

# Care service inspection report

Full inspection

## Care at Home Services Housing Support Service

Home Care Section  
St. Rognvald's House  
Old Scapa Road  
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2004077124

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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

The service provides a range of vital supports to vulnerable people living in the community including personal care, help with meals and support with medication.

There are huge demands on the service which strives to ensure that, wherever possible, those needs are met.

There is a good ethos of care within the service. The care co-ordinators are under a lot of pressure but remain very focussed in deploying home care staff to ensure service users' needs are met. Staff told us they felt well supported by their manager.

Staff performance is routinely audited through electronically monitoring, observed practice and regular supervision.

We found that service users are clearly involved in developing their plans of care and support. These contained clear information for staff that was person focussed

We met with numerous staff who, despite the pressures, were enthusiastic, knowledgeable and motivated. Values of respect clearly came across in conversations.

The service's management team are approachable and keen to support staff to develop their practice.

### **What the service could do better**

The provider should continue to survey the views of its various stakeholders about ways in which the quality of care and support could be further improved. The action plan should be updated to reflect their ongoing views and suggestions. Regular feedback should be provided to stakeholders to keep them informed about progress being made to improve the overall quality of the service.

The personal support plans should better identify unmet needs and gaps in service provision.

The provider should continue to further develop the planned changes to the complaints system and further promote the rights of service users to raise concerns and formal complaints. Ways in which the outcomes of internal complaints are actioned and recorded should be evidenced.

The provider needs to ensure that the planned move to alternative premises ensures an environment which is fit for purpose and better protects issues of confidentiality, customer care and staff supports.

Ways in which career pathways and leadership opportunities can be better supported through continuous professional development (CPD) and the promotion of service champions across the workforce should be considered as a way to deliver good quality care and support.

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

The service continues to recruit more personnel to cover a variety of roles. These include appointing modern apprentices.

Five cars have been purchased to provide a vehicle pool for staff to enable the provider to better manage costs within the service.

The service has formalised its medication procedures and rolled out training to staff in their use. The provider's community pharmacist has provided training support to the staff group.

A 'service user's handbook' has been devised, detailing the roles and functions carried out by the service.

New premises had been identified to provide a more suitable work environment.

A planned upgrade of the service's IT facilities is due to take place.

### Conclusion

The care at home service provides vital supports to vulnerable individuals in the community.

There are huge demands on the service and ongoing capacity issues due, in part, to staff retention challenges.

The manager and his staff remain focussed on delivering good quality home care throughout the community.

We carried out a sample of telephone interviews of service users and their families and received, in the main, favourable feedback. Members of staff are held in high regard by service users.

Staff have a clear understanding of the needs of the people they support and are aware of the positive outcomes for service users such as remaining as independent as possible, living in their own homes and maintaining connections with their community.

The provider, Orkney Health and Care has identified alternative premises more fit for purpose than the current setting.

Five cars have been purchased to provide a vehicle pool for staff to enable the provider to better manage costs within the service.

The management team are approachable and keen to support staff to develop their practice. A good range of training to support practice - both mandatory and more specialist training - is routinely available.

Positive steps are being made to promote a complaints system which encourages people to raise concerns if unhappy. Records are being further developed to show the action taken.

The service has worked diligently since our previous inspection of March 2015. We were impressed by the levels of commitment by those who work in the service.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

The Care at Home Service is provided by Orkney Health and Care. The service provides support to vulnerable adults in their own homes. Staff provide a range of supports, including personal care, help with meals and support with medication.

The service aims and objectives state that people should:

- Have their lives enhanced by the provision of Orkney Islands Council Care at Home Services.
- Feel safe and comfortable within their own homes.
- Have their personal and non personal care needs met in such a manner that respects the choice, dignity, values, cultural and standards of the individual.
- Be encouraged to think and act for themselves and be supported in carrying out both personal and non personal care tasks to promote independence whenever possible.

