West Dunbartonshire Council Community
Alarm Service

Housing Support Service
Department of Social Work and Health
85 - 87 Kilbowie Road, Clydebank
Clydebank
G81 1BL

Inspected by: Colin McCracken
Type of inspection: Announced (Short Notice)
Inspection completed on: 28 November 2012
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Service provided by:
West Dunbartonshire Council

Service provider number:
SP2003003383

Care service number:
CS2004085890

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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

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<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Staffing</td>
<td>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Management and Leadership</td>
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What the service does well

The service supports people to remain living in their homes longer than may otherwise be possible, by reducing the potential risks for them doing so. The alarm service works in tandem with the other West Dunbartonshire Homecare services; this is to the benefit of service users as it gives them access to more help if they require it.

What the service could do better

The service should consider the benefits and feasibility of tele health care systems which can support people with complex health issues to remain living in the community with fewer hospital admissions.

What the service has done since the last inspection

In the last year the service has grown in terms of the number of people it provides a service to. The service has also expanded into many of the care homes in the area as the technology that they can provide in their alarms is more advanced than the simple nurse call systems already in care homes.

Conclusion

This service continues to put great effort into trying to engage with service users and to give members of the public information about their service by attending several community groups, advertising in local papers and having their own newsletter. There were no recommendations made at the last inspection.
Who did this inspection
Colin McCracken
Lay assessor: Mrs Linda Riley  Mr Raymond Boyd
1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission, including the work of registering care services. This means that from April 1 2011 this service continued its registration under the new body, SCSWIS.

West Dunbartonshire Council Community Alarm Service has been registered with the Care Commission since 4th April 2005. The service provides a 24 hour call out alarm service to people in their own homes and tenants in sheltered housing complexes.

The service is provided by West Dunbartonshire Council. The control centre operators are located in East Dunbartonshire and relay messages to mobile operators in West Dunbartonshire. Call centre operators respond to alarm calls, from the unit installed in a person’s home, via the two way speaker system and provide advice and reassurance to the caller. The centre operator will then contact a relative, emergency service or ask a mobile operator in West Dunbartonshire to make a visit. The call centre operator, when requesting a mobile operator to visit a service user, will be able to give them information about the service user from the information stored on the computer system.

Initial home assessments are carried out for new customers. Following this assessment the alarm units are installed and maintained. East Dunbartonshire collate information on who has not used their alarm for 6 months, the need for the person to have the alarm is then reviewed. West Dunbartonshire Council was given money to invest in Tele Care, including training their staff in the new technology.

Tele Care allows the alarm service to also come to the assistance of people who may not be able to initiate the call to the call centre operators, for an example, as a result of cognitive impairment.

Depending on the assessed need, the Tele Care system can alert the control centre about; someone falling or being out of bed for too long during the night, fires, heating dropping below a certain temperature or someone wandering out of their house due to their confusion.

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 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
We wrote this report after a short notice inspection that took place over the morning and afternoon of 12, 13 and 14 November 2012. The inspection was carried out by Care Inspectorate Inspectors Colin McCracken, Gerry Tonner and Scott Morrison who were assisted by two Lay Assessors Linda Riley and Raymond Boyd who carried out phone interviews to service users from their own homes. Feedback was given to the management team on the 28th of November.

As requested by us, the provider sent us an annual return. The provider also sent us a self assessment form.

We sent 50 questionnaires to service users and their relatives/carers. Sixteen completed questionnaires were returned before the inspection. We also received completed questionnaires from 3 members of staff who worked in the service. During the inspection we spoke with management, a telecare coordinator and a mobile alarm attendant.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- evidence from the service’s most recent self assessment
- 19 questionnaires that had been filled in and returned by staff (3), service users (16)
- participation records including support plans, meeting minutes, newsletters, forms and questionnaires which the provider has distributed to the people who use the service.
- service users’ personal plans including assessments, care plans, risk assessments and daily recordings
- formal care reviews
- focus group meeting minutes
- staff supervision, training and development records
- staff meeting minutes
- the service information leaflets
• quality assurance records
• accident and incident records
• the complaint policy and log
• discussions with various people including: 58 service users either on a 1-1 basis, by telephone or in small groups. This included people who used the home care & sheltered housing services as well as the community alarm service. The Lay Assessors helped us by doing the phone interviews with service users.

