

# Care service inspection report

Full inspection

## Perth & Kinross Council - Home Care Housing Support Service

Council Buildings  
2 High Street  
Perth



HAPPY TO TRANSLATE

Service provided by: Perth & Kinross Council

Service provider number: SP2003003370

Care service number: CS2004074754

Inspection Visit Type: Announced (Short Notice)

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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	3	Adequate
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

The service provides a home care service which allows service users to remain living in their own homes with the level of support required to meet their personal care and housing support needs. Service users told us that they were happy with the service they received. Staff we spoke to were enthusiastic about their job and told us that they were well supported by managers of the service.

### What the service could do better

The provider needs to ensure that service users' records are kept up to date. The service could make use of feedback from service users, and from staff, to further develop the care at home and reablement services provided.

### What the service has done since the last inspection

The provider had worked hard to review both care at home and reablement services. These reviews will determine the future direction of the service. The service had reviewed communication systems within the service and this had led to improved outcomes for service users through a reduction in missed visits.

A smart phone system is currently being piloted to further improve communication within the service. The development of this system will be looked at during the next inspection.

### Conclusion

The service provides care at home and reablement services across all of Perth and Kinross. Service users we spoke to during the inspection, and those who completed the Care Standard Questionnaire prior to the inspection, spoke positively about the service. Staff also spoke positively about their jobs and worked well to meet the needs of service users.

At the time of our inspection, we were confident of good outcomes for service users through our discussions with service users, relatives and managers.

# 1 About the service we inspected

Perth and Kinross Council's Home Care service is registered to provide a combined Care at Home and Housing Support Service. The service also includes a Reablement service which aims to help people who use the service, to regain skills needed to feel confident about living independently at home. The service is provided by Perth and Kinross Council's Housing and Community Care Service to people requiring support in their own home. The aim of the service is to "recognise the rights of individuals to lead independent lifestyles within their own homes with appropriate support services."

The service is provided to individuals with a range of needs, including older people, people with learning disabilities, physical disabilities, enduring mental health conditions, drug and alcohol needs. The service can respond to crisis, intermittent needs, short and long term needs.

Parts of the service were provided on a 24 hour basis, particularly through the Community Alarm and Rapid Response Teams which are registered within the Home Care Service.

## 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 Public Services Reform (Scotland) Act 2010 (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 3 - Adequate**

**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.careinspectorate.com](http://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

This report was produced following an announced (short notice) inspection which took place between 16 September and 24 September 2015 by two inspectors. Feedback was given to the management of the service on 8 October 2015 at Pullar House, Perth.

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

Before the inspection, we sent out 40 care standard questionnaires (CSQs), and 14 were completed and returned to us before the inspection.

During the inspection we spoke with:

- service users by telephone
- service users and relatives in their own homes
- social care officers
- team managers
- service managers.

We observed how social care officers interacted with service users within their own homes.

We looked at:

- service user hand held records
- complaint records and follow up action
- staff files
- team meeting minutes
- policies and procedures of the service
- newsletters
- service user questionnaires
- staff surveys
- Perth and Kinross Council strategy documents relevant to the service.

## 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.firescotland.gov.uk](http://www.firescotland.gov.uk)

## 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 an appropriate self assessment from the provider which highlights strengths and areas for improvement. During the inspection, we heard from managers that they worked together to complete the self assessment. (See Quality Theme 4, Quality Statement 2 regarding self assessment).

## Taking the views of people using the care service into account

Service users had the opportunity to comment on their experience of using the service in Care Standard Questionnaires (CSQs), during inspection visits to their homes, and telephone calls. During the inspection, we also looked at a wide range of feedback from service users provided through surveys and questionnaires carried out by the service.

14 CSQs were returned, and overall people were happy with the support they received and agreed that staff met their needs and treated them with respect.

Some of the comments included:

"When I required a lot of support I got it." (reablement service user)

"They are very cheery and particular, and they inform me of the outside world."

"The carers genuinely care."

"I was shocked at how little time was allocated to the carers, they do well, it can't be easy."

When we contacted service users by telephone they told us:

"Carers have been absolutely excellent."

"They are helpful and caring and adjust my care as I need it."

"The quality of staff is fine."

