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Care service inspection report

Stewartry Care

Support Service Care at Home

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Castle Douglas
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Inspected by: Clive Pegram

Type of inspection: Unannounced

Inspection completed on: 18 June 2012

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Service provided by:

Stewartry Care Limited

Service provider number:

SP2003002552

Care service number:

CS2004071623

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Since the last inspection the company has continued to develop its systems and procedures and have confirmed the appointment of a new service manager.
The company has continued to try to ensure that service user's visits are now kept to the same group of staff. The planner/quality assurance co-ordinators have spent time working on routes and schedules to ensure this. The company have completed their second 'Social Account' to assess the service they provide.

What the service could do better

Although a lot of work has taken place the company still needs to concentrate on ensuring that there are minimum alterations to service users' visits as possible. Although some recommendations have been carried forward in this inspection, it will be important for the Service Manager and Managing Director to ensure that these are completed this year. The company has made clear improvements since the last inspection. Stewartry Care from undertaking the 2nd 'Social Accounts' have now a clear vision of what they are doing well and how they can develop. It will be important that the staff training & refresher training is undertaken as required. That staff development and supervision and appraisals are implemented through the year.

What the service has done since the last inspection

Since the last inspection the company has continued to ensure that all service users' personal plans and reviews are up to date and maintained. They have further developed and are introducing a staff sickness policy and procedure. The company has also restructured some of the management and office jobs to provide a better

service to service users/relatives.
We found that the Managing Director and Marketing and Business Director have continued to provide stability to the company. A new Service Manager has recently been appointed to the service. The Marketing & Business Director has undertaken a 2nd year of 'Social Accounts' for the company.

Conclusion

Stewartry Care has continue to build on the companies service to service users and assess how it carries out its business. We have found since the last inspection in June 2011 the company has made very positive improvements. We would wish the management and staff team to continue with these improvements, which should provide good outcomes for service users.

Who did this inspection

Clive Pegram

1 About the service we inspected

Stewartry Care Ltd provides a Care at Home service to people living in their own homes within the Dumfries /surrounding areas and Stewartry area and covers service users' homes in both rural and town locations. At the time of the inspection the service was providing a care at home service to 228 service users.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS. SCSWIS is now known as the Care Inspectorate.

Stewartry Care is an employee owned company which means all members of staff are co-owners of the company.

Since the last inspection the Service Manager has been appointed as Managing Director of the company and a new Service Manager has been appointed. There is still close working between all management, planning sections and the Marketing & Business Director. It has been positively noted again throughout the inspection the work that has been undertaken to put systems and procedures in place for the company. They continued to be very open with us about the issues the company has had and how they are working to overcome these. Staff morale and working practices have improved. They have continued to work on the previous 'Action Plan' from the last Care Inspectorate inspection.
The service Aims and Objectives are to ensure the care and support they provide will meet the needs of each service user as identified in their support/care plan. That each service user has lifestyle choices and aims to promote the service user's independence and maintain their dignity.

That overall the service provided by Stewartry Care is non-discriminatory and is sensitive to the service users' ethnic, cultural and religious needs.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

In this service we carried out a low intensity inspection. We carry out these inspections where we have assessed that the service may need a less intense inspection.

The report was written following an unannounced inspection which took place between Monday 11th and Monday 18th June 2012. During this time we spent time at the office, attended a 'Staff Meeting/Drop in' where staff meet with planning and field supervisor. We also undertook 'shadowing of staff' visits and home visits to service users and made some telephone calls. We also attended an 'Information morning about Stewartry Care being employee owned' during the inspection. We provided feedback to the company on Monday 18th June between 15.25- 16.20.

The service did submit a completed Annual Return as requested by the Care Commission.

The service submitted a self-assessment form as requested by the Care Commission.

We issued 80 questionnaires to friends, relatives & service users. 40 questionnaires were returned.

Views of service users & relatives were gathered during the inspection by speaking with them.

