Angus Council Personal Care and Community Alarm Service
Support Service Care at Home
Ravenswood
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Forfar
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Type of inspection: Announced (Short Notice)
Inspection completed on: 23 January 2015
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**Service provided by:**

Angus Council

**Service provider number:**

SP2003000043

**Care service number:**

CS2004079355

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com
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>
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<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
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<td>Quality of Staffing</td>
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<td>Good</td>
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What the service does well

This is a complex and flexible service where the support given is adapted to meet changing circumstances. The Enablement team provide a short-term intensive service to help support people to return home successfully following admission to hospital. Where support is likely to be required longer term, the Mainstream homecare service offers consistent care and support to people in their own homes. The transition between the teams was seen to be fluid with good communication between the teams. Staff from the Enablement team introduced their colleagues from the Mainstream service to the person they were going to be caring for providing continuity in the service provision.

What the service could do better

The registered service had moved premises since the previous inspection. The Care Inspectorate had not been informed of this move. The location of one of the staff teams had also changed due to the care home where they were based being replaced by a new building. The provider must ensure that the Care Inspectorate is notified of any changes in the service as recorded within the conditions of registration.

The service should continue to develop personal support plans, ensuring they are sufficiently detailed to direct staff to the level of support required.

The service should give consideration to additional opportunities for service users to be involved in assessing the quality of the service provision, such as their views being included in the completion of the self assessment.
What the service has done since the last inspection

A system had been introduced for tracking visits by staff to service users. This required staff to log in and out following visits to the home of people requiring the support service. The system was put in place to allow the organisation to monitor that people were receiving the service as agreed. We shared with the manager some negative comments made about the system from staff and a service user, and some ideas that had been put forward by staff of how the log in and out system could be improved.

The service had taken appropriate action to address two of the three recommendations made in the previous report.

Conclusion

The managers and staff groups we met were enthusiastic about their work and committed to providing a good service to service users. We found the service continued to provide a very good service which was appreciated by the people who used it. Comments we received in telephone interviews and completed Care Standards Questionnaires (CSQs) from service users indicated a high level of satisfaction with the carers and the level of support they provided. Comments made have been recorded within this report under Quality Theme 1, Quality Statement 1.
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

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

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

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0345 600 9527 or visiting one of our offices.

Requirements and recommendations

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

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

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

The Mainstream part of this service provides personal care and support to people in their own homes on a regular day-to-day basis. The Community Alarm part of the service provides 24-hour cover for people at home who may need support on an emergency basis and the Early Supported Discharge (ESD)/Prevention of Admission team provides support in the home to prevent admission to hospital and to support people on discharge from hospital. Enablement teams work with people on time-limited contracts to help them be as independent as possible in their own homes. The service covers the whole of the Angus area and is open to people of any age.

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 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a 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
One inspector visited the office base of the registered manager for the service on Friday 16 January 2015 to discuss the inspection process and sample documentation. From Monday 19 January to Wednesday 21 January we visited three additional offices where staff are based, two in Forfar and one in Carnoustie. This was to give us the opportunity to speak with as many staff as possible from each of the teams within this registered service.

The inspector was supported in the inspection by an inspection volunteer who spoke with the service users who had given consent to be contacted in completed CSQs. Responses to questions asked were fully recorded and have been recorded under the relevant Quality Theme.

Eleven people gave their contact details. The inspection volunteer held telephone interviews with seven of these people.

An inspection volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the Inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer’s role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

Feedback of our inspection findings was given to the registered manager of the service and operational service manager on Friday 23 January 2015 at 2:00pm.

During the inspection evidence was gathered from various sources, including:

- a review of responses made in completed questionnaires issued by the Care Inspectorate and those made in the questionnaire issued by the service provider
- sampling personal support plans for service users and review notes
- validating information recorded in the service self assessment
- discussions with service users, managers, team leaders and direct care staff
- sampling supervisions and training records for staff
- minutes of team meetings.

Prior to the inspection we sent out 60 Care Inspectorate CSQs to service users of which 30 were completed and returned.

We took all of the above evidence into consideration when writing this report. We also took into account the Public Services Reform (Scotland) Act 2010 and associated Statutory Instruments, and the National Care Standards for Support Services - Care at Home.

**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

Three recommendations were made in the previous inspection report. These and the action taken by the service to address them are as follows:

**Recommendation 1:**
Mainstream support plans should be developed so they are more detailed, individualised, condensed and visibly up-to-date.