"We get a good laugh with them."

"Some are excellent, some couldn't care less."

"I have asked them to come a bit later at the weekend so I can have a long lie, but they haven't done it yet"

All service users had a copy of their care plan and most knew how to make a complaint to the service if this was necessary.

### **Taking carers' views into account**

Relatives commented on their experience of using the service during our inspection, telephone calls and visits. Some of the comments included:

"Carers are very good and my relative is happy with what he gets."

"The carer helps my husband to have a shower at his own pace."

## 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: 3 - Adequate

#### 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

From the evidence sampled we found that the service was operating at a good level for this statement.

To assess this, we looked at how the provider engages with service users and carers to gain their views about the service they receive, and how this could be improved.

We heard from staff and managers that all service users have access to hand held records within their home. This record includes general information about the service provider, their vision, aims and objectives, how to make a complaint and so on, along with their care plan and daily notes. There are communication sheets within the record which service users, family members and other professionals are able to use to communicate to the service if this is necessary.

Managers within the reablement team told us that when an individual has completed a period of reablement, a questionnaire based on the national community care outcomes is sent out. We saw a number of completed questionnaires stating a high level of satisfaction with the support received.

Managers told us that when they receive negative feedback, this can be used to inform future service planning. These questionnaires are currently being reviewed so that feedback includes service users' views about improvements required within the service.

When we met with service users, they told us that they were satisfied that their care was reviewed regularly and changes made if their needs changed. We spoke to managers and staff within the reablement team, who told us that weekly meetings were held that included team members and other professionals, for example, the occupational therapist. As a result of these meetings, a review of each service users' outcomes was carried out on a weekly basis.

During the inspection, we spoke with managers about how they had managed the transition of service for some service users to an externally commissioned service provider. We were pleased to hear that there was good communication with service users throughout this review and that over 90% of service users were happy with the way changes were achieved.

We saw evidence that managers and staff engage with local groups within the community through venues such as the dementia café, to ensure that local people are aware of the service, and have the opportunity to give their views on how the service can be developed to meet local needs. Managers also told us about the public consultation events and surveys they were currently holding which were about health and social care integration.

A service user focus group was set up several years ago and a questionnaire has been circulated recently to ask service users how they would like to be more involved. Although there was a low return to this questionnaire, the service continues to look at engaging with small groups in localities. The service had recently worked with two existing locality groups to allow consultation and engagement at a local level.

### **Areas for improvement**

The service should continue to engage with service users and carers across the localities used by their service.

We found that further improvement work was required to ensure that there is an opportunity for service users, carers and other stakeholders to be involved in service development that would lead to improved outcomes for service users. Although the service has a range of ways that they receive feedback from service users, the service should develop a Participation Strategy which outlines their plan of how they will consult with and engage with service users (see recommendation 1). In view of the wide range of abilities of service users, it would be good practice to provide an easy read version of this strategy. The service should consider the best way to make service users aware of this strategy, for example through individual reviews, a service user newsletter and so on.

During the inspection we saw a wide range of feedback about the service and we spoke to managers about the need to analyse this feedback to ensure that the views of service users are used to develop the service. We were satisfied that the service is taking action to improve how feedback is used to develop the service.

### Grade

4 - Good

**Number of requirements - 0**

### Recommendations

**Number of recommendations - 1**

1. It is recommended that the service develops a Participation Strategy and that an Audio and Easy Read version of the strategy is made available to service users.

National Care Standards - Care at Home - Standard 1 Informing and deciding - You have all the information you need to help you decide about using the care service in your home.

### Statement 3

"We ensure that service users' health and wellbeing needs are met."

#### Service Strengths

From the evidence sampled, we found that the service was operating at an adequate level for this statement.

The service is provided to individuals with a range of needs including older people, people with learning disabilities, physical disabilities, enduring mental health conditions, drug and alcohol needs. Although the majority of service users are older people, we were pleased to hear that the service is supporting staff to develop their knowledge and understanding of working with people with learning disabilities.

During the inspection, we heard positive feedback from service users about the service they received and that they were aware of how to raise any matters they were concerned about. We heard this from telephone calls and visits to service users' homes. We also saw feedback received by the service through questionnaires recently sent out. We were pleased that the majority of service users strongly agreed that they received a good service.