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 recommendations we made at our last inspection

There were no recommendations made at or since the last inspection.

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.

The Care Inspectorate received a fully completed self assessment document from the service manager. We were satisfied with the way the manager had completed this and with the relevant information they had given us for each of the headings we grade them under.

The manager identified what they thought they did well, some areas for development and any changes they had planned. The information was detailed and reflected the participation of people using the service and their relatives/carers. The self assessment reflected the findings of our visit.

Taking the views of people using the care service into account

Feedback from the people who use the service is noted throughout the report. In general the feedback was however very positive.

Taking carers' views into account

Some of the questionnaires that we received back were completed by the relatives of service users but it isn’t always clear who has completed the questionnaires. As above comments from relatives and service users is noted throughout the report and in general the feedback was very positive.
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

This service is part of the home care team in West Dunbartonshire Council and as part of the team they share a number of the same excellent practices that homecare have in relation to participation. (The team consists of 3 registered services - 1. Homecare 2. Sheltered Housing and 3. Community Alarms service.)

The feedback from health professionals at the inspection was very positive about what each part of the homecare team did for people living in the community. This feedback mirrored comments made by health care professionals at our last inspection in September 2011.

Possibly as a direct result of these close working relationships 34.2% of people who have a cancer diagnosis in West Dunbartonshire are able to die at home compared with a national average of 25%. The service has a stated aim to try and reach the figure of 40%.

We looked during this inspection to see if the service had maintained the level of service user participation that they had in the 2011 inspection. From the evidence that we saw the service has.

The telecare coordinator has continued to give talks on how the alarm systems can help people to various groups, including: Occupational Therapists, carers forum, epilepsy forum, Care and Repair department, Women’s Guilds, hospital staff and individual team meetings in the social work department.
In the last inspection report we noted that the service had piloted a scheme where volunteers from the people who use the service phoned others to check if they were happy with the service they receive. The reports for this pilot were positive. The service has provided training to individuals who have expressed an interest in becoming lay assessors as it hopes to expand the role of these volunteers.

Service users were very positive about the service they received. Those who returned care standard questionnaires to us stated that they were happy or very happy with the service they received.

We viewed the information that service users are given about the service prior to starting the service and is very clear. The information service users receive includes contact details for the Care Inspectorate.

The service has very good links with stakeholders such as the Clydebank Seniors Forum and the Community Care Forum. Many of the members of the public who make up these forums are also service users. There was evidence that suggestions at these forums had resulted in improvements for service users. The chairperson of the Clydebank forum told us that the manager regularly attends their meetings.

The provider has a “Consultation Policy,” which staff are made aware of through their induction, we know this because we viewed the staff induction programme which also includes a section on customer care. The consultation policy makes reference to the National Care Standards, Scottish Social Service Council and the National Standards for Community Engagement.

They have also developed a consultation and participation data base of people who are happy to be consulted on developments to do with the homecare sector, so feedback about areas for development can be gathered quickly.

The service has held Focus groups with service users and carers to discuss issues connected to the quality of the service. The results of the Focus groups have been compiled and an action plan has been drawn up. The minutes and the action plans were viewed.

Newsletters sent to service users from February and September 2012 contained information about the participation and consultation data base as well as feedback from the service user focus groups.

The service has set up a “readers group,” which is a group of service users who view any publication prior to it being sent out by the service to ensure that it uses plain English and is easy to understand. We viewed some of the documentation sent out and they are easier to read than the documents sent by many organisations.
At the last inspection we noted that the service also sent a questionnaire out to service users to evaluate their service user participation. In this questionnaire people were asked if they were aware of the Care Commission (now Care Inspectorate), National Care Standards, if they had a care plan, if they had reviews and if staff treated them with dignity. As a result of the feedback more information about the National Care Standards and the Care Commission was put into the next service user newsletter.

The service produces a newsletter twice a year to keep service users informed of developments in the service. The newsletters were viewed during the inspection and they had information in them about the Focus groups, the Care Inspectorate, Staff training and feedback from the service’s questionnaires. One of the newsletters from this year featured “A day in the life of” a community alarm mobile attendant which gave readers an insight into the working day of a member of the team.

In one of the other newsletters this year the alarm service were informing service users about temperature detectors which can summon help if the temperature in your house rises above or below safe limits. This is evidence that the services is continuing to inform people about what the service can offer.

