

# Inspection report

## Gowrie Care Limited - Dundee Central Support Service

5 Canning Place  
Hilltown  
Dundee DD3 7RT

**Inspected by:** Shona Adam  
**(Care Commission Officer)**

**Type of inspection:**

**Inspection completed on:** 26 February 2007

**Service Number**

CS2004078934

**Service name**

Gowrie Care Limited - Dundee Central

**Service address**

5 Canning Place  
Hilltown  
Dundee DD3 7RT

**Provider Number**

SP2003000083

**Provider Name**

Gowrie Care Ltd

**Inspected By**

Shona Adam  
Care Commission Officer

**Inspection Type****Inspection Completed**

26 February 2007

**Period since last inspection**

15 months

**Local Office Address**

Central East  
Compass House  
11 Riverside Drive  
Dundee DD1 4NY

## **Introduction**

Gowrie Care Ltd is a charitable subsidiary of Hillcrest Housing Association which came into being in July 2003. This subsidiary captures all the care activity undertaken by the former Gowrie Care division of Gowrie Housing Association. Dundee Central provides a service to a total of 16 service users with a learning disability, who live at the following addresses: 5 Canning Place, Hillbank Road and Flat 8 "Millview" 1 Martingale Gardens. The service provided to the 3 service users in 'Millview' and 4 service users in Hillbank is integrated, providing both care at home and housing support. The service provided to the remaining 9 service users is also housing support and care at home. All service users have either a shared tenancy or their own tenancy agreements. All the services were previously registered as care homes and de-registered. The service provided is integrated providing both care at home and housing support.

## **Basis of Report**

The following report has been compiled following an announced inspection carried out on Monday 26 February 2007 by Care Commission Officer Shona Adam.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of regulatory support was necessary. The RSA is an assessment undertaken by the Officer which considers: complaint activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirements and the number of hours being delivered in individual care packages etc. On the basis of the foregoing, this service was required to have a medium level of regulatory support.

Information was collated from the following sources:

Consultation with service users through questionnaires about their views of the service.

Consultation with the manager and staff on duty and consideration of the content of staff questionnaires completed and returned to the Care Commission prior to the inspection.

Examination of selected records and documentation, including:

- Support Plans
- Written agreements

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards for Housing Support Services and Care at Home.

Housing Support

Standard 6: Choice and Communication

Care at Home:

Standard 2: Written Agreement

Standard 4: Management and Staffing Arrangements

Standard 6: Eating Well

Standard 8: Keeping Well - Medication

The key national inspection themes for 2006/2007 for this service are as follows:-

Safer Recruitment  
Scottish Social Service Council (SSSC) Codes of Practice.

These themes have been reported under the National Care Standard Management and Staffing.

Account was also taken of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002. Scottish Statutory Instrument 114 (SSI 114).

#### **Action taken on requirements in last Inspection Report**

There were no requirements identified in the previous inspection.

#### **Comments on Self-Evaluation**

The service had completed the self evaluation electronically and had identified areas for development within this.

#### **View of Service Users**

5 questionnaires were completed and returned by service users. All the responses provided in the questionnaires indicated that service users were happy with the support they received. Comments included:

'staff are on training regularly and have good communication skills'

'I am happy in my house'

'The staff help me all the time'

'I like the help I get'

'If I have a got a problem, staff fix it'

'I like my house it's good'

Through discussion with the manager, the Care Commission Officer acknowledged the difficulties in obtaining the views of service users who used the service. Discussion took place as to how this could be done in a manner that was meaningful to the service user group.

#### **View of Carers**

None of the service users indicated that they wished a representative or family member to be consulted as part of this inspection.

## **Regulations / Principles**

### **Regulation :**

#### **Strengths**

#### **Areas for Development**

## **National Care Standards**

### **National Care Standard Number 2: Care at Home - The Written Agreement**

#### **Strengths**

The manager informed that all service users were involved in the development of their support plans.

Individual support plans were seen to contain the following information: when service users support was provided, who provided the support and at what time. Detail could also be found, informing the service user what to do if their support worker did not turn up for a visit.

Information was seen to be tailored towards the service users individual needs. An example was provided by the manager of information being provided in partnership with Hillcrest Housing Association which informed service users of an increase in service charges for 2007. Service users had commented that they had found the information was delivered in a format which was very beneficial to their needs.