During the inspection, evidence was gathered from a number of sources including the review of a range of policies, procedures, records and other documentation, including: Corporate Policies & Procedures:

Service Self Assessment
Personal Plans
Welcome Booklet
Operations Meeting Minutes
Focus Meeting
Training Records and policy information

Recruitment
Review process
Service user information
'Participation Strategy'
Stewartry Care Social Accounts May 2011 - May 2012
Health & Safety
Complaints
Risk Assessment
Medication

Discussions with various people, including
- the managing director
- service manager
- marketing & business director
- field supervisors
- trainer
- care workers
- administrator/quality assurance/planners
- people who use the service
- relatives

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to

take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

The service must revise the complaints procedure's time scales in relation to the new regulations SSI 2011/210 Regulation 18 (4). This is to comply with SSI 2011/210 Regulation 18 (4) Complaints and National Care Standards - Care at home - Standard 11: Expressing Your Views - Housing Support Services - Standard 8 and Support Services - Standard 12. This should be completed within 28 days of the date of this report.

What the service did to meet the requirement

The company have revised the complaints procedure to the 20 days required.

The requirement is: Met

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

The company has met the majority of recommendations from the last inspection. Some have been carried forward to this inspection and identified within this report, where the recommendation is being implemented or not quite met.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a completed self assessment document from the Service Manager. The self assessment provided us with enough information regarding how the service was operating. This also included some areas where the service manager identified how the service could improve.

The Service Manager may still wish to consider that the service is in the process of change and to ensure that areas of improvement and developments which are

happening are recorded within the next self assessment. As the steering group meetings develop or service users questionnaires are returned the company may wish to include information from these into the self assessment.

Taking the views of people using the care service into account

We sent out 81 questionnaires to service users/relatives and 40 were returned; this is a 50% return rate.
We also undertook 7 shadow visits and visited 7 service users/relatives.

Out of the 40 service users/carers returned questionnaires the majority identified that they strongly agreed or agreed with how happy they were with the service.
When we spoke to service users/relatives, without fail they all stated that they get the same group of staff attending them.
Service users told us that they were sent birthday cards.

"No complaints really, the girls are very good"
"Super Girls"
"They always come when they should come"
"They are great and pleasant"
"They look after me and pamper me"
"The staff are very nice"
"Fair Grand, my carers are fantastic"
"Pretty good, they are quite flexible when I add and cancel a shift"
"They treat me as a person with dignity"
"Everything runs to plan"
"I will be with Stewartry Care for a long time to come"
"A1 20 out of 20"
"No complaints they are all so good"
"I can't say anything wrong about how they are"
"I find the carers very very helpful"
"They are very good and obliging to him"
"Overall things are going O.K."

Taking carers' views into account

'If we were not happy we would phone Stewartry Care'
'We get the same group of staff coming to us'
"It's an excellent service, I get a respite in the afternoon off on a Friday, and someone comes in and sits...."
"Very good service from Stewartry Care"
"All staff have the know for my relatives care needs"
"Best quality of life possible for her to have"
"We are very pleased with the service provided"

"Very happy with service provided by Stewartry Care"
"Excellent service from Stewartry Care"
"Could not find fault with anything"
"I find the service is good as well"

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

At the last inspection we graded this statement as 4 Good; we have graded this statement as 4 Good.

The Marketing & Business Director, Managing Director & Service Manager have continued to develop the participation strategy. Since the last inspection the service has also appointed an Engagement Officer to undertake service user/relative & staff newsletters and quality assurance systems. She will also further develop the 'Steering Groups' as identified in last years report.

The steering groups now take place in Dalbeattie, Dumfries and Castle Douglas, we saw the minutes of these meetings. The Kirkcudbright steering group has not started and Stewartry Care may join the Kirkcudbright & Castle Douglas steering groups together. See area of improvement.

When we did home visits we found that the Welcome Pack was located in the Service User file provided by Stewartry Care. This did contain the following information:-
Participation Strategy
Written Agreement
Information about Stewartry Care
Complaints Procedure:- Stewartry Care, Care Inspectorate & Dumfries & Galloway Council
Advocacy Information
Aims & Objectives
In some of the questionnaires we sent out some service users identified that they were not aware of the complaints procedure, but the information is clearly in the Welcome Pack. See area of improvement.

The Marketing & Business Director and Engagement Officer and her team continue to

make contact with service user/relatives either by visits or telephone calls on a weekly basis. The engagement officer during the inspection showed us how the service users/relatives questionnaires were recorded on a data base within the computer system. The managing director during the inspection also showed how everyday calls from service users/relatives were recorded onto the computer system. See area of improvement.