Comments included:

"I am really happy with the service, all carers are really helpful and understand my needs."

"Thank you to all the carers - they were excellent, just what I need to get back to normal".

We visited service users at home and looked at their hand held records. These records contain good information about the service provider along with the individual's care plan. During visits we saw that these records were mainly up to date, although some care plans had not been regularly reviewed. The records contained daily recording sheets which ensure good communication between carers, service users and family members.

We saw that staff were courteous and respectful to the service users and worked with the service user at a pace which allowed tasks to be carried out in a person centred manner. During two of the visits, the district nurse visited the service user and we saw good communication and joint working between the carers and nursing staff. Staff told us that they worked well with other professionals such as GPs, occupational therapists and so on.

We looked at the care staff handbook which is available for all social care officers, reablement assistants and home support workers. The handbook contained policies and procedures and operational guidance for staff. The staff we spoke to during the inspection told us that this was a helpful resource. Staff also told us about the "preventing infection in care at home " pocket guide which they all have a copy of and keep with them at all times when carrying out their role.

We spoke to managers about the policies for administration of medication, prevention of falls and fractures and skin/pressure area care. We were told that staff only prompt medication at present and that training for medication administration is not currently provided. This is being reviewed with staff and their representatives. We are pleased to hear that a review is taking place. Although we heard from staff that they work well with other providers who manage this aspect of care, it is important the service users receive consistent support with medication administration.

We heard that staff within the reablement service carried out falls assessments and risk management plans and have a falls champion who provides support to all care staff in the reablement team. Falls assessments are not currently carried out by the care at home team. In relation to skin integrity, we heard that the service did not use a formal assessment, but used a body map to identify pressure areas. The service had provided pressure area care training to the majority of staff to ensure they are aware of their responsibilities in this area.

In the self assessment, the service told us that new social care officers were given a comprehensive induction programme including the opportunity to shadow existing social care officers within the area they will work in.

Staff also told us that they have an observation of practice on a regular basis. They spoke positively about this experience and said that it provided them with feedback about their practice.

### Areas for improvement

The service should ensure that an effective system is in place to ensure that reviews are carried out at a minimum of six monthly, and that the outcome of the review is recorded in the service users hand held record (see requirement 1).

Although the service had a care staff handbook detailing policies and procedures, we found that some service operational guidance was not consistent with service policies not in the handbook, for example, the policy for use of key pads. We also found that some of the guidance was not clear, for example, guidance regarding the cleaning of equipment. The handbook was last revised in November 2012 and the service should carry out a review of this handbook to ensure that all policies, procedures and guidance are up to date and reflect best practice.

We were told by managers and staff within the service that medication is not administered by carers, with the exception of prompting to take prescribed medicines. We heard how the service is managing these arrangements at present and that discussions are ongoing with the staff team and their representatives. The service should resolve this matter so that service users are given appropriate support to take prescribed medication safely and in accordance to their preferences (see requirement 2).

Although the reablement team assess the risk of a fall, the care at home team do not carry out a falls assessment for service users. As the provider supports a number of people who are at risk of a fall or fracture, the service should ensure that staff are provided with the necessary knowledge and skills to carry out a falls assessment and management plan for service users (see requirement 3).

Preventative healthcare could be further enhanced, particularly in relation to skin integrity. The service did not routinely undertake a skin assessment to identify who was at risk of pressure ulceration. This assessment would help staff to identify when a service user is at risk of skin damage, and assist them

in making a referral to their primary healthcare partners (see recommendation 1).

It was pleasing to see that the service had taken on the approach of having a "champion" for falls. It is important that staff are given the responsibility to take a lead role in different areas of practice as this could develop the leadership role across all staff in the service. The service could consider how the champion role is developed for other areas of the service, for example, in relation to dementia, medication administration, learning disability, stroke care and so on.

### Grade

3 - Adequate

### Requirements

#### Number of requirements - 3

1. The provider must develop and ensure that an effective system is in place to ensure that reviews are carried out at a minimum of six monthly and that the outcome of the review is recorded in the service users hand held record.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210: 4(1)(a) and takes account of the National Care Standards, Care at Home, Standard 4 - Management and Staffing.

