

Care service inspection report

Cosgrove Care - Home Care Service

Housing Support Service

Walton Community Care Centre

May Terrace

Giffnock

Glasgow

G46 6LD

Telephone: 0141 620 2500

Type of inspection: Unannounced

Inspection completed on: 20 May 2015



HAPPY TO TRANSLATE

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Service provided by:

Cosgrove Care

Service provider number:

SP2003002854

Care service number:

CS2003054090

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

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 | 5 | Very Good |
| Quality of Environment | | N/A |
| Quality of Staffing | 5 | Very Good |
| Quality of Management and Leadership | 5 | Very Good |

What the service does well

The service had continued to provide an excellent standard of support that was person-centred and flexible. The sampled support plans we looked at showed that people were consulted throughout the planning and review process to live a life of their choosing. This had offered increased opportunities to participate in community activities including a range of social groups, further education, paid and voluntary employment.

What the service could do better

There would be some benefit in considering further how staff supervision and appraisals are informed by observation of practice with accompanying assessment of issues such as medication and finance. These processes could also be informed by feedback from people who use the service, relatives and health and social work professionals.

What the service has done since the last inspection

Considerable work had been done to ensure that the paperwork that accompanied the personalisation agenda was accessible and relevant to people supported by the service.

The management and staff team had worked hard to meet the recommendations from the last inspection.

Conclusion

The service had shown continued improvement in a number of areas including making sure that people had increased opportunities to maintain and develop skills that improved their outcomes.

There should be clearer links to practice assessment and supervision and appraisal for all staff.

1 About the service we inspected

Cosgrove Care Service is registered to provide an integrated housing support/care at home service to adults with learning disabilities, physical disabilities and mental health issues.

The service is available over a 24 hour period and is provided to service users living in their own homes throughout the East Renfrewshire area and surrounding areas.

Cosgrove Care is also the name of the service provider. This provider has a long history of supporting people with learning disabilities and their families within the Scottish Jewish community and the community at large. It prides itself in respecting the person's beliefs and cultural way of life.

The provider's mission statement is as follows:

"Cosgrove Care empowers all of its people to fulfil their potential in the journey of life".

All service users are given the opportunity to fulfil the statement and live as 'normal' a life as possible. They are given the same opportunity as anyone to access all amenities in their community.

Staff continually promote equality and opportunity on their behalf to ensure they are respected as individuals and are encouraged to take an active part in decisions affecting their lives.

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Act, its regulations, or orders made under the Act, or a condition of registration.

Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - N/A

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very 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.careinspectorate.com or by calling us on 0345 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

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place initially at the main office on Tuesday 12 May 2015. We also met with people in their homes during that day. On Wednesday 13 May we again visited the service and spent time with staff, people who used the service and looked at relevant documents throughout the inspection.

On Friday 15 May we emailed staff and health professionals and looked further at policies, procedures and associated records. Feedback was given to the chief executive officer (CEO), head of operations and registered manager, and a commissioning officer from the local council on Wednesday 20 May. Grades were agreed subject to the Care Inspectorate quality assurance.

During this inspection we visited the following services:

- Burnfield
- Arnside
- Braidholm
- Supported employment project.

An inspection volunteer coordinator and an inspection volunteer convened two events for people who used the service and their relatives. Inspection volunteers are members of the public who have used a care service or care for someone who has used a service. During those events twelve people offered feedback about the service. The findings from those are included in the report. We were also assisted by another inspector who looked at finance procedures and records.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent 80 care standards questionnaires to the manager to distribute to people who are supported by the service. We received 19 completed questionnaires and the feedback is noted in this report. We also sent 80 questionnaires that we asked to be given to staff. We received 20 that were completed and the feedback informed our

report under the relevant statements. Because of the low response we also emailed staff. At the time of sending the draft report we had one reply from 34 requests for further information about their role within the service.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- Eighteen people who used the service
- Eight carers/friends
- The chief executive officer (CEO)
- The registered manager and Head of Operations
- The personalisation coordinator
- Two service managers
- One project leader
- One depute project leader
- Housing support project manager
- The kosher catering coordinator
- Human resources officer
- Student on placement
- Four support workers
- Social worker
- District nurse.

We asked for feedback from other health and social work professionals but did not receive this before the draft report was completed.