When someone uses the alarm to call staff out, the staff have to complete an incident report. They must send this to the individual’s care manager for them to follow this up if they don’t have a care manager they must send a report to the manager who follows this up to see if additional supports are required. There was evidence of the community falls team being asked to visit someone in their home after the mobile attendants had been called out.

The incident reports also ask staff to tick if families have been notified of an incident. On the reports we sampled all of them had notified the families of the incident.

There was evidence viewed of service users requesting additional support while the community alarm attendants were in their houses and this being appropriately followed up. During our inspection one service user who requested more information about how her alarm worked was contacted and a visit arranged for the following day for a member of staff to visit to go over the information about the service again.

The service has introduced since the last inspection community alarm monitoring visits which are carried out at least twice a year. This visit gives service users who only get support from the community alarm team the chance to review their service and request additional support or cancel the service should they wish.

The service has two different questionnaires which it sends out to service users. One for service users who have a standard community alarm and one for service users who have a telecare system.
As a result of feedback about the length of time it takes from the initial referral to having alarms installed, the service has made the following changes to speed this up:

1: The service has worked with the social work department to create a special duty referral for community alarms rather than await a mainstream worker to be allocated the case.
2: One of their staff invented a way of putting alarms on the ceiling which didn’t involve going up a ladder. For health and safety reasons this had previously caused a delay while a different department came to do this.
3: The mobile attendants can fit as well as assess for alarms which again speeds up the process for people receiving the service.

We sent out 50 questionnaires for the service to distribute. 16 were returned to us, the following statistics were taken from them:
- 54% said that they had a personal plan
- 54% said that it detailed their needs and preferences
- 47% said the service asks for their opinion
- 54% said they know the name of the staff that support them
- 43% knew they could make a complaint to SCSWIS
- 88% were overall happy with the quality of the service (2 said not applicable)

Additional comments which were made in the questionnaires included:
- “The lady who installed the alarm was very helpful.”
- “My husband had a plan at the beginning of the year but not now.”
- “If possible a revisit or a guide/aide memoir would be useful.”
- “My mother feels that this survey is the first opportunity to comment on the service.”
- “I never see anyone from community alarm except if there is a maintenance issues with the system. I have no complaints how the system is maintained.”

We spoke with over 60 service users either face to face or over the phone. Some of these people also received a service from the homecare or sheltered housing teams but all received support from the community alarm service. Their comments included:
- “I’ve had newsletters from them and they come and ask if you have any complaints. I have pressed my alarm and they responded quickly.”
- “I’d give them an A1.”
- “The staff are lovely.”
- “The only thing I get is a monthly bill.”
- "They haven’t carried out a review it’s been like this since the beginning."
- "It was all explained to me when they installed it."
- "My pendant was too tight for me and they came out and changed it."

**Areas for improvement**

While the service puts information into their newsletters about focus groups some people said they were unaware of the outcomes, and some people could not remember receiving newsletters. The service should consider if there are other ways to get feedback to everyone who uses their service. For example a standard part of a review could be used to feedback information about the results of questionnaires and focus groups and how the service intends to develop as a result. This would be further evidence that the service has encouraged participation with everyone in the development of the service.

We were invited to visit several people in their own homes which allowed us to see what paperwork the service had given them. Each person had a folder of information but we found that in several cases the paperwork inside was out of date, there also wasn’t evidence of care reviews having taken place. We cross checked these individuals names in the office and found that most had more recent information on the computer but people should have copies of the most recent reports in their homes. Old out of date information should also be removed.

The service should continue to support the use of the community alarm monitoring visits, these should ensure that people have up to date information in their house which matches that which is on the computer system.

The service has not had any complaints since the last inspection however we would recommend that the service keeps a record of concerns raised by individuals, as many people will stop short of making an official complaint when they pass on a concern, if a record isn’t kept of concerns then important issues may get overlooked. (See recommendation one under this statement.)

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The service should consider creating a record of issues raised by people who use the service and their carers in addition to their official complaints procedure to ensure any emerging patterns can be dealt with appropriately.

   This is a recommendation under the National Care Standards, Housing Support Services, Standard 8; Expressing Your View.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths

One service user we spoke with said that they thought the service was very responsive and had assisted him to the hospital when he had fallen.

The service has in the last year begun a pilot system called "Just Checking," this allows someone's movements to be checked, for example it can monitor if someone goes into the kitchen, this would be to ensure that they are making themselves something to eat. This device it is hoped can prolong someone who has dementia's ability to remain in their own home by reducing the risks of doing so.

