

## Care service inspection report

# Housecall Nursing & Homecare Agency - Housing Support Service

## Housing Support Service

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Tantallon Road

North Berwick

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Inspected by: Michelle Deans

Type of inspection: Announced (Short Notice)

Inspection completed on: 27 August 2012



HAPPY TO TRANSLATE

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## Service provided by:

Housecall Care and Support Limited

## Service provider number:

SP2003002487

## Care service number:

CS2004056330

## Contact details for the inspector who inspected this 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 staff, in general, were very knowledgeable about the service user's needs and preferences and this has enabled the support to be person centred, based on the choices and preferences of the service users.

Feedback from service users and from relatives was that the service strived to involve them in decisions about their support and that everyone contacted as part of the inspection said they always felt that both management and staff listened to their concerns/opinions and acted on them.

### What the service could do better

We found that there could be improvements made in the consistency of information within personal plans, risk assessments and associated support plans.

Whilst very good quality systems were in place we found there were gaps in linking these together to have easily accessible outcomes for service users and their families.

We also found that there were issues in terms of some of the documentation used for staff training/induction. Care UK became majority shareholders of Housecall Care and Support Ltd in 2012. At inspection we found that there was a mixture of Housecall and Care UK policies/documentation in place. This was not only confusing but also led to misinformation being given to staff at induction, as the Care UK documentation referred to English legislation and best practice. This had affected the grades for the service under Theme 3, statement 3.3.

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

The staff team have continued to provide support in a person centred way to all the service users, ensuring that there are flexible working practices to enable the service users to be supported in their choices of activities and lifestyles.

The service has continued to develop the involvement of service users within the organisation, in decisions about their support and in helping service users attend external events and consultations.

The organisation has also continued to develop on how they deliver training to staff, including involving support workers and service users in this.

### **Conclusion**

We found that the staff focus was on providing a person centred service which reflected the choices of the service users. However further work needs to be done in ensuring information about service users is recorded in a consistent manner to ensure there is no ambiguity about the support to be provided.

Quality assurance systems, including spot checks, service user reviews and questionnaires should be reviewed so there is a link to the outcomes to enable feedback to be given to service users which includes all aspects of the quality review of the service.

Further thought needs to be taken about the introduction of Care UK documentation in the service. Discussion needs to take place between Care UK and Housecall Care and Support Ltd about the appropriateness of using documentation from both Care UK and Housecall and also on the content of the documentation used.

### **Who did this inspection**

Michelle Deans

**Lay assessor:** Mrs Winnie Whyte

# 1 About the service we inspected

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

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

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

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

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

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Housecall Care and Support Ltd operate from North Berwick and Musselburgh in East Lothian. Housecall is registered to provide a combined housing support and care at home service to adults with learning disabilities. Because the same staff provides both services in a combined way we inspect them as one service.

The service supports people with learning disabilities within their own tenancies and within shared tenancies. At the point of inspection the service was providing support to approximately 70 people.

There is a manager, assistant manager, team leaders and assistant team leaders who are responsible for the day to day running of the service.

The service aims and objectives and mission statement states:

'We recognise that everyone needs help at certain times in their lives and that some need more help than others. Housecall Care and Support will support you by not just listening to you but actually hearing what you are saying and by not just looking at how we can support you but actually seeing what is important to you and treating you as a unique and valued person. We work with a can do approach and a philosophy of being there for you when you need us most.'

Care UK became majority shareholders of Housecall Care and Support Ltd in 2012. At the time of inspection Housecall Care and Support Ltd remained the registered provider of the service being acquired through shares by Care UK.

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 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

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

### **What we did during the inspection**

Inspector Michelle Deans visited the office base of the service and carried out the final part of the inspection on 27/8/12 between the hours of 9am and 4.30pm. Prior to this we met with five service users and spoke with a further three by phone, we also spoke with three relatives. As part of the inspection we also sent out 40 questionnaires to service users/relatives and collated the outcomes of the 26 questionnaires returned to us.

A lay assessor independently also spoke with one relative, one service user by phone and met with one service user.