The Marketing & Business Director has undertaken a set of 'Social Accounts' for the company of the service it provides see statements 4.1.& 4.4. This includes information from service user/relatives/stakeholders Questionnaires.

The company continues to send out newsletters every quarter. If a newsletter is required to be sent out, in addition to the quarterly one, this will be done.

The company has continued with its system to ensure that care plans and reviews were up to date. This includes a process of the administrator identifying to 'Field Supervisors' when reviews are due. The company had also revised its review process to ensure that reviews are carried out every 6 months. When we spoke to service users they were able to inform us that they had had a care review. See area of improvement.

The company continues with their complaints policy & procedure. We were able to see that complaints or comments had been made and how they had been addressed and followed up in some instances. See area of improvement.

Within the quality assurance questionnaire (feedback) the company has now added a question to ask service users/relatives about their understanding of the complaints procedure.

The company has also revised its written agreement for service users as identified in last years report.

The company keeps all letters of thanks it receives and these are displayed on a notice board in the office.

Areas for improvement

We were pleased to see that the steering groups had progressed again this year. When we spoke to service users/relatives some were aware of letters being sent to them inviting them to attend the steering groups. We also spoke to one service user who attended the steering group as well. It will be important as this is a part of the participation strategy that the company ensure that all new service users/relatives are aware of the steering groups and their possible involvement attending meetings. As identified last year the groups could further be involved with the self assessment for the following Care Inspectorate inspection. We would wish Stewartry Care to further develop the steering groups and participation strategy through the coming

year.

As identified above Stewartry Care have put in place an Engagement Officer/Team they telephone or make home visits to service users to see how the service is being provided via Feedback forms and Field Supervisors who undertake service users' reviews. As an area of development when these visits happen as a matter of course they should double check with the service user/relative the information in the Welcome Pack re Participation Strategy and Comments and Complaints procedures etc. In the questionnaires we received for the inspection a few identified that they did not know the company asked for their opinions or checked with them regularly. It will be important for the Engagement Officer and Field Supervisors to record on the 'Review Sheets' in service users' files when all reviews or visits to service users for feedback has been undertaken.

When we checked with the administrator she was able to show us how the 6 monthly reviewing system of service users personal plans was going. The computer system identifies when service users reviews are due by a 'traffic light' system - red needing a review, amber review coming up & green review completed. The managing director also explained to us that there had been some sickness with the Field Supervisors which had reduced their capacity to keep up to date with all reviews. The company had also recruited 2 more Field Supervisors which would help to ensure that all reviews are up to date by the end of the summer 2012. It is very important that Stewartry Care ensure that all service reviews are kept up to date see recommendation.

We noted in the Participation Strategy that it should be further revised so that in section 2 it identifies relatives/carers in this section as well as service users. Also to replace SCSWIS with the Care Inspectorate. This is now SCSWIS everyday name that should be used. Also to now include 'Stakeholders' within the Participation Strategy as the service asks for information from them as part of Participation Strategy. We discussed this with the Managing Director and Marketing & Business Director and as an area of improvement would revise the Participation Strategy.

As identified in last years report the company has continued to look at their 'website' to see how it could be developed for service users/relative information e.g. reading newsletters etc. They have had a meeting with a web designer and they hope the website will be interactive. The website could be further developed to include information about making a complaint or comment to the service. The Managing Director showed us confirmation of the cost of the website and brought us up to date with the implementation of the website for Stewartry Care. She hopes that the website will be up and running this year.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service provider should ensure that all service users have a 6 monthly review completed with each service user/relative. National Care Standards - Care at home - Standard 3 - Your Personal Plan.

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

We did not inspect this statement at the last inspection, we graded it as 4 Good at this inspection.

All service users have been given a 'Blue Folder' which contains information regarding their personal plans, service user information sheet, medication information & recording sheets and communication sheets. There is also a risk assessment in each file that identifies any possible hazard in the house or service user related. See area of improvement.

When we did shadow home visits all service users and relatives confirmed that before they started with the company a Field Supervisor/Manager came out to discuss their care plan needs. They also had the Single Shared Assessment Care Plan provided by Dumfries & Galloway Council. This information from their visit was then recorded and put into their personal plan and detailed within the care plan section. All personal plans are laminated in their Blue File in their house. See area of improvement.

