

Care service inspection report

Action Group - Team A

Housing Support Service

Norton Park Centre

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Edinburgh

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Inspected by: Mary Moncur

undefined

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HAPPY TO TRANSLATE

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Service provided by:

The Action Group

Service provider number:

SP2003002593

Care service number:

CS2004081067

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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	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service makes every effort to provide personalised support to individuals and to involve people using the service and important people in their lives in improving the quality of the service. We consistently hear about the quality of training for staff and the flexibility of the training department in meeting staff's learning needs. The Action Group continually improves services, acting on suggestions, recommendations and requirements from others, as well as from their internal reviews.

What the service could do better

The service had a number of areas they intend to improve on. These included

- making sure the information they provide, including relevant policies and procedures, is available in different formats including easy read, to make it more accessible
- making sure everyone has a personal support plan using the new, easier to understand format
- introducing a system to review staff's performance based on a competency framework
- looking at ways training can be provided more flexibly to make sure everyone has the opportunity to attend or access learning
- continuing to reduce staff absence and turnover
- completing audits of services using the internal quality monitoring tool

The service will plan further improvement based on the review they were completing on the "10 things" for people using the service, staff and managers. These were things they intended to improve through the reorganisation of the service that took place last year. We also discussed the need to learn from the few incidents when staff practice had potentially put people at risk and the need to build on the improvements made in making sure staff had regular, quality supervision.

What the service has done since the last inspection

The service has met the requirements for improvement we made at the last inspection and since. These included making sure the improvements they had made in managing people's money were maintained, making sure they notified us of events they must tell us about and making sure they had a system in place to organise regular reviews with people. They had improved things we said they should improve, including making sure that actions agreed at individual's reviews happened and putting in place an internal audit system. We heard that the new team structure that had been introduced last year had become established and a number of people commented that this had resulted in their service improving.

Conclusion

When we last inspected the service had undergone a major reorganisation. They have worked to consolidate the new team structures and to achieve the intended benefits for people using the service, their relatives, staff and managers. We continue to find the majority of people are very happy with the service and heard a number of comments about how the service has improved since reorganisation. Staff and managers continue to be committed to developing the service in ways that improve the lives of people they support.

Who did this inspection

Mary Moncur
undefined

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.

The Action Group - Team A provides a housing support and care at home service to people with learning disability and/or other support needs who are living in their own homes in Edinburgh. The level and type of support is based on individual's needs. Support is provided with a range of activities, including assisting people to maintain their home, personal care, staying healthy, developing skills to live as independently as possible and being active in their local community. At the time of inspection around 185 people were using the service. These services were previously registered with the Care Commission and transferred their registration to the Care Inspectorate on 1 April 2011.

The Action Group aims "to value, listen to and involve people with a learning disability and other support needs and their carers so every action is judged to be the best". The Action Group - Team A aims "to assist and support people to live a valued and successful life in the general community".

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, 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 based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Inspectorate."

We have not made any requirements or recommendations for improvement in this report. We have agreed areas for improvement with the service.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 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 medium 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 after a short notice inspection of the service. We gave short notice to make sure a member of staff would be available when we visited the service. The inspection was carried out by Mary Moncur, Care Inspectorate inspector between 6 November and 14 November 2012. Feedback was given to the manager on 21 November 2012.

In this inspection we gathered evidence from various sources, including the following;

- the service's most recent self assessment
- feedback from people using the service and their relatives through questionnaires, telephone discussions and visits to their home
- discussion with the manager, training officers, human resources manager, quality and investigations officer and other staff present
- attendance at a "Have Your Say" meeting for people using the service
- dropping in to the cooking group
- attendance at a staff team meeting
- discussion with the commissioning officer from City of Edinburgh Council
- key working procedures
- sample of records for people using the service
- survey of "10 things" for people using the service
- annual evaluation, including update since last evaluation and action plan for next year
- Have your say and carer group information
- complaint/concerns/compliments records
- outcomes from managers' working groups
- incident/accident reports
- staff training plan
- sample staff records, including team managers - supervision, appraisal, training
- team meeting records
- % staff and managers who have qualifications to register with SSSC
- Service Promises
- records of information sessions for staff this year (2012)

- PAC (managers) meeting records
- "10 things" for staff survey results
- "10 things" for managers survey results
- sample records of service user monies
- Quality Monitoring document

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

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

The requirement

The provider must make sure that the improvements made in relation to the management of service user's money and financial affairs is maintained, ensuring that all staff continue to take responsibility for their role in being accountable for service user's money.