Timescale - within 12 weeks of receipt of this report.

2. The provider should resolve matters relating to the administration of medication so that service users are given appropriate support to take prescribed medication safely and in accordance to their preferences. (see requirement 2).

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210: 4(1)(a) and takes account of the National Care Standards, Care at Home, Standard 4 - Management and Staffing.

Timescale - within 12 weeks of receipt of this report.

3. The provider must ensure that staff are provided with the necessary training regarding falls prevention and that appropriate assessment of the risk of falls, including how the service can support service users to reduce the risk, are made and reviewed.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/210: 4(1)(a), Make proper provision for the health, welfare and safety of service users.

## Recommendations

### Number of recommendations - 1

1. The provider should routinely carry out skin assessments to identify service users at risk of pressure ulceration. The Preliminary Pressure Ulcers Risk Assessment (PURRA) was taken into account in making this recommendation as an example of good practice.

National Care Standards, Care at Home - Standard 7, Keeping Well-Healthcare.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

### Service Strengths

The service was able to provide good evidence in support of this statement.

During the inspection, we spoke with managers about the recruitment process and they told us that they ensured an adequate number of staff were recruited to ensure the needs of service users could be met. We heard that staff had moved to different parts of the service to meet the staffing needs of the reablement team. We were told that the service required less staff to provide a care at home service and where necessary, staff were being supported to change roles or move on from the service. All managers within the service had experience of recruitment and had attended safer recruitment training.

In the self assessment the service told us that staff were interviewed by a panel of experienced officers who had undertaken recruitment and selection training. A range of recruitment tools were used to support the recruitment of the best candidates. The service had considered the involvement of service users and/or carers during the selection and interviewing process but had not taken this forward as yet.

We saw the file of one recently recruited social care worker which contained the necessary paperwork to ensure safe recruitment. Managers told us that after a period of six months, recruitment paperwork was moved to Human Resources (HR). When we looked at the paperwork retained by HR for a number of staff members, we found that the necessary paperwork was in place.

Although there was some evidence that induction training had been attended, this was not consistently recorded. We asked staff about their experience of induction, and they spoke positively about the support received when new in their posts.

We were satisfied that the service recruits staff in a safe and robust manner to protect service users and staff.

### Areas for improvement

The service should hold a checklist of staff files which contains details of all recruitment and induction paperwork for their current role, and is retained by Human Resources. This would provide evidence that safe recruitment practice had happened for each staff member. The checklist could contain details of the induction programme undertaken by the staff member, along with a reflective account of the learning achieved by the new member of staff.

Opportunities to involve service users and carers in the recruitment of new staff, including managers, should be further considered and implemented by the service.

### Grade

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

The service was able to provide very good evidence in support of this quality statement.

To assess this, we looked at staff files and spoke with staff about how they were supported at work. We spoke with service users about the quality of the staff. We also looked at training, support and supervision available to staff. From the staff files, we could see that each staff member had an Employee Review and Development plan in place. These plans were up to date and allowed staff to identify what training and personal development would benefit them over the coming year.

One member of staff told us:

"This is a good job and we get the chance to do regular training depending on the changing needs of the service users."

We examined the staff training plan and this clarified that the service provided mandatory and refresher training, for example moving and handling, dementia awareness, food hygiene, continence care and so on. We spoke with staff who told us that the service was good at providing training and they felt supported in their role by this training. When we looked at staff files we found good evidence that staff regularly attended training required for their role. One member of staff attended a "train the trainers" event and had now taken on a lead role for stroke awareness within the service. This is good practice, and the service should continue to consider staff taking on a lead role in other areas of training. We could see that staff were caring and compassionate and working hard to meet the needs of service users.

Staff files contained details of supervision and in some files there was a "supervision contract." Supervision provides staff with the opportunity to

discuss their work, to receive feedback and to clarify future training and development needs, so it is important that this takes place regularly. The employee development and review is part of the supervision process and takes place annually. When we spoke to staff they told us that this worked well and was frequent enough for them to identify their personal development and training needs. This annual review is good practice and it pleasing to note that all staff we spoke to were confident that this supported their development.