As part of the inspection we sampled the following:

Evidence from the service's self assessment

Medication policy

12 service user's personal plans, including health records and medication records

Staff supervision and appraisal records

Staff training records including induction

Minutes of staff meetings

Quality assurance documentation

Discussions with relatives and service users

Evidence from returned questionnaires sent out to service users

Fifty questionnaires were sent out to staff prior to the inspection, 22 were returned. We also met with the manager, assistant manager, training officer the quality assurance manager for Care UK and the human resources manager as part of the inspection process.

### **Grading the service against quality themes and statements**

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

themes and statements.

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

### **Inspection Focus Areas (IFAs)**

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

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



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

No recommendations were made at the last inspection of the service.

### **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 manager. The manager identified areas 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 met with five service users and spoke with a further three by phone. As part of the inspection we also sent out 40 questionnaires to service users/relatives and collated the outcomes. Six of the returned questionnaires were from service users.

A lay assessor independently also spoke with one service user by phone and met with one service user

All service users we spoke with said they were very happy with the support they received. All said the support staff were very good and they felt they had built up very good relationships with them.

Service users gave descriptions of how they were involved in decisions about their support, from meetings to discussions with staff, to being involved in the recruitment of staff who support them.

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

We also spoke with three relatives by phone. As part of the inspection we also sent out 40 questionnaires to service users/relatives and collated the outcomes. Thirty four of the returned questionnaires were from relatives.

A lay assessor independently also spoke with one relative by phone.

Comments were very positive from relatives. All felt that they were involved as much as they wanted to be in decisions about support. Where issues had arisen, relatives fed back that they were listened to and these were dealt with promptly.

All relatives we spoke to were happy overall with the service provided. All of the 34 questionnaires returned also indicated that relatives were happy with the service.

### 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 provided good opportunities for service users and families to participate in assessing and improving the quality of care and support.

Housecall has a service user and care involvement strategy which stated that they "aim to involve service users in shaping service delivery, planning and evaluation of the services".

Housecall sends out quality assurance surveys every 12 months to service users and/or their relatives to gain their views of the service provided. The questionnaires ask about staff practice, support issues, personal plans and reviews of support. The questionnaires also include a section for any comments or suggestions for improvements in the service. We sampled returned questionnaires from July 2012. We saw that the outcomes of the questionnaires had been collated and that a letter had been sent out to all service users and relatives giving some details of the issues raised and the steps that would be taken to resolve these.

Feedback was sought from service users and their relatives as part of the review of personal plans and yearly reviews of support. Service users and relatives spoken with said they felt confident in contacting the office to discuss any issues or raise concerns. All spoken with whom raised issues had felt these had been listened to and promptly dealt with.

There were also meetings with service users as part of a review of their support. These were held weekly or monthly and also gave an opportunity to raise any issues or discuss changes they would like to see with their support. Service users also had the opportunity to discuss their support through team meetings held for the individual service user and attended by them.

There was a rolling programme of dates of reviews for service users. We saw that

reviews had been completed or planned for all of service users at least once in a 6 month period.

There was an overview of every service user's support by the team leader and assistant team leader, who carried out regular spot checks in service user's homes. This would include feedback from service users. This enabled service users to give feedback to someone who did not directly support them on staff practice.

All service users were given information on how to make a complaint or raise a concern. There was also a pictorial leaflet for service users that gave details on how they could make a complaint.

### **Areas for improvement**

Although good quality assurance systems were in place, there was a gap in how the systems all linked together to enable feedback to be given to service users and their families. We discussed with the manager that whilst the letters sent out as a result of the returned questionnaires highlighted actions, there was no plan for improvement in place and therefore it was unclear how the action taken would be monitored and fed back to service users and relatives.

We also discussed that although good systems were in place not all the information collated from all quality assurance methods was used to give feedback to service users about the service's policies and procedures, direct support, and management and staffing.(See recommendation 1)

We saw that there was conflicting information for service users on how to make a complaint, one from Housecall Care and Support Ltd and one from Care UK. Whilst the manager told us that the Care UK document had not been sent to service users, we discussed that the content of this was incorrect and should it be used ,the information in it would need revised prior to being given to service users.

Although we could see that all service users had a six monthly review of their personal plan and these were signed by the service users or their relative, it was unclear who was involved in the review and what was discussed with regard to the review and any changes to information held in the plan. (See recommendation 2).