What the service did to meet the requirement

We found that there was regular audit of individual's financial records by team managers to make sure procedures were being followed consistently. There have been no concerns about management of service user's monies since our last inspection.

The requirement is: Met

The requirement

The provider must make itself aware of the guidance on notification reporting to Social Care and Social Work Improvement Scotland and make sure required notifications are made in good time.

What the service did to meet the requirement

The Action Group invited us to discuss the guidance on notifications with managers to make sure they were clear about these. We checked with the service in April 2012 that we had been notified of all events the service must notify us of and found this to be the case. We have found the service has submitted required notifications in good time since our last inspection.

The requirement is: Met

The requirement

This requirement was made following other regulatory activity.

The provider must put a system in place to ensure reviews of the personal plan take place.

What the service did to meet the requirement

We saw that the team this referred to had put in place a matrix of when each person's review was last completed and when the next one was due. This would allow them to track that reviews were being carried out regularly and as necessary when changes happened. We have agreed the service could look at introducing the matrix to track support reviews across all teams to make sure individual's support is reviewed at least six monthly.

The requirement is: Met

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

1. The service should make sure that actions agreed at individual's reviews are completed, unless the individual or their representative chooses otherwise.

Evidence from meeting people using the service and the records we saw indicated this had been met.

2. The service should consider putting in place an internal audit system to make sure team managers are completing management tasks and the expected outcomes are being achieved for people using the service and staff.

The Action Group had put in place an internal quality monitoring tool which included standards and indicators for a wide range of the service's activities. An audit of service using this tool had been started, with managers completing the audit on other managers' services. This recommendation has been met.

3. It is recommended that calls received in the office from service users are recorded and a system put in place to ensure conversations are tracked and followed up by letter as appropriate; for example, review meetings. This recommendation was made as a result of a complaint we received about the service.

The service had put in place a system with the individual who made the complaint to respond by email to any telephone discussion to make sure they had a shared agreement of what was to happen. The service feels that the volume of calls makes it impossible and unnecessary to log every call, with most people happy that the discussion does not always require to be recorded. The complaint did prompt

discussion in the service and raised awareness of the need to record discussions where particular actions about changes to support arrangements, personal support plans and reviews have been agreed. This recommendation has been met.

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 from the service. We were satisfied with the way they had completed this with relevant information under each heading we grade them under. They identified what they thought they did well, some areas for improvement and any changes they planned. The service included information on how they involve people using the service in improving the quality of the service.

Taking the views of people using the care service into account

Around 185 people were using the service at the time of the inspection. We received 53 care standard questionnaires from 70 sent. 48 were completed by someone using the service, 19 helped by a member of staff or their advocate. Five were completed by relatives or someone else on their behalf. The people using the service told us

- * they had a personal plan that detailed their needs and preferences
- * apart from one who strongly disagreed and one who didn't know, they agreed, 19 of the 48 strongly, that the service checked regularly that it was meeting their needs
- * apart from one who disagreed, they agreed, 25 of the 48 strongly, staff treated them with respect
- * apart from one who strongly disagreed and one who said not all staff, they agreed, 12 of the 48 strongly, that staff had the skills to support them
- * apart from one who disagreed, one who didn't know and two who said this wasn't applicable, they agreed, 16 of the 48 strongly, that the service asked for their opinion on how it could improve
- * 40 of the 48 knew about the service's complaints procedure and 42 of the 48 knew they could make a complaint to the Care Inspectorate
- * apart from one who disagreed and one who didn't know, they agreed, 21 of the 48 strongly, they were happy with the service overall.

The person who disagreed the service checks that it meets their needs, that staff had

skills to support them and that they were happy with the service overall did not give their name so we were unable to check what the issues were. We spoke to the member of staff who had helped the person who disagreed staff treated them with respect to complete their questionnaire. We discussed the concerns with the manager and found these issues were being addressed.

Comments included,

"I like the groups in my team. I would like to know more about cooking so I can do more at home."

"I enjoy the outings because I can get out more."

"The staff is good. They good workers."

"I would like to see better communication between staff and tenants."

"The past year was not so good. Things have changed now. Staff need more training and help in some things. Some staff are really fantastic, but not all. I would like to choose my staff."