We looked at a number of relevant documents including:

- Six support plans
- Review paperwork
- Medication folders
- Finance folders
- Health information
- Minutes from family meetings
- Minutes from house meetings
- Medication policy
- Finance policy
- Finance records
- Training records
- Supervision records
- Induction workbook
- Recruitment processes
- Supported employment records and processes including a centre audit report

- Registration certificate
- Insurance certificate.

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

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.

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development, and any changes it had planned.

We spoke with the managers at feedback about making it clearer how they include people who use the service, staff and other stakeholders in the self-assessment.

Taking the views of people using the care service into account

We met with fourteen people in their homes and in the supported employment project. The comments made by those who could verbally respond were very positive. People told us they liked the staff and felt they were well supported. Others told us of life changing opportunities that had given them confidence. Many told us of how being involved in the service had addressed issues of social isolation. Attending social groups and having opportunities to participate in the community had helped to develop skills which had improved their outcomes.

Fifteen of the nineteen responses in our care standard questionnaires told us they strongly agreed/agreed that overall they were happy with the quality of care and support the service offered. Other questions around support needs, being treated with respect and issues around staffing were also given strongly agreed/agreed replies by those fifteen respondents.

Two disagreed and we were confident that any issues around support that were raised with support staff would be thoroughly investigated.

Seven people told us they did not know how to make a complaint about the service and five told us they did not know how to make a complaint to the Care Inspectorate. We asked the manager to remind people of the processes that are in place for people.

Two people disagreed that staff had the skills to appropriately meet their support needs. We have looked at records and believe that training is comprehensive and relevant to the needs of people. However we would again refer people who are unhappy to speak with staff. We have been told by carers and people who used the service that the management were very responsive to issues raised with them.

Inspection Volunteer report:

People who used the service told our volunteers they were happy with the care they received. Comments included:

"They help me with cooking and budgeting"

"I'm quite happy"

"We go to the safari park and trips in the summer"

"The summer choir is a good idea. I would like more modern stuff too".

Comments about staff were positive and included responses such as, "caring" "perfect" and "approachable".

Taking carers' views into account

The inspector did not meet any carers in this inspection. Please see the report below from the family event convened by the inspection volunteer and attended by eight relatives.

Inspection volunteer report -

Relatives advised that they took part in care reviews and have input to the care planning process. They were aware of their family member's key worker and one person reported that they were, "very good at keeping them up to date with things, for example, changes in medication".

Relatives referred to the flexibility of the service. Comments included:

"If they have any appointments you can change times"

"You can bank hours for more one to one time".

Other comments about the service included:

"It's like a family - very, very good"

"Excellent support"

"They come down here once or twice a week for music and drama"

"They decide on what activities they do - staff may make suggestions but they'd tell them if they didn't like anything"

"Communication is good. They'll phone you if anything happens".

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: 5 - Very 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

We found that the service was performing to an excellent standard under this quality statement. We came to this decision after we,

- Spoke with people who used the service, relatives and carers
- Observed seven staff during home and supported employment project visits
- Spoke with support workers
- Spoke with the registered manager
- Spoke with senior staff, including the personalisation coordinator
- Spoke with the registered manager
- Reviewed feedback from questionnaire responses
- Examined records such as outcome support plans and minutes of meetings.

During this inspection we saw many examples of how the service had sustained the participation of people in ways that empowered them. This approach reflected the commitment by the service to develop support that ensured people had the opportunity to be involved in the design, delivery and review of many aspects of the service.

For example, flat meetings where there was a shared living arrangement, key-worker meetings, tenants meetings and reviews were all rooted in a person centred approach. This helped to promote conversations that acknowledged the expertise of the person who was supported and their significant others. We examined minutes of those meetings and saw how effective they were in making positive changes in the service.

An excellent example of an activity that enabled people to work collectively for change and mutual support was the 'Conversation Cafe'. This event was organised to offer people the opportunity to plan and organise the service summer scheme. Facilitators led two groups of people and included those who were supported, family members and some staff. Visual aids were used to help people decide and subsequent discussions informed the programme. We saw that on-going evaluation of activities and groups was a key feature of service development.

We spoke with some people who were linked to the supported employment project. They gave us a sense that their involvement in this valued service helped them to network with each other, gain confidence and generally sustain an effective voice that helped them to improve their quality of life.

