy with the support provided by the housing support service; this included respondents to the Care Inspectorate questionnaires in addition to the tenants they spoke to in person. Some of the comments included:
- 'No complaints whatsoever!'*
- 'I am very happy with the service I receive.'*
- 'Staff very helpful and cheery. They have a good rapport with residents. Meetings are convened to discuss any problems.'*
- 6.4 The inspection report also highlighted the good evidence the service could provide in relation to support records. They clearly demonstrated that housing support officers refer tenants to other services, for example, occupational therapists or social work.
- 6.5 The inspectorate received very positive feedback about the housing support officers and response from the office. 100% of respondents to the Care Inspectorate questionnaires said that staff treated them with respect and comments included:
- 'The wardens are very helpful and caring'.*
- 'The service that the staff provide in the running of this establishment is excellent. The staff most certainly go above the normal care and attention to us. Thanks and praise to all the staff which in effect make our stay here worthwhile, happy and content'.*
- During the visit the inspector heard from staff about satisfactory induction arrangements so that they felt prepared for working independently. Staff thought they had sufficient access to training and the Inspector saw from the training records that there was a good range of topics available from the provider, Perth and Kinross Council.
- 6.6 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 Care Inspectorate identified some areas for improvement including:
- Assist tenants with communication impairments to give their views – work is ongoing in this area including staff modifying communication to meet the needs of the tenant. The service also provides various methods to help tenants including loop systems, an Interpreter Line, braille. Staff are working with other Agencies to ensure tenants are fully supported and able to communicate effectively.

- Dementia training for all staff – ‘Good Practice’ Dementia Care Training has been added as ‘core’ training to staff development plans and will be implemented throughout the year.