"I would like my staff to all take lunch or tea with me. Not all of them do - sometimes they have to go to other support." (We met this person and they told us that the manager had made changes as a result of this comment so that staff could have their meal along with them).

"Sometimes I forget my support times due to my memory. Staff take me along to the office if I need to complain. I'm unhappy with my flat mate as she gets very angry but my team manager is sorting this out at the moment."

"Staff leave me a rota so I can see which staff will be supporting me. Staff have arranged a holiday for me. My mum is happy with my support."

"I wish there was more time to go out more and do the things I need to do and leisure activities I enjoy."

"Would like more hours. Staff would help me to complain."

"I sometimes forget staff names as there is many. I enjoy living at (address)"

"Would like more contact with team manager."

"I like to have everything explained to me and I think this is done."

"New door handle on doors not put on."

"I like living in (address), it's very good."

"I have a good service with the Action Group. The staff/manager have helped me emotionally and also I have more confidence and independence."

We met 11 people individually in their own homes, along with staff. They told us they were happy with their support overall, talked about a range of areas of their life they got support with and the activities they are getting involved with as a result of their support. They talked positively about their support staff and team manager. It was clear from our discussions that they were achieving things that were important to them in their lives.

We spoke to eight people who use the service by phone, two with their support worker. They all said they were happy with the support they were receiving and the staff who supported them. There were positive comments about the service having improved since the new teams were put in place, about the way new staff were introduced by well known staff and about the flexibility and responsiveness of the service.

We went along to the "Have Your Say" meeting for people using the service. There were around ten people attending, some with support from staff. There was lively discussion about a range of topics, such as getting involved in staff recruitment and developing more user friendly information. We also went to a cooking group for people receiving smaller support packages. We met six people there, who were clearly enjoying the group and each other's company. They spoke highly of their support from the Action Group in general and how they were involved in developing the group activities available in the service.

Taking carers' views into account

The five relatives or someone else on behalf of the person using the service who returned questionnaires told us

- * the person using the service had a personal plan that detailed their needs and preferences
- * they agreed, three strongly, that the service checked regularly that it was meeting the person's needs
- * they agreed, three strongly, that staff treated the person with respect and they were confident staff had the skills to support them
- * one said they didn't know if the person was asked how the service could improve and one said this wasn't applicable to them, while the others agreed, two strongly, that the service asked for their opinion on how it could improve
- * they knew about the service's complaints procedure and knew they could make a

complaint to the Care Inspectorate

* they agreed, four strongly, they were happy with the service overall

Comments included

"We think the Action Group overall is a very good provider. We have only one complaint. It was dealt with right away. I have always thought it is one of the best providers as we have used others."

"Everyone who works with my daughter are trained in epilepsy care. They all attend different courses and are doing their SVQ. I know that although my daughter cannot talk she is very happy with her carers and likes them all - as they do her. I know they all meet (name's) needs and are qualified to look after her."

We spoke to three relatives who had returned questionnaires by phone. They were all happy with the service overall. One said the service had improved since the new teams had been put in place, with her son having opportunities to do different things, not just going to the cinema all the time. She said she was "very impressed". Another said she was "really happy". Having changed from a different provider she said her son now "lives life to the full". The other person was very happy overall. Her only concern was that her daughter's morning support had been cancelled a number of times recently because of staff absence. We shared her concerns with the manager who was going to check this and make sure the service was providing the support agreed.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service continued to use a range of methods to encourage people's involvement in improving the quality of care and support. These included

- * involving individuals, their relatives and other people important in their lives in planning and reviewing their support arrangements
- * offering life planning opportunities
- * Have your say meetings for people using the service
- * Carers meetings
- * completing an annual evaluation using questionnaires to gather people's views
- * circulating an evaluation report to everyone using the service, with an update since the last evaluation results from the current evaluation and an action plan for the next year's improvements
- * a Members Day to bring together members of the Action Group including people using services and their families
- * complaints, concerns and compliments procedures
- * providing information for people who want to use direct payments to have more say in their support

At our last inspection we discussed that the personal support plans, risk assessments and review documents were very complicated and not easy for people to use. The service had developed more user friendly formats for these documents. They had already been introduced with some people and the service planned to use these with everyone over the next year. This should help people get more involved in planning and reviewing their own support.