The service has also introduced care assist into many of the care homes in West Dunbartonshire. These alarms enhance the monitoring of vulnerable individuals movements so for example staff can be alerted if someone at risk of falling tries to get out of bed. The alarms enhance the nurse call system currently in care homes.

All health and safety notifications from both health and social work sources are passed to the Home Care Organiser who assesses their relevance for service users and staff. All appropriate notifications are rewritten in a standardised format and distributed to staff via team meetings. Copies of the notifications are held in the local home care offices as well as sheltered housing complexes in order that staff can access these directly. We saw some examples of these notices during our inspection.

The Community Alarm Mobile Attendants continue to be vigilant during emergency and routine visits with service users. They regularly contact various health services i.e. GP, District Nurse, NHS24 and Ambulance Services as well as identifying if a service user requires input from another support i.e. Occupational Therapy (moving and assistance aids), Home Care (to assist with personal care tasks etc).

By continuing to utilise telecare services the service is supporting and promoting service user re-ablement and assisting with rehabilitation following a period of illness, hospital admission etc. All home care staff have been briefed on telecare services and are aware of the benefits to their service users and their families. The service continues to work with Strathclyde Fire and Rescue Service by offering home safety assessment checks to service users.

The community alarm "buddy system," is an alarm which has been given to some service users who can be disorientated in unfamiliar surroundings but still like to go out for a walk. This alarm alerts staff if someone walks out-with a set parameter as this becomes a risk to the person. This allowed for example one service user to continue to walk their dog in their usual park. This meant a lot to the service user and
helped them maintain a healthy lifestyle.

Service user comments included:

- "Since wearing the bracelet I have felt secure in my own home which gives me peace of mind."
- "I have pressed the alarm and the response has been immediate."

Carers who spoke with us said:

- "I regard the service a life line, my husband takes panic attacks but he is fine with the staff who support him. I think this is down to the training that the staff have had."

**Areas for improvement**

The service could investigate how smart technology such as tele-health has been used to assist service users with medical problems such as COPD continue to live in their own homes and reduce the need for admissions into hospital or care.

**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 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths
As part of the services quality assurance exercise they send questionnaires to service users asking about the quality of their staff. When the questionnaires are received they are analysed, the service users receive an information sheet which provides feedback on the results of the questionnaire and highlights any areas for development.

One of the focus groups the service have run specifically looked at what the National Care Standards covers, in relation to this statement it looked at what the standards meant for staffing, management and leadership.

There was also training given to service users, (who volunteered to take part) on how to carry out interviews. In relation to staffing they discussed what the recruitment process involved, discussed what questions service users would want in the interviews and what sort of answers they would be looking for from candidates.

These interviews were for sheltered housing wardens but the service users all had a community alarm and the learning from this exercise was examined by the service to see if extra support was needed for the people who took part. It is hoped to use service users as part of the interview process for the community alarm and also for homecare services. We looked at the returned questionnaires from service users who took part in the interviews. All thought it was a positive experience.

As with other focus groups the outcomes from this group were disseminated to all service users via the service’s newsletters. The newsletter invites service users to phone the manager should they wish to discuss anything or to put their names forward for the consultation data base.

Staff we interviewed had a very good knowledge of how different alarms could help individuals depending on their need.
Service users have a care plan which is on a computer system which allows the calls centre staff to give information about the person to the attendants before the get to the persons house. Staff we spoke with said that the information they get is very helpful in preparing them to help the person who has set off the alarm.

For general strengths in relation to participation see statement 1.1.

**Areas for improvement**

The service is just beginning the new process of Personal Development Plans with staff, they should aim to include some feedback from service users in the review of staff performance.

The community alarm monitoring visits are in the process of being put onto the computer system, this will improve the evidence that the visits are taking place as regularly as the provider has intended them to.

**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
Staff induction includes mandatory training such as; moving and handling, health and safety, National Care Standards, Infection Control, practice guidelines, medication procedures and financial guidelines.

The service has policies and procedures as laid down in the National Care Standards, such as; recruitment, whistle-blowing, Adult support and Protection.

These areas are discussed in team meetings and staff supervisions, as well as specific service users, training needs and any new initiatives being introduced by the provider.