The people we met felt that their involvement in a variety of activities linked to employment had helped them break down barriers. They had a sense that the service staff and others in the community were genuinely interested in what they had to say. It was clear that the associated education and training people had received was aimed at helping to develop skills that ensured more meaningful involvement.

Many of the service documents including questionnaires and outcome based support plans were available in an 'easy read' pictorial format. Pictorial aids were a key feature in assessment and the initial planning day incorporated pictures. Professional and carer's perception of the person's needs were considered. Observations, questionnaires (written and visual aids) and structured interviews ensured that the staff team had information that made sure people were given the chance to live their lives in a way that was good for them. There were similar tools in place for key-worker meetings and reviews.

Throughout our inspection we saw that for those people who cannot speak up for themselves the staff team ensured that family and friends were invited to do so. In some cases an advocate was asked to help them. This was good practice and linked to government directives that people who can't make choices about the big decisions in their lives must have someone to help them.

Communication passports, choice boards, easy to use timetables and communication books were many of the ways in which staff had developed improved methods of giving people a voice.

An annual general meeting (AGM) provided an opportunity for relatives/carers to hear what service developments there had been and to meet the board members. This was another way people could offer feedback on the service and for families to meet with each other and engage with staff. Information from the AGM was provided on the service website, facebook, newsletters and email. There was also a DVD which offered information about the kind of support the service can provide.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care and support. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

In her self-assessment the registered manager identified as an area for improvement that there should be continued development within the AGM to encourage more participation from health and social care professionals. We agreed that this was an area that requires some development and commend the service for continually looking at ways to improve this aspect of evaluation.

A commitment to continued learning around communication tools for people who are unable to express themselves verbally was also identified. We noted the 'talking books' training that had been arranged for some staff. We look forward to seeing how this will continue to improve communication with people and how it will be used to effect change.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 5

We respond to service users' care and support needs using person centered values.

Service strengths

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services.

We have asked providers to complete a self-assessment as well as answer a number of specific questions during the inspection which explore health outcomes for people with a learning disability.

The IFA also provides a focus on Human Rights, Safety, Supporting communication and the wider recommendations from the Keys to Life and Winterbourne View findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview.

We found that the service had a very good performance under this quality statement. We came to this decision after we,

- Spoke with people who used the service and family carers
- Observed staff during home visits
- Examined records such as support plans and outcome focused review minutes
- Looked at minutes from a range of meetings including tenants meetings and house meetings
- Spoke with the registered manager and the personalisation coordinator
- looked at training records
- looked at staff supervision records.

During this inspection we observed staff practice as they communicated with and supported people. We saw that they upheld the person's human rights for instance with regards to decision making, privacy and developing positive relationships with others.

One person told us that he had been helped by staff to increase his community involvement through supported employment. Another person told us about how he chose to spend his week and how staff helped him to make those choices.

We saw that people were encouraged to maintain links with their families and observed how staff supported someone to use social media to communicate with relatives who live outwith Glasgow.

Albums with photographs of family members and key social events were used as a communication tool for people who needed additional help.

We spoke with a person for whom this was a valued tool to aid her memory. We noted how it also generated respectful communication with staff who acknowledged their role in supporting the person to recall family members.

We noted the on-going development by the service of making sure information that was specific to a person who was supported was accessible and easy to understand. We saw how many people who cannot communicate verbally were assisted to say what they wanted.

We looked at sampled support plans and saw how there was a commitment to a person-centred approach to care planning that promoted equality and human rights through involving people in their community. This was particularly evident in the supported employment project where people often had access to further education and work experience.

We were told by some of the people we met how the skills they had learned had helped them to feel more confident in their abilities. Many of them had secured either voluntary or paid employment which had helped them to feel less socially isolated and more positive about their future outcomes.

There had been very good progress on the issues raised from the last inspection. Relevant training and improved documentation had shown a commitment to making sure people who were supported had their needs provided in a way that was specific to them. For example, medication, nutrition and toileting records that were easy to read and offered clear guidance for staff showed an approach that was respectful to the private wishes of people.

We heard how a pain chart had been effective in establishing the correct medical treatment for a person who could not verbally express his needs.