## 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 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.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 high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

We wrote this report following an unannounced inspection. We carried out the inspection over four days between 25 and 26 February 2016 and 16 and 17 March 2016. We provided feedback on 24 March 2016. The feedback includes recommendations and areas of improvement made as a result of our inspection.

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

We sent 50 Care Standards Questionnaires (CSQs) to the service, to be distributed to people who use the service and 36 were returned completed.

We also carried out telephone interviews and spoke with 17 service users and 15 relatives of service users. During the inspection process we gathered evidence from various sources, including the following:

We met and spoke with:

- Four people who use the service
- Five relatives of people who use the service
- Registered manager
- Five home carers
- Three social care co-ordinators

We looked at:

- Evidence from the service's most recent self assessment
- Personal plans of people who use the service

- Formal care reviews and records
- Participation information, including Care Standards Questionnaires
- Service action plan
- Accident and incident records
- Staff training records
- Risk assessments
- Notice boards
- Newsletter
- Health and safety records
- Carer's handbook
- Electronic records
- Policies and procedures

### 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 a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

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

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

We found that feedback from service users was, in the main, favourable.

Members of staff are held in good regard. We found consistent levels of satisfaction with the service provided.

Most of those contributing to our Care Standards Questionnaires (CSQs) told us that, overall, they were happy with the care and support the service gave them.

Comments included:

"Time given is quite tight, but the carers are all very good and do their best in the time given. I had a bad fall in December and got extra care immediately which I appreciated. The 'tuck in' service is very good."

"Very happy with the service provided."

"The carer does not have enough time allocated to her to do what she has to do. As I am semi-paralysed on the right side I cannot do much to help with showering and dressing."

"My physical and/or emotional condition can vary from day to day so the 10 or 15 minutes allocated to me is therefore sometimes insufficient."

"I have a continual change of carers and never know who is coming. The carers often do not stay for the allocated time and the jobs they could do are not done. Some of the carers are very good."

"I have two home carers. One is excellent and professional in every way, the other is less so."

"The office does not inform me when times have changed (on occasions)."

We issued 50 Care Standards Questionnaires (CSQs) and received 36 returns.

100% of respondents told us that their needs and personal preferences were detailed in their personal plans.

100% of responders told us that staff treated them with respect.

97% of those responding told us that, overall, they were happy with the quality of care and support provided.

We also noted that 62% of respondents knew about the service's complainant procedure whilst only 55% knew about their right to complain to the Care Inspectorate.

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

Most of those contributing to our Care Standards Questionnaires (CSQs) told us that, overall, they were happy with the care and support the service gave them.

Comments included:

"I am very satisfied with the care at home service. Without it [my mother] could not be at home."

"Need for additional visits have been identified but no spaces available at the time when support is needed. Don't know how long I will have to wait to get this."

"Very grateful to receive care at home as it enables my relative to stay at home. We work together as a team. Carers enable [my relative] to do what they can for themselves which is incredibly important for their self-esteem. My relative is well cared for."

### 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

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with and surveyed the views of service users

The good grade applies to services where users and carers have opportunities to become involved in evaluating and developing service provision. There is some evidence to show that the service is likely to respond to views expressed by service users and carers.

Each service user has a personal support plan which identifies their support

needs. This plan was usually reviewed at least on a six monthly basis with the involvement of the service user and close family when appropriate. Reviews provide an opportunity to raise concerns or make suggestions for changes to the care provided.

The review format included an outcome rating where customer satisfaction - or otherwise - could be noted. Service users could complete a questionnaire at the end of a review to give feedback and to grade the quality of the service received.

People were enabled to identify the care and support they needed highlighting their likes/dislikes and preferences which supported choice and decision making.

The service's management periodically organise meetings with service users in local day centres to ascertain their views and to promote discussion about the service. Minutes were kept of these meetings.