We went to a "Have your say" meeting. The group had grown in confidence and there was lively discussion about a range of topics, such as getting involved in staff recruitment and developing more user friendly information. The group were now producing a quarterly newsletter for people using services.

An area for improvement at our last inspection was to look at how the evaluation report could be made available more quickly following the questionnaires being completed. We found this had been achieved this year, with the report being made available soon after all the feedback from questionnaires had been pulled together.

At the time of our last inspection the service was completing an evaluation of how well they had achieved the "10 things" for people using the service and carers they planned to improve through the re-organisation of the service. From this each team had put in place a plan for improvements. The service was in the process of getting people's feedback on the "10 things" to make sure people were experiencing improvement and to highlight where they needed to continue to improve.

The re-organisation of the service had introduced a team which provided the service to people who received smaller support packages. People supported by that team had been involved in developing how their support was provided, including group activities. They had continued with this approach with new ideas and activities being organised. They planned to meet up at least six monthly to discuss what was working well and what they could improve and develop.

Areas for improvement

The Action Group continued to give involving people in improving the service a high priority. In particular, they are working on getting people using services more involved in staff recruitment and developing more user friendly information. They want to make sure information about the service, including policies and procedures and from the "Have your say" group is in a format that makes it easy for people to understand.

At the last inspection we discussed that other teams could develop involvement activities within different support settings, sharing some of the learning from the team delivering smaller packages of support. We did not see much evidence of this happening. Some staff who helped people return questionnaires to us commented that it would be helpful if the person had someone independent of the service to help with this. We heard that training on "Talking Mats" was being delivered, but we didn't see much evidence of this being used in practice. We discussed this with the manager who acknowledged this continued as an area for improvement.

The service's evaluation report included that they still needed to do more work on getting ready for self directed support. This will include being able to better support people who choose to use direct payments to pay for their own support and developing outcomes approaches, such as the "Talking Points" approach, to help people plan what they want from support.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that personal support plans included details of individual's health needs and contact details for health professionals involved. The new format made the information easier for people using the service and staff to access and understand. It included a summary of support needs with pictures and graphics to make it easier to find the information required. As noted under Quality Theme 1 Statement 1 the service plans to have these in place for everyone over the next year.

The service had piloted the "My Important Health Information" document developed by NHS Lothian. They intended to complete this with everyone using the service to help them be able to share important health information with health staff when needed.

At the last inspection we made a recommendation that the service should make sure actions agreed at individual's reviews happened, unless the individual or their representative chooses otherwise. Evidence from meeting people using the service and the records we saw this had been met. Since the last inspection we made a requirement that the provider must ensure reviews of the personal plan take place. We saw that the team this referred to had put in place a matrix of when each person's review was last completed and when the next one was due. This would allow them to track that reviews were being carried out regularly and as necessary when changes happened.

We heard and saw that care and support was provided by staff who knew the person well and understood their needs. Staff were supported by a team manager and service manager who knew the people who use the service well.

We heard a wide range of examples of how the service met individual's health and wellbeing needs from people using the service, their families, staff and other professionals. These included getting involved in different social and learning activities, finding a job, attending appointments with health professionals, administering or helping people manage their medication, eating healthily, taking more exercise and losing weight. People told us they felt better, were more confident and had more things to do as a result of their support. The groups developed in the team supporting people with smaller support packages included cooking, computer skills, walking and cycling. A gardening project was also being established. As well as encouraging people to get involved in healthy activities and learn new skills, these

were providing opportunities to meet other people and be less isolated.

The service continued to develop the personalisation of support in shared living situations. We heard that the next step was to improve the planning of staff's work schedules to make sure they met each individual's support arrangements. We also heard that a member of staff had been identified to pilot a period of observing practice in one of the shared houses with the intention of looking at ways person centred working could continue to improve.

The staff training programme included a range of topics relevant to meeting individual's health and wellbeing needs. We heard that the training department is responsive in providing training around a particular individual's needs. The training programme covers mandatory topics such as first aid, child and adult protection, food hygiene, practical handling, epilepsy, autism and behaviour support strategies. Other training had been provided, such as mental health, loss and bereavement, healthy eating and benefits, for staff who identified this as a need. Team specific training had been delivered, such as anorexia, personal care and person centred planning. Training had been provided around particular individual needs, such as PEG feeding. We heard that staff found the training to be of a high standard and useful in practice. We saw that they were provided with booklets with details of what had been covered in the training and sources of additional information.