The health needs of people were well supported and we saw many examples of how the very good links to specialist services had ensured better outcomes for people. Similarly we saw that there were very good working relationships with community pharmacists, learning disability health teams and hospital liaison.

We spoke with a district nurse who supported our findings. She confirmed that staff were competent in seeking further medical advice when necessary. She told us they were focused on providing support that worked for the person and were flexible in their practice to make sure health concerns were appropriately treated.

Staff had received communication training from a speech and language therapist. Included in the training was information on a wide range of alternatives to verbal

communication. This was aimed at informing staff of the many different ways communication can be developed with people. The on-going learning linked well to the service aims to develop an outcomes focused approach that underpins all aspects of support planning and review.

The service had developed an autism policy and autism awareness was part of the mandatory training. Some staff had completed the advanced autism training.

We spoke with a senior support worker who told us how her learning from this course had helped her to improve outcomes for a person she helped to support. She referred to life-changing opportunities that had helped the person to progress his community living beyond what was expected.

We particularly liked the development of monthly meetings that were aimed at evaluating the outcomes based support planning. These opportunities for the management team and senior staff to share any challenges and successes helped them to progress the person-centred values that informed the support plans.

Areas for improvement

We have asked the service to keep an audit sheet for those people whose review meetings do not have a care manager or representative from health and/or social work in attendance. This is particularly important when service staff wish to pursue issues around guardianship. An audit sheet will record the invitation and if there are on-going problems in getting social work to attend this should prompt further discussions with senior managers from those organisations.

We have spoken with senior managers about improving records around how they link practice to current best practice guidance. We saw very good examples of practice that supported the recommendations from Keys to Life. However, we did not get a sense from our discussions with staff that they were linking those processes and outcomes to this document. We also directed the manager to an easy read summary of a report by the Joint Committee on Human Rights. We believe this document along with Keys to Life will help staff to further develop people's awareness of their rights.

Other practice, for example palliative care, would benefit from further learning and development. From our discussions with staff, we have also directed the manager to a specialist health service, 'Palliative Care of People with Learning Disabilities Network', (www.pcpld.org). This will offer further opportunities for staff to promote best practice in this area.

Another area we discussed was the Scottish Strategy for Autism. Whilst we acknowledged the very good training opportunities for staff and the service autism policy we would direct the management team to Recommendations 10 and 11 of the strategy. This will inform a service strategy and along with the local strategy will allow

for guidelines that can be used generally across the service, but also provide a framework for a more specific and individual need.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We found that the service had an excellent performance under this quality statement. We made this decision after we,

- Spoke with people who used the service and families/carers
- Looked at recruitment processes
- Spoke with the registered manager and with staff
- Reviewed feedback from questionnaire responses.

The strengths under Quality Theme 1 - Statement 1 are also relevant to this statement.

The service processes showed that they were successful in securing feedback about staff including their professionalism and accessibility. We saw that there had been a positive response to questions about staff.

We saw that the service was committed to involving people in staff recruitment and those we met told us they had involvement in the matching process with staff. One person told us,

"I got to choose who my key-worker was but if I didn't like them I could tell someone and they would be changed. Sometimes it's just something you don't like but they will change the person to someone you do like".

The matching process was part of the initial planning and subsequent outcome conversations staff have with people. This approach also offered an opportunity to discuss whether they were happy with their staff team or if they wished to suggest any changes.

We examined a number of recruitment documents and saw excellent processes that aimed to include people in ways that they preferred. For example, there was a group

interview that was arranged as an alternative to a typical question and answer format. The continued evaluation of this aspect of the service in how best to match and recruit appropriate staff had helped to focus on candidate's values, interests and characteristics and not just their experience and qualifications.

To assist this process applicants completed a one page profile which they took to the interview. This included personal information and replicated the one page profile included in people's support plan. Details of what is important to them, how best to support them and what people like and admire about them prompted the interviewers to ask for feedback about how people felt completing the profile.

This proved to be a useful exercise and was an excellent way to assess their understanding of person centred practice. People supported by the service had a clear role in the process. Group exercises helped to inform the decisions around successful appointments. We concluded that this innovative approach to recruitment linked well with the developments around person-centred support.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of practice in the areas covered in this statement. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We spoke with the manager about linking more clearly the feedback from people and relatives, carers and professionals within staff supervision and appraisal records. For example in this inspection we heard from staff how feedback from people and their families can inform training. This was not always made clear in staff records.