We reported at the last inspection how the service users' personal plans have been revised and are now written in the first person. We found that some of the plans were quite detailed and others were not. Some personal plans are also generic e.g pressure area care & nutrition. It is important the generic personal plans still identify each individual needs as required. We found that where required service users had moving & handling assessments in their care files. Also there were specific care planning for skin integrity and nutrition. The nutritional personal plan stated what the person could eat and the consistency of fluids they should drink. See area of improvement.

We checked personal plans and found that they did contain information about the service users' needs and specific health care needs as required. Service users and relatives confirmed to us that all staff who visited them had the skills and ability to meet their needs. They also confirmed that when staff were caring for them and they noticed something was wrong they would speak to them and advise that they have a doctors or district nurse visit. Service users also confirmed that if they were not

feeling well then the staff would also contact their doctor or relative. We observed on one visit that the staff member was not happy with a service users' skin integrity and contacted the surgery for a District Nurse to visit. We also saw different recordings in the communication sheets relating to service users' health matters.

We saw on the Stewartry Care computer system (Care Manager) that all calls from service users or any issues are recorded on this live system.

We spoke to 4 different service users or their relatives, who have specific complex health care needs. They all confirmed that the staff had the training, skills and knowledge to meet their needs. That the relatives also had confidence in the staff when caring for their relative as the staff knew their care needs. This could include Pressure Area Care, Catheter Care, Percutaneous Endoscopic Gastrostomy (PEG) feeding, moving & handling etc.

We observed 2 staff undertaking moving & handling with a hoist and the service user. The staff spoke to the service user all the time they were moving her and letting her know what they would be doing next.

The service follows The Dumfries and Galloway Guidelines for Home Carers Assisting Older Service Users with Medication. Staff were able to show us how they undertook medication with service users who needed their help at level B or C. Level B is when staff need to prompt service users and Level C is when staff administer and reorder/collect medication for service users. We found that the recording of medication was being undertaken correctly. See statement 3.3.

Service users and staff confirmed their knowledge of the confidentiality procedure. Service users/relatives confirmed that staff never spoke about other service users in their presence and were assured of their confidentiality.

Staff also confirmed that they had support from the management team and field supervisors for 'out of hours' times in case they needed advise re service users' care needs.

Areas for improvement

When we checked the personal plans we found that in the majority of homes all service users had a personalised care plan that was written in the first person. Some were very detailed as to what the service user/relative wished to happen at different visits. In some care plans it identified Personal Care - but this covered all the visits for the day. It will be important for Stewartry Care to further develop their personal planning information to detail what the service users would wish at each visit. It should also ensure that all care specific plans are in service users' files e.g. pressure area care.
This would again assist the service users if staff are having to attend a service user for the first time as to having clearly recorded what the service users wishes are etc.

Also we noted that personal plans in the home were not dated so it would be difficult to identify if the plan had been revised after a review. We discussed this with the managing director who confirmed that all plans would be clearly dated from this time. See recommendation.

We identified at the last inspection that the inclusion of a brief summary on the service users' needs as recorded on the file copy. Although staff confirmed that the office would provide this information to them if they were visiting for the first time. However, having information regarding a service users' 'pen picture' of who they are and physical and mental needs can only enhance the recorded information. We did fine a few 'pen pictures' in the folders, the managing director did also confirm to us that some service users do not wish these to be in place. However, it can only enhance the staff knowledge of the service user's need and the service should continue to introduce these whereever possible. Recommendation continued from last year's inspection.

See recommendation in statement 1.1 regarding the service ensures service users' reviews are up to date.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service provider should ensure that all service users personal plans contain information that is detailed to identify to staff the service users' wishes for each visit or specific care plans as required e.g. pressure area care . All personal plans should be signed & dated.
   National Care Standards - Care at home - Standard 3: Your personal plan and Standard 4: Management and staffing
2. Information in the personal plan regarding a service user's 'pen picture', physical & mental needs should be included in the personal plan retained in the service users' home.
   National Care Standards - Care at home - Standard 3: Your personal plan

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

This statement was graded as 4 good at the last inspection, at this inspection it continued to be graded as 4 good.

See information as reported in 1.1, detailing how the service is undertaking participation with service users/relatives/stakeholders.

The Participation Strategy clearly identifies how service users/relatives will be involved in the recruitment/training of staff.