At the previous inspection in 2010, it was noted that an area for improvement would be the introduction of a service user's newsletter. The manager had consulted service users about their involvement in developing a newsletter and this was an ongoing process at the time of inspection. We will follow this up at the next inspection of the service.

Further work could be done in the future to involve family members in the assessment of the service or to involve independent advocates for the service users.

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**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

## Recommendations

1. Further development of the quality assurance system would be of benefit to link outcomes from observed practices, questionnaires, reviews and service user meetings and organisational reviews into overall quality outcomes, to feedback to service users and their families.

National Care Standards, Care at Home, standard 11, Expressing your views.

2. There should be clear evidence of who was involved in the review of individual personal plans and how decisions were made to update information within them.

National Care Standards, Care at Home, standard 3 ,Your personal plan.

## Statement 3

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

### Service strengths

We found that staff offered good support to ensure that service users' health and wellbeing needs were being met.

We sampled Housecall policies and procedures and found these were used to underpin staff practice. Policies sampled included, Health and Safety, Medication, Accident and Incident Reporting, Service Users Finances, Adult Support and Protection, and Food and Nutrition. Staff had been given training on all the policies.

We looked at 12 personal plans in relation to health needs. The personal plans were written in a person centred way and reflected the individual health needs of the service users. This included sections on support with medication, personal care, mobility, mental health and emotional support and choices and preferences of the service user. We also saw there was advice and guidance from relevant professionals such as Speech and Language Therapist, Dietician, GP and physiotherapist and Community Learning Disability Team.

All the personal plans we sampled contained risk assessments which gave details of the associated risk and how to minimise this. In summary we saw that there was comprehensive background information to enable staff to support each service user in a supportive way that reflected their preferences.

We saw that staff supported service users in a range of activities that reflected healthy living, such as sports, healthy eating and exercise.

Where specific health needs had been identified staff were given training on these.

Training would be provided internally, or as appropriate through external courses or by relevant professionals.

We saw that where staff supported service users with medication, this was recorded on relevant documentation and signed for. A detail of medication was also written in the personal plan. All staff were trained on administering medication and this included competency checks and assessment of learning.

Staff could where appropriate complete a staff concern report, which was sent to the team leader or assistant manager. This included concerns about service user's health and any actions taken by the staff team with regard to this. This enabled any concerns to be monitored by the manager and assistant manager and followed up where appropriate.

### Areas for improvement

Whilst the personal plans we sampled had comprehensive information in them with regard to health and support needs in the plans sampled not all the information cross referenced from the plan to the risk assessment to professional guidance. We gave examples of this to the manager and assistant manager. Although the feedback from the service users and relatives was that the support from staff met all aspects of an individuals health and support needs, for staff reading the information in service users files, who did not know them, it may lead to confusion. (See recommendation 1).

We found that the format for recording risks could be improved upon. At present the level of risk was calculated using the frequency and intensity of the risk. However the intensity referred to physical injury which was not always relevant and this meant the scoring system used was inaccurate. The risk assessment used also did not reflect the work completed on the personal plans format in making these person centred and accessible for service users. We discussed with the manager that this risk assessment could be in a similar format to the personal plans. (See recommendation 2).

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. All documentation used by staff with regard to supporting service users should be audited and updated to ensure that personal plans, risk assessments and professional guidance are delivered in a consistent manner using up to date information.

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

2. The format for risk assessments should be revised. The revised format should include the risk, actions taken to minimise the risk, the date of implementation and review dates.

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

## 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 service provided very good opportunities for service users and families to participate in assessing and improving the quality of staffing.

Housecall sends out quality assurance surveys every 12 months to service users and/or their relatives to gain their views of the service provided. The questionnaires ask about staff practice and support issues.

Housecall sends out quality assurance surveys every 12 months to service users and/or their relatives to gain their views of the service provided. The questionnaires ask about staff practice and general feedback about the service.

We saw that the outcomes of the questionnaires had been collated and that a letter had been sent out to all service users and relatives giving some details of the issues raised and the steps that would be taken to resolve these.

Service users and relatives spoken with said they felt confident in contacting the office to discuss any issues or raise concerns. All spoken with whom raised issues had felt these had been listened to and promptly dealt with.

There was an overview of every service user's support by the team leader and assistant team leader, who carried out regular spot checks in service user's homes. This enabled service users to give feedback to someone who did not directly support them on staff practice.