#### **Areas for Development**

The service had identified in the self evaluation that information was to be developed in different formats to meet the needs of all service users so that they could be provided with information which was specific to their needs.

### **National Care Standard Number 4: Care at Home - Management and Staffing**

#### **Strengths**

Policies were in place that covered legal requirements and staff confirmed that they were aware of these policies. Systems were in place to record accidents, incidents and complaints. The manager informed the Care Commission Officer of the process whereby policies and procedures were reviewed on a regular basis. This involved the setting up of various working groups which reviewed specific policies. Recent examples of this included infection control and palliative care.

Staff confirmed through questionnaires that they had individually undertaken a number of training courses. There was an organisational staff training and development strategy. This included SVQ training for staff throughout the organisation.

All staff were provided with copies of the National Care Standards and the SSSC codes of practice. The organisation was seen to be taking the SSSC registration requirements into account in the training strategy.

Continuous Personal Development (CPD) folders had been introduced and staff confirmed through the questionnaires that they received regular supervision. Staff spoke positively of supervision and of the support provided in the projects.

Safe systems were seen to be in place for dealing with service users finances when this was required.

The service were actively promoting the involvement of service users in the recruitment and training of staff.

### **Areas for Development**

An audit of the services safer recruitment policies and procedures was carried out by the Care Commission prior to this inspection date resulting in recommendations highlighted in this report. The provider has completed an action plan to address these three recommendations. The provider's planned action will be audited and reported upon by the Care Commission after 1 April 2007. See recommendations 1, 2 and 3.

### **National Care Standard Number 6: Care at Home - Eating Well**

#### **Strengths**

Service users individual food preferences were detailed within their support plan.

All staff had undertaken elementary food hygiene training. The service had adopted the 'cooksafe system' to ensure good hygiene practices in the kitchen.

The assistant manager informed that the majority of service users required assistance with food preparation. The service had also sought input and advice from the Occupational Therapist where a need was identified to ensure that service users had appropriate utensils and crockery.

All staff had access to the national nutritional standards and had established a close working relationship with the dietitian in the learning disability service.

The service was planning to access resources provided by the 'Dundee Healthy Living Initiative'. An example of this was a healthy eating cooking group for men.

The manager also informed that she had managed to book places for staff and service users at a forthcoming cookery demonstration and display by a well know TV chef.

#### **Areas for Development**

The service was planning to examine different approaches that could be used to determine service users likes and dislikes to ensure that menu planning became more person centred.

## **National Care Standard Number 6: Housing Support Services - Choice and Communication**

### **Strengths**

The personal centre planning approach used by the service demonstrated that promotion of choice was incorporated in to everyday practice. From discussions with the manager and service user's written personal plans it was evident that staff in this service were highly committed to promoting client choice and involvement.

A risk assessment approach was seen to be in place which supported service users in the choice making process.

### **Areas for Development**

None identified

## **National Care Standard Number 8: Care at Home -Keeping Well - Medication (where help with taking medication is provided as part of the service)**

### **Strengths**

Procedures and local guidelines were in place to support and guide staff in the safe practice of the management of medication.

Any service user who required support with taking medication had a support plan in place. The support plan contained detail of how the service user wanted to be supported.

Service users had a lockable cupboard in their bathroom to ensure the safe storage of medication.

The manager informed that Gowrie had recently reviewed their medication policy and procedure and had incorporated the Royal Pharmaceutical society guidelines.

### **Areas for Development**

None identified.

**Enforcement**

There has been no enforcement action taken against the service.

**Other Information**

None

**Requirements**

None identified

**Recommendations**

Recommendation 1

1. It is recommended that the service develop a system whereby Enhanced Disclosure Scotland Checks can be accurately referenced against each individual employee.

Recommendation 2

2. Disclosure Scotland guidance on the retention and destruction of checks should be implemented and incorporated into the providers Recruitment and Selection policy

Recommendation 3

3. A written procedure should be developed to evidence the evaluation and decision making processes when assessing unsatisfactory Enhanced Disclosure Scotland checks.

National Care Standard - Care at Home -Standard 4 Management and Staffing.

**Shona Adam**

**Care Commission Officer**