The service regularly worked with health professionals involved in individuals care. We heard how one team was working closely with an individual's psychiatrist to limit the effects of dementia. We saw another team working with a member of the Challenging Behaviour Team to put in place and review support arrangements to minimise incidents of challenging behaviour. They also worked with community learning disability nurses, occupational therapists, physiotherapists and dieticians as appropriate.

The Action Group had supported working groups around a variety of areas relevant to meeting individual's health and well being needs. We saw that the new format personal support plans, more structured recording systems in shared living situations and information to improve key working had been or was in the process of being completed.

The service had child and adult support and protection policy and procedures in place, which were being updated at the time of our inspection. We heard staff had completed training relevant to these and managers had completed more in depth training sessions. From notifications to us we found the service had been more proactive in identifying where vulnerable adults may be at risk of harm and taking appropriate action in these situations. This had included raising staff awareness about whistle blowing. We found that staff were using this process if they had concerns about anyone's care and support. This meant the service could take action quicker to make sure individuals were kept safe.

Areas for improvement

While the improvements in staff's use of whistle blowing procedures and the service's more proactive approach has resulted in action being taken to make sure vulnerable individuals were kept safe, there have been a few occasions when staff's practice has potentially put vulnerable people at risk. We discussed with the manager that the next step in improvement would be to reflect on these incidents and identify any common features that could be addressed to minimise the risk of similar incidents occurring in future.

The service could look at introducing the matrix to track support reviews across all teams to make sure individual's support is reviewed at least six monthly.

The service intends to plan further improvement based on the outcome of the evaluation of the "10 things" for people using the service and their carers, currently being carried out.

The areas for improvement noted under Quality Theme 1 Statement 1 relating to developing more user friendly information and doing more work on getting ready for self directed support are relevant to this statement. More accessible information should help people understand what they can expect from the service. Developing outcome approaches could better evidence the outcomes of support.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 – Very Good

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

The Action Group had a range of policies and procedures in place to support staff in their role and to support staff's development. We heard that the Quality and Investigations officer was reviewing a number of key policies to make sure they reflected the most up to date best practice. Staff were kept informed about policy review through team meetings and email updates.

We found from records we sampled and from feedback from staff they were receiving regular supervision in a variety of formats, including 1:1 meetings. The Action Group was in the process of reviewing the supervision policy and standards to reflect current practice. They had put interim guidance in place to make clear to staff what they could expect.

Team meetings were regular and the meeting we attended was informative, with all staff actively participating. We heard that those staff who were unable to attend had access to the notes from meetings.

As noted under Quality Theme 1 Statement 3, the service had a comprehensive training programme in place and staff spoke highly about the quality of training provided. The programme was developed based on a training needs analysis completed by managers and staff to identify what training is required. We heard that the training department is carrying out a pilot where a link training officer works with a team to identify any team specific training required and to look at how core training can be delivered flexibly so that all staff can complete this.

The Action Group had continued its Scottish Vocational Qualifications (SVQ) programme. We found that managers had or are working towards qualifications that will enable them to register with the Scottish Social Services Council (SSSC). Those in supervisory roles had been given opportunities to achieve recognised qualifications in supervisory practice. In the last year the service had recognised the need to increase opportunities for staff to work towards SVQ Level 2. They are now working with an

external provider, increasing the numbers of staff achieving qualifications without reducing the quality of the learning experience. The Action Group had a plan in place to make sure all managers and 50% of support staff have achieved relevant qualifications by May 2013.

At the time of our last inspection the service was completing an evaluation of how well they had achieved the "10 things" for support workers they planned to improve through the re-organisation of the service. From this each manager had put in place a plan for improvements. The service was in the process of getting staff's feedback on the "10 things" to make sure they were experiencing improvement and to highlight where they needed to continue to improve.

The majority of people who returned questionnaires to us agreed that staff had the skills to meet their needs. People we spoke to were positive about the staff who supported them.

Areas for improvement

The service had found the system they used to review staff's performance, the PRASE system, could be improved. In the records we sampled we did not find any recent records of appraisal of staff's performance using that system. They had found the development of the competency framework for team managers to be more helpful in supporting their development. We saw the competency framework which was being developed for support staff and the service planned to pilot this with three teams beginning February 2013.