We also saw that when new staff were introduced to a service user that feedback was sought from the service user or their relative about staff practice as part of their induction.

The relatives and service users we had spoken with said they were proactively involved in the recruitment of the staff. We saw that service users had been supported to think about questions they would like to ask prospective staff and these were then written down and used for staff recruitment.

We also saw that in some cases service users comments formed part of staff feedback through one to one supervision.



Where possible, service users were involved in staff induction and training sessions. On the day of inspection we saw that one service user was delivering training to staff as part of their induction.

Comments under Theme1, statement 1.1 are also relevant to this statement.

### Areas for improvement

Although direct observation of staff practice was undertaken by the team leader of the service, these often did not specifically record what the service user said and gave general feedback.

We found that there was a lack of consistency in recording direct observation of practice of staff, with this not being evidenced in all staff files sampled.

See under Theme 1, statement 1.1 for recommendations made which are also relevant to this statement.

**Grade awarded for this statement:** 5 - Very 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

Housecall staff were supported by a range of policies and procedures. There was a planned approach to the review of policies and procedures at a corporate level.

All staff were given a comprehensive induction. Staff attended five day induction training which included infection control, national care standards, medication, continence, adult support and protection and moving and handling. All new staff were given the opportunity to shadow more experienced staff prior to lone working. Staff competencies were assessed as part of their induction.

Appropriate policies and procedures, for example whistleblowing, equal opportunities, and respect and values were in place staff received training in these. Values and philosophies towards working with service users were part of staff induction to the service. All staff received a copy of the Scottish Social Service Council codes of Conduct (SSSC) codes of conduct for staff when working with service users.

We looked at 10 staff files and training records. We found that staff had planned supervision and that the supervision minutes reflected that training needs, practice issues and policy was discussed. It was reflected through the returned staff questionnaires that staff felt their training needs were being met and there was, in

general, good access to training. All staff received mandatory refresher training and had access to training which reflected service users' support needs.

Housecall have PDR (Performance Development and Review) system for staff. PRD included an allocated 1:1 meeting to discuss personal development and individual training needs.

As part of staff achieving a relevant qualification, all staff will have the opportunity to gain an SVQ, with two intakes for this every year. The organisation employs dedicated work place assessors to enable staff achieve a SVQ qualification.

Staff mentors are identified to support new staff and enable a contact to discuss any issues.

Housecall had started a carer development programme through the local grammar school. It had proven to be very successful and the hope was to have competent qualified young people with future employment in Housecall.

We saw evidence of regular team meetings for management. These included discussion on any issues with regard to support and developments re policies / guidance.

### **Areas for improvement**

We found that whilst a training plan was in place for the service, not all staff had completed refresher training on food hygiene and first aid, both of which were relevant to the service provided. There were dates of these to be completed and the names of staff attending. However at the time of inspection this has not been fully achieved so we made a requirement. (See requirement 1).

We looked at the staff induction folder given to all new staff. This was called the induction and personal portfolio for staff. We were told that this would be used to keep performance reviews, training records and be an active document for staff to meet training and development competencies which would be assessed by the team leader. However the information in the folder referred to English legislation and best practice. This was not the same as the Scottish counterpart. This included incorrect references to English versions of the care standards, safeguarding of vulnerable adults, mental health act and codes of practice. Whilst the training officer confirmed that staff were trained at induction on relevant Scottish legislation and best practice the fact that staff are given incorrect information (which they keep) at the start of their induction to Housecall may have a detrimental effect on their understanding of policies and procedures which underpin staff practice. (See requirement 1).

We were told that staff were being trained in the administration of medication to best practice guidelines produced by boots pharmacy. This included assessed competencies. The medication policy in use belonged to Care UK. Again the policy

referred to English practice and legislation. We discussed that the policy content about instructions for staff in the administration of medication followed good practice, however there was guidance in it about "assessing capacity" which would not be appropriate and needed reworded. (See requirement 1).