National Care Standards, Care at Home - Standard 3: Your Personal Plan - You can be confident that the service will meet your care needs and personal preferences. Staff will develop with you a personal plan that details your needs and preferences and sets out how they will be met, in a way that you find acceptable.

**Action Taken:**
The service told us in their completed action plan that personal support plans would be reviewed and developed in line with the recommendation. The manager responsible for this part of the service told us that staff had received additional instruction for completion of plans and the level of detail had improved. We found from our sample of personal plans that there were inconsistencies in the level of detail recorded. In this report we also highlighted that risk assessments within personal plans had not been fully completed. This recommendation has been amended to include information recorded in risk assessments and is repeated in this report (see Quality Theme 1, Quality Statement 3, Recommendation 1).

**Recommendation 2:**
The managers within the service should ensure that staff in the response teams are aware of all risk assessments related to challenging service users and the protocols to follow, as well as what to expect when they complete an incident record (HS10).

National Care Standards, Care at Home - Standard 4: Management and Staffing - 1) You can be assured that the provider has policies and procedures which cover all legal requirements, including... managing risk.

**Action Taken:**
The service action plan recorded:
“Response teams and all staff working in the service to be made aware of risk assessments. Procedure for sharing risk assessments across all homecare service areas to be put in place. Staff to be reminded of protocols regarding risk assessments and advised of outcome of incident reporting.”

Staff confirmed above in interviews. Appropriate action had been taken to address this recommendation.

**Recommendation 3:**

The service should ensure they have an annual (or ongoing) service plan outlining aims and objectives for improving the service. This plan should take an overview of service user views, staff development and any other identified objectives for the service.

National Care Standards, Care at Home - Standard 4: Management and Staffing - 5) You are confident that the provider monitors all aspects of the service, especially its quality.

**Action Taken:**

The service told us in their action plan that each service area (Mainstream, Community Alarm, ESD and Enablement) would develop a plan with specific actions for their area. This would then be brought together as one plan for the service.

We did not see any evidence of this having been completed at this inspection. This recommendation is repeated within this inspection report (see Quality Theme 4, Quality Statement 4, Recommendation 1).

**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 suitably detailed self assessment as requested prior to the inspection visit. The provider had identified the strengths of the service and some areas for further improvement.
Taking the views of people using the care service into account

Seven service users or their carers were interviewed as part of this inspection by an inspection volunteer. Comments made have been recorded within the body of this report.

Taking carers' views into account

Comments made by carers in completed CSQs have been recorded within Quality Theme 1, Quality Statement 1 of this report.
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

Strengths recorded for this Quality Statement reflect the consultation opportunities across each of the teams within this registered service. These are the Community Alarm, Enablement, ESD/Prevention of Admission, and Mainstream Personal Care teams.

We found the service to evidence a very good performance against this Quality Statement.

Angus Council has an established participation strategy which gives guidance on consultation methods used across all areas of the service to promote the involvement of people who use the service.

Questionnaires were used by the service to monitor service user satisfaction with the quality of the service provision. These were issued annually to service users. Managers of the service provided evidence of being responsive to any issues raised by people using the service. Comments and suggestions made by people using the service played a central part in the continuing development of the service.

Managers, team leaders and direct care staff demonstrated a good knowledge of the care and support needs of the people they were supporting and were seen to respect their wishes for the delivery of that support.

Personal care, support plans and supporting records evidenced the involvement of service users in agreeing the level of support required and how and when the support would be delivered. The service had worked hard to make the plans more person-
centred ensuring the person being cared for was central to their development. Plans were seen to have been regularly reviewed and updated as required.

Service users were asked by the inspection volunteer if they were asked for comments and suggestions on how the service can be improved. Responses were varied. Comments included:

- “The person who comes to review my care plan asks me this question every time they visit me.”
- “No, you are the first to ask what we think of the service.”
- “Yes, our care manager will ask this from time to time, but we think the service is good so never make any suggestions to improve it. As long as they keep it going we will be fine.”

The service had an appropriate complaints procedure in place. Concerns raised were recorded appropriately. Service users confirmed that they were aware of who to contact if they were not happy with any aspect of the care service. The provider had given service users their contact details and those of the Care Inspectorate.

**Areas for improvement**

We were told by a manager that we spoke with that positive comments are filed and any suggestions for improvement are acted upon to develop the service. While we were presented with evidence to support individual consultation with people in receipt of a service, we did not see evidence that an overview of the outcome of questionnaires/survey’s had been shared with participants. It would be beneficial for service users to receive information about the results of the survey and how their comments had impacted on the development plan for the service *(see Recommendation 1).*

It would be considered good practice to include the views of people receiving a service in the completion of the self assessment.