The community alarm team is not a big team, this allows people who use the alarm to have continuity of the staff that support them, although as the nature of the service is a response to emergency situations this can’t be guaranteed.

Staff that we spoke to said that while at work they were in daily contact with the office and that the managers operated an open door policy and were very approachable.

Staff confirmed that new workers go through an induction, part of which was shadowing experienced mobile attendants.

Staff receive regular training from the telecare coordinator on any new technology which can be offered to new or existing clients.

Feedback that we received about staff was very positive.

Staff meetings continue to be held every two months. At these meetings staff are provided with information via the Council’s core brief system which provides information on issues and other areas concerning not only the CHCP but information pertaining to other Council departments. These meetings provide opportunity for a two way process between managers and staff to discuss issues, seek clarification, raise concerns etc.

All permanent team members for the Community Alarm Service have completed or are currently progressing their SVQ 2 in Social Care. The Community Alarm Team have also benefited from telecare training from one of the telecare providers and the service has recently been in discussion with this provider to provide an updated training day for staff.
Comments which came back from service users in our care standards questionnaires included:

- "The staff are all very nice."
- "While staff were available to support and care for my mother, she always felt that they were rushed, perhaps on a tight deadline."
- "The staff are nice they will chat with me."
- "The staff are lovely."

100% also answered positively to the statement, "Do staff treat you with respect?"

Areas for improvement

Within the staff questionnaires returned to us someone wrote they would like to do a course assisting clients who are experiencing depression as "occasionally we come across very depressed clients." The provider should include training on this within their training options for staff. (See recommendation one under this statement.)

Managers have still to meet with all the staff individually to go over their Personal Development Plans, this is planned over the next few months.

The service should continue to ensure that all staff that are meant to be registered with the Scottish Social Service Council are.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should seek suitable training on how to support people experiencing depression.

This is a recommendation under the National Care Standards, Housing Support Services, Standard 3; Management and staffing arrangements.
Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths
We assessed that the service performed excellently in relation to this statement. This was after talking to service users, staff, other professionals and reading relevant documentation. We came to this assessment because of the amount of initiatives that the management try in order to improve the quality of service user participation in the development of the service.

The management of West Dunbartonshire Council’s homecare team which the Community alarm service is part of have trained service users on how to assist in interviewing staff. The management stated that they changed their opinion on which candidate to employ following comments from service users who were on the interview panel.

The council has sent some of the management team on a course on improving consultation. The focus on the course was how consultation can improve the outcome for service users. The management are very good at reflecting on all the initiatives that they try, to see if outcomes have improved for the people they support. The management are aiming to get more qualitative research than quantitative research i.e. they are moving away from placing an emphasis on questionnaires.

The service has expanded the number of different focus groups and pilots which have taken place since the last inspection. These have included: Service User and Carer Participation Focus group, this group discussed how often the newsletter should be sent out each year and some people said that they would like to see photographs in the newsletter, as a result photographs have been added to the newsletters which are sent out twice a year as agreed. There was a focus group looking at care reviews, the group fed back that some people didn’t understand that staff were carrying out reviews when they were talking to them, the outcome of this is that the service will write to service users to make it clear what the purpose of their visit is, and a new section has been added to the care diary in service users homes which explains clearly the purpose of reviews. There was also a focus group on Health and Well
being, this shared with service users what mandatory training staff had to complete as part of their on going training, service users could not think of additional training for staff to undertake.

Newsletters sent out in February and November this year have included information and feedback on the 6 themed questionnaires which have been distributed to service users this year; these themes were: Information/communication, Tasks, Staffing, Expressing your Views, Meal preparation and meal delivery. The newsletters contained a supplement giving the findings and what action was to be taken following the findings.

The service sent out 200 their own questionnaires this year, they received a 50% response, of this 84% were extremely or very satisfied with the service provided to them. Only 1% were very dissatisfied with the service provided to them.

The management have since the last inspection set up surgeries in local venues for homecare workers to pop in to meet with their home help organisers. While this is not primarily for the community alarm service the care workers are visiting service users who have community alarms and can pass on information to the home help organisers if there are any issues regarding the community alarm service.

The service changed the name of the “Tuck in Service” after feedback from service users some of whom felt that this was a phrase better associated with children, the service was renamed the “evening service.”