The service has a draft participation strategy. It aims to issue regular surveys so that all of its stakeholders could contribute their views and suggestions about ways in which the quality of care and support could be further improved. A service development plan has been devised which links closely with the national care standards (NCS).

The care co-ordinators have developed audit tools to ensure that they are maintaining standards and ensuring schedules are in place to arrange care reviews.

Key Performance Indicators (KPIs) are used to monitor performance across all aspects of service delivery. These ensure service users are provided with information about the service and its charges and that outcome focussed support plans are in place.

76% of those responding to our Care Standards Questionnaires (CSQs) told us that the service asks them for their opinions about how it could improve.

97% told us that the service checks with them regularly that they are meeting

their needs.

During our telephone interviews we asked those taking part if the service asks them for their opinions about ways in which their support could be improved. We received the following comments:

"Our opinions are always sought at the review time."

"They do this at the review visit but if I am not happy I can always contact them in the office."

"They phone me from time to time asking what you think of this and that."

Positive steps are being made to promote a complaints system which encourages people to raise concerns if unhappy. Records are being further developed to show the action taken. Further developments are planned including training for staff.

The service's registered manager intends to undergo training on the setting up of a survey monkey questionnaire for stakeholders which it intends to issue annually.

Taking all of the above into account we concluded that the service was performing to a good standard.

## Areas for improvement

We examined the service's current development plan and noted how it is linked to the national care standards (NCS). Various actions had been identified and timescales within which these should be completed - and by whom.

Twice a year the service intends to survey its various stakeholders and we noted the work and progress being undertaken to embed service user engagement within the service.

As part of this continuing progress we considered the provider needed to collate the results of the recent staff survey and include their views and suggestions about ways in which the quality of care and support across the service could be



further improved within the service's development plan.

The surveys should link to the Care Inspectorate's quality themes of (i) care and support, (ii) quality of staffing and (iii) quality of management and leadership.

The provider's development plan should evidence how the surveyed views and suggestions of the service's various stakeholders have led to improved outcomes for service users. **(See Recommendation 1)**

The service recognises the need to look at its survey format and to look at ways in which it provides feedback more quickly to those contributing.

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The provider to collate the results of the recent staff survey and include their views and suggestions about ways in which the quality of care and support across the service could be further improved within the service's development plan.

Future stakeholder surveys should link to the Care Inspectorate's quality themes.

The provider's development plan should evidence how the surveyed views and suggestions of the service's various stakeholders have led to improved outcomes for service users.

National Care Standards, Care at Home: Standard 11 - Expressing Your Views.

## Statement 5

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

## Service Strengths

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with and surveyed the views of service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

The service provides a range of vital supports to vulnerable people living in the community including personal care, help with meals and support with medication.

There are huge demands on the service and the manager and his staff strive to ensure that, wherever possible, those needs are met. There is a good ethos of care within the service. The service's care co-ordinators are under a lot of pressure but remain very focussed to ensure service users' needs are met.

The service has worked hard to further develop its personal support planning arrangements. We found that support plans contained clear information for staff that was person focussed. The language and tone used in the support plans is also person focussed.

Staff have a clear understanding of the needs of the people they supported and were aware of the positive outcomes for service users such as remaining as independent as possible, living in their own homes and to maintain connections with their community and friends.

Some of the support plans included good personal histories which are used by

staff to support positive communication.

A wide range of training is provided for staff to support practice and confidence. Staff spoke positively about training. They also spoke confidently about how they would deal with a concern about a service user.

Effective systems are now in place to monitor missed visits. Staff confirmed these had improved across the service with only small pockets of increased missed calls now noted.

We carried out a telephone sample of service users and received the following feedback:

"Very well supported but don't recall having a review meeting."

"The support I receive is just right for me and someone was out last week checking all was well with me and my plan was checked too."

"I could not ask for better people they are all brilliant."

"They are wonderful, I look forward to them coming in."