As identified in the last inspection report service users' views have been sought (via the Steering Group) with regard to what questions they would like asked at a care staff interview. Some of these questions have now been incorporated into the standard interview questions.

The Managing Director confirmed that they have service users who are interested in helping with appointing of staff and staff training. One of the service users' advocates had been involved with some staff interviews since the last inspection.

We spoke to service users/relatives and they identified that if they had a problem with a member of staff they would telephone the office. They commented that they felt 'safe' to do this and the office would sort out any problems they had.

Service users confirmed that they mainly get the same group of staff attending to them, they get their planner weekly now opposed to 2 weekly as last year. If there were any blanks on the planner then the office always telephones them the day before to let them know who will be coming to them. See area of improvement in statement 4.4.

Since the last inspection the company has revised its recruitment policy to reference how service users/relatives would be involved in the recruitment/training of staff.

Areas for improvement

The service should continue with the Participation Strategy and steering groups and encourage service users/relatives to be a part of the process. This could also be spoken to service user/relatives when Field Supervisors do their first visit. It could

also be asked when the Quality Assurance team do their telephone/home visits for feedback about the service provided by Stewartry Care.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

This statement was inspected at the last inspection as 4 Good, at this inspection we have continued to grade it as 4 Good.

During the inspection when we spent time shadowing staff & undertaking home visits the staff were observed to be respectful & understanding to service users' needs. When we spoke to service users/relatives separately they also confirmed that staff showed them dignity and respect in all their encounters with them at all times.

The company has a policy and procedures that they continually up date and take to the board meeting for approval.

The company has a policy and procedure in relation to Whistleblowing and Adult Support & Protection & Children Protection.

We spoke to 3 staff who have recently commenced work with Stewartry Care and they confirmed they were undertaking the company induction process.

We were able to see records of all training undertaken by staff members who worked for the company. This was via the computer system, which prints a large spreadsheet that identifies when training was undertaken or is required. The administrator will then 'flag' this up to the planners who will then rota staff to undertake the relevant training. The company continues to have its own trainer which includes Moving & Handling for all staff and advises the company of moving handling issues. All staff prior to undertaking any moving and handling will undertake training as part of the induction process and refresher training each year. There is further training for staff to do e.g. Medication, Adult Support & Protection, Food Hygiene, Infection control etc and specific health care i.e. Diabetes awareness. See area of improvement.

When we checked 3 staff recruitment files we found that they were generally in good order, with application forms, reference checks, interview notes and regulatory body checks. See area for improvement.

The company is continuing to look at providing further accredited in-house training for the staff team. The company also use the local training consortium where required. When we checked staff training files we found that these were mainly up to date and when we spoke to staff they confirmed that they have had more training over the past few years than before. Now there were tests at the end of each training session to ensure they had understood the training. See area of improvement.

Staff are encouraged to apply for their Independent learning fund (ILF) to also promote their learning. This would be in addition to Stewartry Care training budget. Stewartry Care has also taken the time to look for external funding for staff training. They are very conscious of starting to look at how the company will commence SVQ training for the staff team.

From reading the 'Induction Information' there was clear information about what the National Care Standards (NCS) were and how they should be used as best practice. The company continues to use the yellow card that informs about the principals of the NCS - 'Be PRECISE'.

We asked service users about the staff attending to them they still confirmed that in general they get the same group of staff attending to them. Where staff are running late or there is a change then the service users would be called by the office. We noted that in the steering group for Dumfries the issue of staff rota and planning was discussed.

When we spoke to staff they confirmed that they feel supported by the management team and the Managing Director. There is always someone for them to contact 'out of hours' if needed e.g. Field Supervisors. The Managing Director has an open door policy for staff to contact her at anytime. When we attended the staff 'drop in' meeting there was positive communication between the staff, planner and the trainer.

Areas for improvement

We did identify from the training system that some staff had not had their refresher moving & handling this year. The administrator had also identified these to us; some of the staff were Bank staff, others were on maternity leave. The trainer also has a record of what staff need training and will arrange this with the planners as well. It is very important that the Service Manager ensures that all staff have their training updates as required to ensure their competency. See recommendation.