The community alarm service has changed manager since the last inspection, the Home Care Organiser was already the registered manager of the homecare service. The feedback that we have received from staff, service users and associated professionals such as Macmillan Nurses, Pharmacy technicians and the chairperson on Clydebank Elderly forum has been very positive about the manager. One comment echoed by many of the people that we spoke with was that the manager would always answer his phone to you no matter what time of day it was.

**Areas for improvement**

The service should continue to promote its various focus groups and also consider e-mailing responses/updates and newsletters to service users and relatives who would be interested in this. This would further evidence that participation has been sought and feedback has been given as things like newsletter can be lost or thrown out before relatives have the chance to see them.

**Grade awarded for this statement:** 6 - Excellent

**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

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to service users, relatives and staff; looked at the relevant records and reviewed the questionnaires we received.

The community alarm team still complete 100% of the installation of the alarms, this allows them to be installed faster and in a more responsive way than if outside contractors had to carry out the installations. The service also simplified the referral process for a community alarm again so that the alarms could be installed quicker following a referral rather than wait for a duty home help organiser of social worker to deal with the referral.

The service has a history of taking actions to meet recommendation made by the Care Inspectorate and also trying to meet the areas for improvement included in these reports.

The service demonstrated a commitment to enabling service users to be as independent as possible within their own home and the Community Alarm service has a major role in supporting this. The service continues to have close links with other team such as the Community Older People’s Team, Hospital Discharge Team etc.

A service planning event in relation to home care took place earlier this year and was held jointly with the district nurses within the Community Health Care Partnership (CHCP). The purpose of this event was to update the Home Care Service Plan and look at the strategic direction of home care services for the future.

Community Alarm staff were involved in the service planning process and more recently have been involved in the processes for Home Care Transformation and Public Sector Improvement Framework (PSIF.)

The provider’s Mission Statement clearly sets out it’s aims and commitment to service users and carers. This is printed in the front of the care diaries which have been given to service users. Detailed in the care diary is all necessary contact details required to allow service users to express their views, raise concerns and make complaints about the service. All complaints and compliments are logged electronically, with details of the complaint and action taken. Service users who make complaints about the service are given written details of the outcome of any investigations. If the client has an advocate, the service will work with the service users and their advocate to resolve any problems.
Clear standards had been set in relation to the standards that were expected from staff. The staff we spoke to knew what their roles and responsibilities were and there was evidence that senior staff monitored this to make sure standards were kept up. There were very high levels of satisfaction with the service and people told us:

- “I was involved with two elderly ladies who used the service as did my husband. I can’t recommend it enough.”
- “The service is dependable.”
- “The management team have been good to work with,”
- “The management are very responsive; we do lots of joint work together,”

**Areas for improvement**

The service is piloting spot checks within the homecare service to ensure staff are maintaining the standards that are expected of them by the provider. This pilot should be continued and rolled out across the service if deemed a success.

The service is in the process of putting the community alarm monitoring forms onto computer, they have previously only been done on paper. This will make it easier to quality assure that visits have been carried out within the expected time and it will be easier to collate any themes which emerge from the visits.

As recommended earlier in this report the service should consider recording any concerns that service users have and not just if the person makes their concern an official complaint. This could improve the service’s quality assurance as it may highlight issues before they become complaints and can reveal patterns which management should be aware of.

The service plans to create two new positions beneath the Home Care Organisers. The successful candidates will have a role to play in the quality assurance of the service as they will have time to meet service users and staff as well as carry out spot check visits.

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

**Number of requirements:** 0

**Number of recommendations:** 0
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
No additional information recorded.

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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 5 - Very Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 3</td>
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<thead>
<tr>
<th>Quality of Staffing - 5 - Very Good</th>
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<tr>
<td>Statement 1</td>
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<td>Statement 3</td>
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<tr>
<th>Quality of Management and Leadership - 5 - Very Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 4</td>
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6 Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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</thead>
<tbody>
<tr>
<td>14 Sep 2011</td>
<td>Unannounced</td>
<td>Care and support 6 - Excellent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staffing 5 - Very Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership Not Assessed</td>
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<tr>
<td>4 Sep 2009</td>
<td>Announced</td>
<td>Care and support 5 - Very Good</td>
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<td></td>
<td></td>
<td>Staffing 5 - Very Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 5 - Very Good</td>
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<tr>
<td>12 Dec 2008</td>
<td>Announced</td>
<td>Care and support 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Staffing 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 5 - Very Good</td>
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</table>

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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