"No concerns personally but I do worry re the present financial climate how this is going to effect the service for myself and others like me."

"Top quality, I only need to ask and the carers will help me in any way within reason."

"A superb service which gives a first class service to me - top marks."

We carried out a telephone sample of relatives of service users and received the following feedback:

"We are very happy with the service for our relatives at present."

"I am delighted with the service my relative receives."

"They look forward to them coming to see them for their friendly banter. There is a review meeting every six months."

"Friendly, helpful - an excellent bunch of carers who visit my relative."

"They are all fine with my relative and always arrive in their uniforms."

Taking all of the above into account we concluded that the service was performing to a good standard.

## Areas for improvement

We carried out a telephone sample of service users and their relatives and received the following feedback which raised concerns:

"Continuity of staff would be brilliant for us."

"One thing that does worry us a little is the amount of new faces we are seeing in our home, we know they're struggling to recruit staff."

"Staff shortages is worrying as the office find it difficult to cover us at times."

"How long is the service going to be maintained in the present financial climate concerns us?"

We noted the provider is introducing a new care and support planning format which would be outcome focussed to support the delivery of care to meet people's needs and wishes.

We, too, thought that the support plans could be further developed by moving from a task orientated format to a more outcome focussed approach. This would ensure that staff are clear about the overall objectives of their support interventions. Records of staff supports need to evidence what progress is being made to achieve the desired outcomes. Support plans should also identify any unmet needs which could usefully inform gaps in service provisions and be used to plan ahead to address any shortfalls. **(See Recommendation 1)**

### Grade

4 – Good

**Number of requirements – 0**

### Recommendations

**Number of recommendations – 1**

1. The personal support arrangements needed to be further developed by:

- Ensuring the support plans develop a more outcome focussed approach.
- Ensuring records of staff supports evidence what progress is being made to achieve the desired outcomes.
- Ensuring support plans identify any unmet needs which could usefully inform gaps in service provisions and be used to plan ahead to address any shortfalls.

National Care Standards, Care at Home: Standards 11 – Expressing Your Views.

## 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

The findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this quality statement.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

### Areas for improvement

We have raised a recommendation in Quality Statement 1.1 of this report about the service's participation arrangements. Future stakeholder involvement should continue to survey their views about ways in which the quality of staffing within the service could be further improved.

### Grade

4 - Good

**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

The service is performing to a very good standard in relation to this quality statement.

We reached this conclusion after we spoke with the manager, staff, relatives and service users. We looked at a sample of personal plans, care reviews, contacts sheets and other relevant documentation. We also surveyed the views of service users and conducted a sample of telephone interviews.

Services graded 'very good' are characterised by performance with major strengths. This grade represents a high standard of performance which should be achievable to all services.

The manager and his team are under huge pressure to manage a service with big demands and high expectations. Care co-ordinators said they were "pressurised and busy". We heard the service described as "fire fighting". Despite this there is a definite culture of commitment to continuous improvement.

Staff work in close collaboration with their stakeholders to deliver good standards of care and support.

The workplace environment is poor and not fit for purpose given the volumes of staff and service user visits and the lack of facilities. Again, despite this, the manager ensures that everyone working in the service has an ethos of respect towards service users and each other.

The service is, in the main, highly valued by service users and their relatives. We heard variously throughout the inspection how staff are held in high esteem.

The manager sets a positive example from which other members of staff can model their practices. We found that staff are passionate about their work and very keen to continuously seek new ways to improve the quality of care and support. Various staff members have been delegated as champions to lead specific roles and responsibilities throughout the service. This is proving very effective.

The service is working hard to embed participative practices which involve all of its stakeholders in contributing their views and suggestions to improve the overall quality of care and support. Staff listened to people who use the service, respected their views and acted on any views expressed.

We found that service users are treated with dignity and respect. There is a strong ethos of respect throughout the service.

Quotes from staff included:

"I love it – enjoy it so much."