The service had put in place interim guidance on staff supervision to make sure staff were aware of what they should expect. Four staff who returned questionnaires to us said they did not have regular individual supervision. Their records showed, that apart from one person, they had had a face to face meeting with their line manager at least three monthly. For one person there had been a gap of four months between face to face meetings. Their records showed there had been other individual contact, for example by phone and email, between these meetings. We discussed this with the manager and agreed the policy and procedure for staff supervision needed to be finalised in order that managers and staff are clear as to expectations. We also agreed that, while there has been significant improvement in the regularity and quality of supervision, this continues to be an area for improvement.

The service intends to plan further improvement based on the outcome of the evaluation of the "10 things" for support workers, currently being carried out.

Grade awarded for this statement: 5 - Very 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 Action Group's mission statement and the service's "promise" are based on the ethos of respect. Policies and procedures reflect this ethos.

The strengths relating to service user participation noted under Quality Theme 1 Statement 1 are relevant to this statement. The service's commitment to involving people demonstrates respect for people using the service. The feedback gathered provides information on how well the service does in treating people with respect and suggestions for improvement.

The service included the ability to show respect to others as part of the criteria used in the selection of staff. The strengths in relation to having a well trained, professional and motivated workforce noted under Quality Theme 3 Statement 3 are relevant to making sure everyone has an ethos of respect towards people using the service and their colleagues. Achieving Scottish Vocational Qualifications encourages reflective practice. 1:1 support and supervision and team discussions provide opportunities for ongoing reflection and improvement.

Staff spoke about people they support in a respectful way and we saw staff showing respect in the way they worked with people. People who returned questionnaires to us agreed, 28 of the 53 strongly, that staff treated them with respect. People we spoke to said staff were respectful.

We saw staff work together in a respectful way and managers speaking to and about staff with respect. Comments from staff in questionnaires indicated they felt they were treated with respect.

Areas for improvement

The areas for improvement noted under Quality Theme 1 Statement 1 in relation to service user and carer involvement and under Quality Theme 3 Statement 3 in relation to having a professional, well trained and motivated workforce are relevant to this statement.

As noted under Quality Theme 1 Statement 3 there have been a few occasions when staff's practice has potentially put vulnerable people at risk. These question a few individual's respect for the people they were supporting. We discussed with the manager that the next step in improvement would be to reflect on these incidents and identify any common features that could be addressed to minimise the risk of similar incidents occurring in future.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service strengths

The strengths relating to having a professional, trained and motivated workforce noted under Quality Theme 3 Statement 3 are relevant to this statement as they provide opportunities for staff to make their views known. As well as completing an evaluation of how well they had achieved the "10 things" for support workers following re-organisation, they had also completed an evaluation of how well they had achieved the "10 things" for managers. The service was in the process of getting staff and manager's feedback on the "10 things" to make sure they were experiencing improvement and to highlight where they needed to continue to improve.

The Action Group had regular information days for staff. Representatives from all staff teams attended these events. They included presentations on changes and developments in the Action Group, with discussion groups for those attending to discuss the information provided, ask questions and put forward suggestions and concerns.

The Action Group had a well established system for sharing information, with a structure of management groups feeding information to and from the staff teams. They also used other communication methods, such as email, to share information. We saw that the Chief Executive circulated a regular bulletin for staff which included his response to questions from staff.

At the last inspection an area for improvement had been to develop working groups focusing on service developments. As noted under Quality Theme 1 Statement 3 these had taken place with a number of improvements introduced as a result.

Staff told us in questionnaires that the service asks for their opinion on how it can improve. One person commented that they had been invited to take part in a support worker meeting with senior managers, representing the views of other staff in their team.

As noted under Quality Theme 1 Statement 3, the use of whistle blowing by staff had improved, which has meant the service has been able to address concerns more quickly.

Areas for improvement

The areas for improvement relating to having a professional, trained and motivated workforce noted under Quality Theme 3 Statement 3 are relevant to this statement as they will continue to improve opportunities for staff to make their views known. The service intends to plan further improvement based on the outcome of the evaluation of the "10 things" for support workers and managers, currently being carried out.

We heard that the Action Group is changing from staff information days to a more conference/convention style of day. The intention is for the event to be more interactive with opportunity for more staff to take part at a time that suits them. Information will be available about different aspects of the Action Group's work and development and staff will be able to access this and ask questions and make suggestions more easily.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The strengths relating to service user participation noted under Quality Theme 1 Statement 1 are relevant to this statement.