As we identified this in our last inspection in order to maintain this grade we would be looking for development in this area. We discussed some of the ways in which the manager could record this more effectively to reflect the excellent work that is done in the area of staffing.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths

We found that the service had a very good performance under this quality statement. We came to this decision after we,

- Spoke with people who used the service and their families/carers
- Observed staff during home visits
- Observed staff during a visit to the supported employment project
- Spoke with senior staff and support workers
- Reviewed support plans and minutes of meetings.

All staff undertake equality and diversity training which sets the standards expected in relation to practice. The new employee induction pack was aimed at informing staff about the provider's aims, values and ways of doing things. Building relationships with other staff members was an important aspect of the induction programme.

Core values and good practice/code of conduct helped staff to understand their new role and what is expected of them within the organisation.

The provider is a Jewish organisation and offers its services within the context of a Jewish cultural environment.

Although not all the people supported by the service are Jewish we saw how cultural issues were addressed sensitively. We noted how the employee's role to help Jewish people to live as full a Jewish life as they choose was promoted within a person centred approach. For example, we saw that people were supported to participate in customs and practices that were integral to the Jewish way of life.

We spoke with staff in the Arnside and Burnside projects and observed the respectful way that they discussed the needs of the Jewish people they supported. All showed an excellent understanding of the Jewish community and described the ways in which they helped people to maintain individual choice.

We noted in sampled team minutes we looked at that there was a standing agenda that directed staff to look at National Care Standards, Codes of Conduct and other procedures that informed their daily practice.

The provider's policies and procedures directed the staff team to practice respectfully towards each other and to the people they supported. During our observations and in

our discussions with staff and relatives/carers we concluded there was a culture within the service that reflects solid values.

Feedback from people we spoke with was positive. Comments included:

"Staff are lovely. X is my best key-worker and I just love her, she is fantastic"

"Staff help me. I like them a lot"

"I feel safe all the time"

"I can't tell you how much Cosgrove have done for me. The staff are the best"

"I get to choose what I want to do".

Our inspection volunteers attended an event that was arranged to discuss this year's summer programme. They observed staff working with people in an encouraging, respectful way. We were told that staff made sure that everyone was encouraged to contribute in a way that felt comfortable to the individual. Pictures and photographs were used to aid discussion.

Areas for improvement

There was a need for more assessment of staff in terms of policies and procedures. For example, staff in Arnside were directed to read National Care Standards and Scottish Social Services Council (SSSC) Code of Conduct but it was not clear how staff knowledge and understanding was assessed. We suggested to the manager that he may wish to consider a quiz or other assessment tool. Alternatively he may consider exploring this through supervision.

Medication assessments and observational monitoring of staff would help senior staff to maintain a shared understanding of the service aims and objectives by assessing staff performance. We would like to see how these assessment tools inform the annual appraisal systems.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very 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 that the service was performing at an excellent standard under this quality statement. We made this decision after we,

- Spoke with people who used the service and families/carers
- Observed staff during home visits
- Spoke with a project leader, two managers and support staff
- Spoke with the personalisation coordinator
- Spoke with the registered manager.

The strengths noted in Quality Theme 1 - Statement 1 are also relevant to this statement.

The planned strategy for 2015 to 2018 will be informed by feedback from people who used the service and their families.

The Annual General Meeting (AGM) will be one of the forums for discussion about where people think developments within the service are most required.

Family forums, outcome planning and review meetings were other ways in which people could offer comment on the management team.

We found that most of the people we spoke with knew who the managers were and what their role was within the organisation. One person told us that the registered manager, who she named, was the 'boss' and she knew that she was responsible for making sure the service ran "the way she wanted it to".

All of those we spoke with told us they felt safe and were able to tell us what to do if they had a complaint. There appeared to be a very good understanding of the staff roles including managers.

Our inspection volunteers reported that relatives had commented that they would be happy to raise concerns with staff and managers. Those who had said that issues had been dealt with promptly and satisfactorily.

The registered manager told us that she hoped to continue to attend team meetings to raise the profile of her role and facilitate a more consultative approach with staff. We look forward to seeing how this develops and what benefits staff and others get from her attendance.