"Manager's door is always open."

"[Our job is] keeping people at home and as independent as they can be."

"It's a good feeling to see someone keep doing things for themselves."

Overall we were very impressed with the staff we spoke with. We found them very enthusiastic, knowledgeable, motivated and positive communicators. Their values of respect clearly came across in our conversations.

We concluded the service is performing to a very good standard in respect of this quality statement.

### Areas for improvement

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

### 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 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

The findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this quality statement.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

### Areas for improvement

We have raised a recommendation in Quality Statement 1.1 of this report about the service's participation arrangements. Future stakeholder involvement should continue to survey their views about ways in which the quality of management and leadership within the service could be further improved.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

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

## Service Strengths

The service is performing to a good standard in relation to this quality statement.

We reached this conclusion after we spoke with the manager, staff and service users. We looked at results of surveys, minutes of meetings and other relevant documentation.

The good grade applies to performance characterised by major strengths.

We could see how the manager of the service and his staff team engage with service users and their relatives in ways which sought to continually improve all aspects of the running of the service. It was clear that the manager and his staff team are focussed and committed to supporting service users and their families to be involved in the ongoing development of the service.

The manager provides an effective role model to team members and sets positive standards of care and support.

In order to encourage good quality care the service promotes leadership values throughout the workforce in a variety of ways. These included mentorship, shadow shifts and on site supervision (through observed practice).

The manager continues to delegate a variety of roles and responsibilities to members of staff. This ensures that they are both focussed and motivated to deliver improving outcomes for people who use the service. He had allocated various roles to key members of staff to champion best practice across the wider staff group and this, in turn, bolstered their confidence and afforded opportunities for them to lead various aspects of care and support across the service.

Regular supervision, staff appraisal and training took place. The service has an open culture. Staff are listened to, their views valued and suggestions acted on,

wherever possible.

97% of those responding to our Care Standards Questionnaires (CSQs) indicated that they were confident that staff had the knowledge and skills to care for them.

The service had a range of quality assurance auditing practices which were delegated to various staff members to monitor and maintain. These ensured standards within the service are being kept as well as enabling staff to fulfil additional management and leadership roles.

Taking all of the above into account we concluded there are a range of opportunities which ensure that leadership values are being promoted throughout the workforce which is leading to good quality care.

## Areas for improvement

We felt more could be done to promote leadership values across this service (which has a sizeable workforce). For example the good work already established with those staff delegated the role of service champions who promote particular aspects of care practice could be extended.

The provider also needed to explore ways in which its IT systems could better support the continuous professional development (CPD) of the workforce.

We considered the move to new premises could also be an opportunity to review how the operating arrangements across the workforce to ensure that ongoing staff development contributes to better outcomes for service users.

The provider needed to consider how it could more formally, as part of its ongoing staff development, extend the range of management and leadership training opportunities across the social care workforce. **(See Recommendation 1)**

## Grade

4 - Good

Number of requirements - 0

## Recommendations

Number of recommendations - 1

1. The provider to further promote leadership values across the workforce in line with comments in Quality Statement 4.3 of this report which encourages better quality care and outcomes for service users.

National Care Standards, Care at Home: Standard 4 - Management and Staffing.

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

### Previous requirements

1. In order to comply with Regulation 4, Welfare of service users, management need to review all medicine procedures and protocols to comply with best practice. Account should be taken of service users who are unable to self medicate and who need staff to take responsibility for their medicines. Suitable records should be kept. Assessments and records should be reviewed regularly. Staff should be given appropriate training which should be updated at regular intervals.

SSI 2011/210 Regulation 4(1) (a) Welfare of users.

Timescale: Four months from receipt of report.

This requirement was made on 09 March 2015

The medication procedures have been formalised. Assessments are in place to identify any service user who may need support with their medication. Training has

been rolled out and the service continues to work closely with the local community pharmacist to ensure staff are clear about their roles and responsibilities.