Each part of the service was able to demonstrate that they held regular team meetings. We saw from the minutes of one meeting that there was a discussion regarding e-learning and that this would allow staff greater access to a range of training resources. Staff we spoke to told us they benefitted from attending team meetings and would like to have more regular meetings to discuss developments within the service and to keep them up to date with changes.

Staff also received regular newsletters containing up to date information about the service and feedback from service users. An example of this is that a service user passed on her thanks to the care at home team for all the care and support the team gave her husband when he was at home. The newsletter also contained information about the employee survey which was about to go live, and a staff vacancy within the reablement team.

When we visited service users in their homes, we saw that service users and staff had good relationships. Staff were respectful and took time to include the service users in all aspects of decision making about their support and worked with the service users at a pace which was correct for each individual.

From the evidence at this inspection, we were confident that staff in this service were working to National Care Standards and best practice.

### Areas for improvement

The service should continue to hold regular team meetings for all teams to give staff the opportunity to discuss training and development needs for all team members including team development activities.

The staff supervision policy is a Perth Kinross Council policy. The service could consider a review of this policy to ensure that it meets the needs of the service. It is important that all staff within the service have a supervision contract which outlines an agreement about how often they will receive supervision.

Staff files should contain a checklist of mandatory and other training required, and details of when this training was undertaken. The service could consider a learning log for staff to complete following training which can be used as part of the annual review process.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 2

“We involve our workforce in determining the direction and future objectives of the service.”

### Service Strengths

The service was able to provide very good evidence in support of this statement.

In the self assessment and during the inspection visit, managers told us that the service regularly undertakes the Social Work Inspection Agency (SWIA) guide to supported self evaluation. They told us that staff at all levels in the service were involved in this evaluation. We heard that managers regularly meet with staff by holding road shows where new initiatives are discussed and information is shared. The service has an annual survey to gather the views of staff and this was underway at the time of the inspection. Managers and staff told us that staff are consulted through team meetings, supervision and employee review and development meetings.

We heard from managers that the Care Inspectorate self assessment was completed by service and team managers from within the service and that there were plans to involve staff at other levels in the service in completing future self assessments.

As well as involvement at a service level, we heard from managers that staff within the service had the opportunity to be involved in Perth and Kinross Council strategic groups, for example, learning disability and dementia strategy groups which are held at a council wide level.

Following a recent review and changes to care at home provision across the localities, we saw evidence that staff had been consulted to provide feedback about this review and if the service could have done anything better. Staff commented that good communication between the service, service users and staff ensured that any changes were carried out smoothly for service users.

The managers for the care at home team told us that they had a Communication Plan for the review of the care at home service. This is to ensure that staff, service users and other key stakeholders are kept informed and contribute to the changes in the way care at home is delivered. The plan had a timeline for implementation and we saw that this was being carried out successfully.

The reablement team managers are in the process of a review of their service and had recently issued a survey to staff to gather their views. The results of this survey showed that staff believed that reablement was a benefit to service users and a good way of ensuring that they remained as independent as possible. Managers within reablement told us that they will be analysing this feedback from staff and this will be used to make improvements in the service.

We also found good evidence that the service works closely with other council colleagues, health professionals and partners in the private and voluntary sector to ensure the future direction of services for people who use their service.

### Areas for improvement

The service told us about the range of ways they gather feedback from staff about the future direction of the service. The service should ensure that all feedback from surveys, questionnaires, road shows and so on is analysed and used to inform an action plan for development of the service. The service could consider setting up development events to involve staff at all levels in agreeing the action plan and developing a plan for implementation.

In the self assessment, areas for improvement, the service identified that they will undertake a revised self evaluation based on the SWIA guide. At the next inspection we will look at evidence of how this has been developed, the outcome of this self evaluation and how this process has helped to improve outcomes for service users.

We will also look at how the service has involved staff and service users in the completion of the Care Inspectorate self assessment.

### Grade

5 - Very 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

The service was able to provide good evidence in support of this statement.

Evidence to support the grade was gained from speaking with managers, staff, service users and relatives and looking at policies, audits and hand held records.

We saw that the service had an audit process for a number of areas such as care reviews, staff employee review and development and supervision sessions, team meetings, training dates and so on. Spreadsheets have been developed to monitor that these activities take place within timescales.