The Action Group had safe recruitment and induction standards which contribute to assuring the quality of the service. The strengths noted under Quality Theme 3 Statement 3 in relation to having a professional, trained and motivated workforce and under Quality Theme 3 Statement 4 relating to having an ethos of respect also contribute to assuring the quality of the service. The Action Group had retained the Investors in People accreditation. Investors in People is an external award for achieving agreed standards in supporting and developing staff.

The service's strengths in involving the workforce in determining the direction and future objectives of the service, noted under Quality Theme 4 Statement 2, are relevant to managing the quality of the service.

The Action Group had introduced a Quality and Investigations officer to improve consistency and timeliness of investigations into allegations of abuse or staff

misconduct and complaints handling. They also had a role in monitoring improvement plans and linking with the training department to highlight learning needs from this work. We heard this had recently become a full time post and they were now also taking a lead in developing more accessible information.

At the last inspection we made a requirement that the provider must make sure that the improvements made in relation to the management of service user's money and financial affairs was maintained. We found that there was regular audit of individual's financial records by team managers to make sure procedures were being followed consistently.

At the last inspection we made a requirement that the provider must make itself aware of the guidance on notification reporting to us and make sure required notifications are made in good time. We were invited to discuss the guidance with the management team. We have found the service has submitted required notifications in good time.

At the last inspection we made a recommendation that the service should consider putting in place an internal audit system. The Action Group had put in place an internal quality monitoring tool which included standards and indicators for a wide range of the service's activities. An audit of service using this tool had been started, with managers completing the audit on other managers' services.

At the last inspection we noted that the service had focused on reducing absence levels and staff turnover through training for managers and better management information. We heard that absence levels had reduced significantly and there was an ongoing focus on this by managers supported by the human resources team. There had been some reduction in staff turnover and an "Investors in People" group had been set up to continue to look at ways they could continue to reduce this. They were developing a "motivators and rewards" plan, looking at things like corporate gym membership, bike to work schemes, credit unions and childcare voucher schemes.

At the last inspection the service was introducing an IT system which would improve planning the delivery of individuals support and would provide management information to evidence the support provided. We heard that the development of this system had continued, with parts of the system having been trialled. It was now planned that the system would "go live" in February 2013.

The Service Promise has been the basis for standards people using the service can expect from care and support services. Service Promises were being developed for all departments in the Action Group, for example how the finance service will meet the seven standards outlined in the Service Promise. This will be the basis for evaluating how well all departments are meeting these standards for people using the service, their relatives, staff and managers.

We spoke to the commissioning officer from the local authority. They told us that they had recently completed a contract monitoring visit at the service and found they had taken action to address areas for improvement from their previous review. They also said that the service was positive about taking part in a pilot project looking at meeting the needs of older adults with a learning disability.

The Action Group works well with the Care Inspectorate in its role as regulator. They submit returns and action plans as required. We found the managers to be open with us during this inspection, making sure all the information we required was made available. People who use the service and staff at all levels were encouraged to participate in the inspection of the service.

Areas for improvement

The areas for improvement relating to service user participation noted under Quality Theme 1 Statement 1 are relevant to this statement.

The area for improvement noted under Quality Theme 1 Statement 3 relating to learning from adult support and protection concerns raised through whistle blowing is relevant to improving the quality of the service.

The areas for improvement noted under Quality Theme 3 Statement 3 in relation to having a professional, trained and motivated workforce and under Quality Theme 3 Statement 4 relating to having an ethos of respect will contribute to assuring the quality of the service.

The service's areas for improvement in involving the workforce in determining the direction of the service, noted under Quality Theme 4 Statement 2, are relevant to managing the quality of the service.

The service plans to complete the internal audit identifying strengths and an action plan for improvement. They will also review the tool to make sure it helps the service with continuous improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

We have partially upheld one complaint about the service since the last inspection. Information about complaints can be found on our website www.careinspectorate.com.

Enforcements

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

Additional Information

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

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 3	5 - Very Good
Statement 4	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 2	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
23 Dec 2011	Unannounced	Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
6 Aug 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
22 Jun 2009	Announced	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership 5 - Very Good
28 Aug 2008	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

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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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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