## Met - Within Timescales

**2. The provider must review its support arrangements to ensure it better delivers a standard of continuity of care and support to service users as set out in the individual service agreements.**

**This is order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users.**

**Timescale: Three months from receipt of this report.**

**This requirement was made on 09 March 2015**

The service has worked hard to ensure a consistency and continuity of care across the service.

Whilst we noted this is still an issue for some service users we considered the service is adept at deploying its staff to ensure minimum disruption, wherever possible. Not foregoing the challenges of staff recruitment and staff retention we considered the service has put in systems and practices to both monitor its performance and to - wherever practically possible - minimise any disruption to service users.

## Met - Within Timescales

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

## Previous recommendations

**1. The provider must develop and share with its stakeholders a participation strategy which outlines how it intends to consult with them to ascertain their views and opinions about ways in which the quality of care and support could be further improved.**

An improvement plan should be devised and implemented. The service's stakeholders should be kept informed about the progress being made to address the issues raised by them and how these are being actioned.

**National Care Standards, Care at Home: Standard 11 – Expressing Your Views.**

**This recommendation was made on 09 March 2015**

The provider has formalised its participation strategy. New surveys have been carried out. We noted an updated service development plan is being implemented at the time of our current inspection. We have raised an amended recommendation about the service's engagement with its service users in this report.

**2. The provider must review its complaint reporting arrangements to ensure that they better evidenced how each complaint had been followed up and what the outcome was for those raising concerns, dissatisfaction or actual complaints.**

**National Care Standards, Care at Home: Standard 4 – Management and Staffing.**

**This recommendation was made on 09 March 2015**

The provider has systems in place to monitor complaints which are investigated and the outcomes recorded. It also recognises the need to further develop its complaints system in ways which identify investigative timeframes and includes better arrangements at reporting back to complainants. The recommendation is being acted on. Future inspections will closely monitor how the service is performing in this regard.

**3. The provider should review the service agreements – currently generic in format – to ensure that they more clearly specify what individual care and supports will be delivered, and at what time, to each service user.**

**National Care Standards, Care at Home: Standard 2 – The Written Agreement.**

**This recommendation was made on 09 March 2015**

Service user agreements are being amended to ensure that they are more personalised to the circumstances of each service user.

**4. The provider, in order to deliver an effective improvement agenda for the service and to put in place satisfactory safeguards, must ensure its quality**

assurance arrangements are robust and effective.

## National Care Standards, Care at Home: Standard 4 – Management and Staffing.

**This recommendation was made on 09 March 2015**

Quarterly meetings are convened as part of the service's internal quality assurance measures as well as regular service development meetings to raise the quality of care and support provided across the service.

## 6 Complaints

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

## 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  |
|------------|--------------------------|---|
| 9 Mar 2015 | Announced (Short Notice) | <div>Care and support</div> <div>2 - Weak</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and Leadership</div> <div>2 - Weak</div> |

|             |                          |  |  |
|-------------|--------------------------|--|--|
| 21 Nov 2013 | Announced (Short Notice) | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 3 - Adequate<br>Not Assessed<br>4 - Good<br>4 - Good         |
| 22 Nov 2012 | Announced (Short Notice) | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 4 - Good<br>Not Assessed<br>4 - Good<br>4 - Good             |
| 14 Mar 2012 | Announced (Short Notice) | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 4 - Good<br>Not Assessed<br>Not Assessed<br>4 - Good         |
| 1 Oct 2010  | Announced                | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 4 - Good<br>Not Assessed<br>Not Assessed<br>4 - Good         |
| 2 Dec 2009  | Announced                | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 3 - Adequate<br>Not Assessed<br>4 - Good<br>4 - Good         |
| 31 Jul 2008 | Unannounced              | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 3 - Adequate<br>Not Assessed<br>3 - Adequate<br>3 - Adequate |



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