Although a system had been put in place to observe and record staff practice, we discussed that the outcomes did not always link into supervision or PDR. We also found that actions taken as part of one to one supervision of staff were not always evidenced as having been followed up or completed. We also discussed that there should be minimum standard for the timescale of staff supervision written into the policy as at present it is at the discretion of the manager. We will follow this up at the next inspection.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The provider is required to ensure that all staff receive training appropriate to the work they are to do. To achieve this, the provider must
  - (i) Ensure staff receive mandatory refresher training prior to the training expiring in food hygiene and first aid
  - (ii) Ensure that policies, guidance and associated documentation accurately reflect the appropriate legislation to enable staff to be trained effectively.

This is in order to comply with SSI 2011/210 Regulation 15(b)(i) a requirement about staff training. Account should also be taken of National Care Standards - care at home Standard 4, Management and staffing arrangements, The Care Inspectorate has also taken into account, the Scottish Social Services Council -Code of Practice for Employers of Social Service Workers, in particular, paragraph(s) 3.1 and 2.2.

Timescale for implementation: to commence on receipt of this report and be completed within 6 weeks.

## 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 service provided good opportunities for service users and families to participate in assessing and improving the quality of management and leadership.

Feedback about the overall service provided was sought through questionnaires sent out to service users/and or their relatives. Results of these were collated and feedback was given as part of the quality assurance process.

A service user has put their name forward to be part of the management board and it was hoped in the future this role could be developed further, and include more service users.

Service users have been actively encouraged to take part in external conferences and consultations. We also saw that two service users had visited another service with staff support to see how it operated and to assess if any aspects of this could be used within the Housecall service.

Comments under Theme1, statement 1.1 are also relevant to this statement.

#### Areas for improvement

We discussed with the manager that further work could be undertaken to involve the service user and relatives in assessing and improving the quality of management and leadership. For example there was no involvement of service users or relatives at this time in the self evaluation of the service.

See under Theme 1, statement 1.1 for recommendations made which are also relevant to this statement.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

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

### **Service strengths**

Housecall have a service user and care involvement strategy which stated that they "aim to involve service users in shaping service delivery, planning and evaluation of the services". All quality assurance is overseen by the quality assurance manager.

We saw that the assistant manager would get monthly reports from the team leaders on any issues arising from the spot checks in the individual services.

An employee forum group was made up of staff representatives from each area. This gave an opportunity for staff to give feedback on any issues or to submit a question through the forum. The employee forum had asked for a staff recognition scheme to be introduced, which Housecall have put in place.

Housecall sends out quality assurance surveys every 12 months to service users and/or their relatives to gain their views of the service provided. The questionnaires ask about staff practice, support issues, personal plans and reviews of support. The questionnaires also include a section for any comments or suggestions for improvements in the service. We sampled returned questionnaires from July 2012. We saw that the outcomes of the questionnaires had been collated and that a letter had been sent out to all service users and relatives giving some details of the issues raised and the steps that would be taken to resolve these.

Stakeholders undertook a yearly review of the service for example East Lothian and Midlothian Council. We also saw feedback from stakeholders used as part of the quality assurance process. The comments we saw were very positive about the service and support provided to individual service users.

Service users had been involved in how to shape what people wanted from involvement. This had been done through external events fed back to the management board. Such as involvement in workshops by service users with ARC(Association for real change).

All staff leaving the service were asked to complete an exit questionnaire, which asked for feedback about working within the service. A staff survey was planned for 2012 but at the time of inspection had not been started.

See under Theme 1, statement 1.1, Theme 3, statement 3.1 and Theme 4, statement 4.1, for comments made which are also relevant to this statement.

### **Areas for improvement**

We found that whilst a quality audit system was in place this had not been used in the last 2 years. However there was evidence of quality assurance audits in the service. We discussed with the manager that the system for audits should be reviewed to ensure that outcomes are identified and that where relevant this forms an action plan which has set timescales and review of achievement. We did see a new

monthly report sheet for assistant team leaders to complete which would link into organisational audits; however this was not in place at the time of inspection (See recommendation 1).

See under Theme 1, statement 1.1, Theme 3, statement 3.1 and Theme 4, statement 4.1, for recommendations and areas of improvement which are also relevant to this statement.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Housecall's overarching quality assurance system should include guidance on auditing of the service and the agreed timescales for audits. National Care Standards, Care At Home, Standard 4, Management and staffing.

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

None.

### Action Plan

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

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	3 - Adequate
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 4	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings
23 Dec 2010	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
11 Feb 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership Not Assessed

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



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

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