The senior management team met informally with new staff on a quarterly basis. This offered the opportunity to discuss their progress and assess how they were fitting in to the service. This was welcomed by new workers.

We spoke with a student who told us she valued the views of senior staff which helped her to assess her own skills and to make sure she was meeting the aims and objectives of the service.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of practice in the areas covered in this statement. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

The registered manager told us in her self assessment that she intends involving people who use the service in all aspects of the management structures within the organisation. We noted also her comments that related to the decision not to complete a stakeholder survey this year as they wished to develop questions that will inform the future direction of the organisation. We look forward to these developments which showed a commitment to continuous improvement and reflected the provider's aim to continue to add value to the models of support.

As with our comments in Quality Theme 3 - Statement 1 in order to maintain this grade we would wish to see continued development and clarity around how the feedback about the areas covered in this statement inform managers supervision and appraisal records.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths

We found that the service was performing to a very good standard under this quality statement. We made this decision after we,

- Looked at training records
- Spoke with senior staff
- Spoke with the registered manager
- Looked at supervision records.

The induction programme offered clear guidance on the role of staff and how they should interact responsibly with staff and people who use the service. A comprehensive training programme enhanced the mandatory training and we found a strong and effective learning culture within the service that linked well to strategic developments.

Some of the staff we spoke with told us they were encouraged to identify additional training needs through supervision and appraisal.

We spoke with one staff member who had attended an advanced autism course. She had added to her knowledge by accessing a handbook for people with severe autistic spectrum disorder. She told us she had used this effectively during planning and review for a person supported by the service. The culture within the service appeared to promote self directed and continuous learning that made people feel valued.

Team meetings were a forum for staff to discuss practice issues and to take responsibility for their own personal development. We heard from staff how this was a transparent forum that encouraged staff to raise all kinds of issues.

Staff were asked to contribute to the agenda and more sensitive matters could be raised at supervision. The introduction of team planning days where staff identify their outcomes and agreed timescales for completion was a good example of how the promotion of staff autonomy and contribution to the future direction of the service resulted in effective working relationships.

The processes that were in place in the services we visited this year reflected effective leadership qualities and very good communication.

We found a culture that provided opportunities for career development in ways that suited the individual staff member. This appeared to promote positive and dynamic working relationships between staff and the people they supported. It was most notable in our observations that ideas and insights had often been developed within a peer support format as well as that which was informed by a 'top down' approach.

Areas for improvement

We discussed giving consideration to the role of champion for those staff who may wish additional responsibility in practice areas that they have a specific interest in.

Additionally we would like to see staff being more involved in quality assurance processes. For example more input from staff and the management team in the self-assessment process could be more service specific and link more clearly to outcomes.

Grade awarded for this statement: 5 - Very 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

No additional information recorded.

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

| | |
|---|---------------|
| Quality of Care and Support - 5 - Very Good | |
| Statement 1 | 6 - Excellent |
| Statement 5 | 5 - Very Good |
| Quality of Environment - Not Assessed | |
| Quality of Staffing - 5 - Very Good | |
| Statement 1 | 6 - Excellent |
| Statement 4 | 5 - Very Good |
| Quality of Management and Leadership - 5 - Very Good | |
| Statement 1 | 6 - Excellent |
| Statement 3 | 5 - Very Good |

6 Inspection and grading history

| Date | Type | Gradings |
|-------------|--------------------------|---|
| 29 May 2014 | Announced (Short Notice) | Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good |
| 11 Apr 2013 | Announced (Short Notice) | Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good |
| 20 Apr 2012 | Announced (Short Notice) | Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership 5 - Very Good |
| 19 Oct 2011 | Unannounced | Care and support 5 - Very Good Environment Not Assessed |

Inspection report continued

| | | | |
|-------------|-----------|--|---|
| | | Staffing Management and Leadership | Not Assessed 2 - Weak |
| 25 Oct 2010 | Announced | Care and support Environment Staffing Management and Leadership | 5 - Very Good Not Assessed Not Assessed Not Assessed |
| 9 Mar 2010 | Announced | Care and support Environment Staffing Management and Leadership | 4 - Good Not Assessed 5 - Very Good 4 - Good |
| 12 Mar 2009 | Announced | Care and support Environment Staffing Management and Leadership | 4 - Good Not Assessed 4 - Good 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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ہے بایں تسد سی م ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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