Observations of practice are carried out by managers within service users' homes. These are used to monitor the quality of service provided and to improve outcomes for service users. We saw recordings of these observations and it was pleasing to see that any action points were recorded and agreed by the manager and the staff member.

Managers within the service told us that they regularly audit the hand held records of service users and we saw evidence of recent audits having taken place. The audits covered all information contained in the hand held record and identified where information was missing from the record. Within the records we noted that there was information about how to complain and this was signed by the service user when their service started.

When we spoke to the managers within the reablement team they told us that they were participating in a Joint Improvement Team (JIT) health and social care benchmarking exercise. This will allow the work of the team to be reviewed externally along with the internal review currently being undertaken.

The care at home management team meet regularly to discuss the service and focus on key issues of service development. The service manager also participates in the senior management team which addresses care at home and reablement services.

From the evidence gained at the inspection we were confident that the managers of the service had a good overview of how the service was being delivered.

### Areas for improvement

Although we were confident about management oversight of service users records, we would like to see more robust evidence of this at the next inspection.

The provider should ensure that management audits are recorded in the hand held records. This should include evidence that reviews have taken place and care plans updated as necessary following reviews. Audits should also include clear action points including timescales, as necessary

The service should consider a regular newsletter as a way of keeping service users and relatives up to date with service arrangements such as the complaints policy and improvements and developments such as the review of care at home and reablement.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

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

### Previous requirements

1. The provider must develop and implement an effective system to ensure that all reviews are carried out at a minimum of six monthly intervals and that records are kept of these reviews.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/1013: 4 (1) (a) and takes account of the National Care Standards, Care at Home, Standard 4 - Management and staffing.  
Timescale: within 8 weeks of receipt of this report.

**This requirement was made on 10 October 2014**

Managers have a system to ensure reviews are carried out regularly and notes of these meetings are held electronically. The hand held records which are located within the service users' homes, do not contain a copy of the review minutes. A further requirement had been made with regard to this requirement.

### Not Met

2. The provider must ensure that appropriate assessment of the moving and handling needs of service users are made and reviewed, and that action is taken to ensure that these needs are met by the provision of additional staff, and suitable equipment as required. This should include assessment of the risk of falls, and how the service can support service users to reduce this risk.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Scottish Statutory Instrument 2011/1013: 4 (1) (a).  
Timescale: within 12 weeks of receipt of this report.

**This requirement was made on 10 October 2014**

Moving and handling assessments have been carried out however these have not always been reviewed on a regular basis. Falls risk assessment and how the service can support service users to reduce this risk are not carried out for people who use the care at home service

A further requirement has been made.

**Not Met**

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

### Previous recommendations

**1. Staff should have access to regular supervision according to the service's agreed policy and procedures**

**This is in support of the National Care Standards, Care at Home Standard 4, Management and Staffing.**

**This recommendation was made on 10 October 2014**

At the inspection there was evidence that staff receive regular supervision in accordance with the service's agreed policy.

**2. All staff should receive up to date training in adult support and protection to ensure that they are aware of local policies and procedures.**

**This recommendation was made on 10 October 2014**

As part of mandatory training for all social care officers, training is provided regarding local policies and procedures in relation to Adult Support and Protection. This was evident from the records we looked at during the inspection and feedback from social care staff.

## 6 Complaints

There had been one complaint upheld since the last inspection.

You can find details about complaints that we have upheld or partially upheld on our website [www.careinspectorate.com](http://www.careinspectorate.com)

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
10 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
3 Mar 2014	Announced (Short Notice)	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
28 Nov 2012	Announced (Short Notice)	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
4 Oct 2012	Re-grade	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	Not Assessed

		Management and Leadership	1 - Unsatisfactory
6 Jul 2012	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 4 - Good
24 May 2012	Re-grade	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed Not Assessed
20 Mar 2012	Re-grade	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed Not Assessed
8 Jul 2011	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
27 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
31 May 2010	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 2 - Weak
24 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good 4 - Good
30 Jan 2009	Announced	Care and support	4 - Good

		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	3 - Adequate

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**This report is available in other languages and formats on request.**

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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