When we checked staff files we found that although a check had been made against the Nursing & Midwifery Council (NMC) for a registered nurse appointed as a carer, there was no record of care staff being checked against the Scottish Social Services Register (SSSC). The Service Manager and Managing Director confirmed that these checks are undertaken but there was no evidence of these happening. On the front cover of the staff file is a section for Professional Body checks but this was not

completed. We spoke to them about how they could evidence checks being undertaken from the SSSC website. The Managing Director confirmed that in future they would retain a record of this check. When we checked qualifications an applicant stated they had and we then looked in the staff file there was no record of the qualification written on the interview sheet or a copy of it in the file. The service should always ensure that it has a record of all qualifications applicants state they have at interview. See recommendation.

As identified in the last inspection the company has continued to undertake two types of supervision that take place formally 1 to 1 with the Service Manager and observed practice with the Field Supervisors. However with there being some Field Supervisors sickness problems the supervisions are not up to date. When we spoke to staff they were aware of having supervision and appraisals but these were not up to date. We were also informed of the recruitment of 2 more Field Supervisors to help with these tasks. However we do have concerns as to the work capacity of Field Supervisors and completing supervisions/appraisals and catching up on service users' care plan reviews. This recommendation is continued as it has not been fully completed. See recommendation.

The Managing Director confirmed to us and showed us the new staff development policy and procedure. She confirmed that this will now be implemented over the coming year. We will see how this and the staff supervision and appraisal systems have been implemented at the next inspection. These two procedures should complement each other and further identify staff training needs. Recommendation continued from last year.

The company has highlighted the issue of staff sickness and how this can cause the planning team further challenges. The company has developed and is introducing a staff 'Management of Sickness Absence policy and procedure'. We will check at the next inspection if this has helped with reducing staff sickness and the planning of service users visits.

The Managing Director informed us that the company is in the early stages of looking to work with Alzheimer's Scotland with caring for people who are living with dementia.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 5

Recommendations

1. The Service Manager should ensure that all staff undertake their training and refresher training as required.
   National Care Standards - Care at home - Standard 4: Staffing and management.
2. The Service Provider should instigate and develop a supervision/ appraisal system for staff within the service which should ensure that there are more formal ways of communicating with the care staff working in the service
   National Care Standards, Care at home Standard 4: Staffing and management.
3. The Service Provider should develop and implement a staff development policy and procedure for all staff.
   National Care Standards - Care at home - Standard 4: Staffing and management.
4. The Service Manager must ensure during the recruitment process that there is a record of the qualification/s an applicant states they have recorded in their application form. National Care Standards - Care at home - Standard 4: Staffing and management
5. The service should introduce a system that ensures all applicants are checked against the relevant professional body register e.g. SSSC and that the outcome of the check is recorded. National Care Standards - Care at home - Standard 4: Staffing and management.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

We found the service to be attaining a 4 Good standard for this statement, at the last inspection we graded this statement as 4 Good.

See information as reported in 1.1

The company has clear aims & objectives as to how it wishes to provide its Care at Home service.

The company have now undertaken 3 'Steering/Focus group' meetings.

The Managing Director & Marketing & Business Director have continued with the quality assurance checks with service users/relatives and addressed issues raised. Since the last inspection they have continued to look at service users' visits and trying to have specific groups of staff teams working with service users, this now seems to be much better.

The company sent out for the service user/relative evaluation form for the social account in 2011, 196 questionnaires were sent and 109 were returned.
As in the last report the Marketing & Business Director had developed a set of 'Social Accounts' for the company. During the inspection we saw the draft current set of social accounts for May 2011 - May 2012. This draws together information in relation to questionnaires - service users/ staff/ stakeholders etc. See 4.4 for more information.

When we spoke to service users/relatives they all confirmed that if they needed to phone the office, the office staff would spend time resolving any issues they had. They found the office staff very approachable. See area of improvement.

Areas for improvement

It will be important for the Managing Director and Marketing & Business Director to continue the work they have undertaken in the last 18 months to ensure the Quality Assurance system works and positively influences the work of the company. With the appointment of the new service manager it will be important for her input into this process to ensure linkage from operations to strategic management of the service.

The Marketing & Business Director also stated that if there were any issues identified from service user feedback forms she would deal with these issues straight away. She would also bring them to the attention of the Managing Director & Service Manager.

We are aware that there have been changes within the company and the role of different jobs during the last year. In one questionnaire it identified that they did not know who or what jobs the managers did. We spoke to the Managing Director about this who stated that they would put an article and possibly staff pictures in the next newsletter about the management/structure changes that have happened in Stewartry Care this year.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

This statement was awarded the grade of 4 Good at this inspection, at the last inspection it was awarded 4 Good.

As identified in 1.1 & 4.1 the company has introduced a 'Social Accounts' for May 2011 - May 2012. This is a quality assurance audit of how the company is working to its aims & objectives. The social accounts cover the following areas:
Introduction
Background to Stewartry Care
Mission, Values/Aims, Objectives
Analysis
Scope and methodology of the social accounts
The report on performance
Other views
Compliance
Changes within the company over the last year
Main achievements and conclusions
Plans for the year ahead (next set of social accounts)
Dialogue and disclosure

The social account has been put together from service users' questionnaires (196 sent out and 109 returned), Steering group meetings, service user's feedback, staff survey (100 sent out and 69 returned) & stakeholder surveys (16 sent out and 10 returned). This has provided the company with an overall assessment of where and how they are seen in providing their service.

What it also provides is for an action plan to be developed to further enhance and grow the company. We looked at the social account for this year and could see from the previous social account how the company has been able to quantify from previous statistics how it has developed over the year. In all sections the statistics showed they had increased on last years results.

The Service Manager/Managing Director had also provided a good self assessment of the service provided and identified areas that the service needed to develop in.

The Service Manager still continues to meet with the local Social Work Manager to discuss service issues where they arise. We spoke to social work staff who confirmed that they speak and communicate positively with Stewartry Care. The management team are in contact with other stakeholders in the course of their daily work.

The management team is aware of the requirement to notify the Care Inspectorate and other stakeholders regarding issues that might arise.

The company did submit its annual return to the Care Inspectorate this year.

The Managing Director and Marketing & Business Director attend board meetings to report to the board how the company is doing, the information from the 'social accounts' gives an overall annual report to the board as well. We read the recent board meeting minutes where the new sickness absence & supervision & appraisal policy and procedures were discussed.

Areas for improvement

We spoke with the Managing Director and the planner; there is a regular management meeting, Care Planning Meeting - where they identify how many visits are not allocated each week when the planners are sent out. They identify if these have reduced and by how many shifts & how many hours as well. They have also again this year tried to reduce down how many visits are left blank each week, they have a target of 150. That is out of a total of approximately 4000 visits a week which is 3.75% of total visits. The Managing Director informed us that they have again restructured the planning and recruited a new planning assistant to help with the planning. We will check on their progress on this at the next inspection.

With the progress that the management team has made with undertaking the social accounts for the past year it will be very important that they ensure future annual social accounts are undertaken to influence their business.

We cannot stress enough the importance for the company to continue with their quality assurance process and systems and to continually improve and develop them.

As identified in the previous inspection Stewartry Care is an employee owned company, and in previous years the company has held different meetings with staff

as to how they found the company was running and ideas they had for improvements. We were told that an 'Employee Council' has also recently been established to further enhance the staff ownership of the company. A staff member has put their name forward as chair and the council should raise further awareness with the staff about employee owned company.

During the inspection there was a presentation about the employee owned status of the company in Castle Douglas that we attended.

As identified within this report there had been Field Supervisor sickness and the introduction of an Engagement Officer/Quality Assurance Team. The company will have to ensure that the role of the field supervisor has enough capacity to undertake the approximately 400 service users' reviews a year and staff supervisions.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

We have identified over recent years how Stewartry Care has tried to consolidate its work and at the same time look at its management structures. We found again this year that they have continued to implement changes that they hope will benefit service users. They are very conscious to reduce down as much as possible changes to service users' planners. To have set staff teams working in areas to service users and at the same time the challenge this gives with service users starting and stopping their care at home support.

It is very important that this impetus continues to ensure that Stewartry Care is able to consolidate its practice and provide a good service to the community for the future.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
22 Jun 2011	Unannounced	Care and support Staffing Management and Leadership	4 - Good 4 - Good 4 - Good
30 Nov 2010	Announced	Care and support Staffing Management and Leadership	2 - Weak 3 - Adequate 3 - Adequate
5 Feb 2010	Announced	Care and support Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate
31 Oct 2008	Announced	Care and support Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

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