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. It is recommended for the provider to share the outcome of surveys/questionnaires with all participants. This would evidence the value of service users’ views in the continuing development of the service provision.
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
We found the service provided very good support to ensure the health and wellbeing of people in receipt of the service.

We sampled the policies and procedures of Angus Council and found these were used to underpin staff practice. Our review of the organisation’s policies is ongoing and will be reported on within the next inspection.

Personal plans gave comprehensive information on initial assessments of need and staff interventions required to support these. Where specific health needs were identified we saw joint working between services to ensure the best possible outcomes for the person. The personal plans we looked at contained relevant care plans and risk assessments.

The inspector had the opportunity to be present at an early morning meeting with the enablement staff team. These meetings were held daily prior to staff going out to support people to ensure they were aware of the most up-to-date information. The Enablement team provided short-term intensive support to people in their own homes. The team continually reviewed the progress the person was making in achieving identified goals. At the end of the time with the Enablement team if the person required further support this would be arranged with the Mainstream homecare team. We were told that to ensure continuity for the person a member of staff from each of the teams would meet with the person for introductions and ensure a trouble-free handover.

Although the service operated a keyworker system where a named member of staff is responsible for a service user. All members of the team were familiar with the person’s health and support needs. This ensured continuity of care for service users in the absence of the keyworker.

Staff were knowledgeable about the medical conditions of the people in receipt of support. They had accessed training to support them to provide appropriate care. Staff said they thought they provided people with a very good service; the people receiving the service that we spoke with agreed with this.

Feedback we received from people using the service was extremely positive and indicated the provision of a flexible and responsive team. Comments were given to the inspection volunteer when we asked the question, “Overall, what is your opinion of the service.” Comments included:
- “I am very happy with the service thank you, and the girls are excellent. I have a really good rapport with them all.”

- “Please give the team a gold star and keep the service running as it’s a brilliant service which means I can stay at home keeping my independence.”

- “We would give them a silver star as no one or thing is perfect.”

Service users spoken with also made comments. Comments included:

- “I would just like to add the girls all work well as a team and I like how they work with all being very responsive to my needs.”

- “I am very pleased with the service and very thankful the girls are there supporting me, as all are very pleasant towards me which makes me grateful for the service.”

Most of the service users the inspection volunteer spoke with confirmed they had a copy of the service agreement and personal support plan in their own home. One person did not think they had one. Managers confirmed that all service users are given a copy of their support plan to keep in their home. We discussed that where a person has declined to have a copy of the plan in their home then this should be recorded in the copy held in the office. Managers were not aware of anyone who had declined to have a copy of their plan.

The outcomes for service users were reported as being very good by service users, staff and carers spoken with. It was clear that this was a well-respected service. Comments were made in Care inspectorate CSQs from service users and their relatives. Comments included:

- “I find the girls all very helpful and caring and always willing to please. I have a good rapport with all. It is a pleasure to have them in my home.”

- “The service I receive for my relative is second to none. All of the girls are superb and we could not ask for anything better. The team that come here all deserve a gold medal for their care and excellence.”

- “I would just like to say how much we both appreciate all the care and friendliness we receive from all our carers.”

- “The community alarm is a marvellous service.”

- “Life would have been very difficult for me without the care I have had. I always look forward to their visits.”
**Areas for improvement**

We made a recommendation in the previous inspection report for the further development of support plans. We found further improvement could be made to the systems used to inform staff, such as records in personal care and support plans and risk assessment information. Some fields within support plans had not been completed. One example of this was access arrangements to a service user’s property. We considered this to be crucial information for staff delivering the care for this person. Another field headed Background Information Considered Important by the Service User was also left blank in two of the five files sampled. Some risk assessments did not have enough information about risks and how these were to be managed. We discussed this with the registered manager when giving feedback from our inspection findings. Consideration should be given to making risk assessments more goal or outcome-focussed which could then be measured at reviews. This recommendation is repeated in this report (see Recommendation 1).

From responses made by people receiving the service the following areas for improvement were identified:

- Service users spoken with who received a Mainstream service for care at home told the inspection volunteer that they did not have the opportunity to be introduced to the person/persons that would be supporting them prior to receiving the service. (This was reported to only happen when a service user was moving from a service from the Enablement team to the Mainstream service). Staff spoken with believed that this would be beneficial for both the person and staff, reducing any anxieties and help with building relationships. Some service users also said that they may see a number of different faces in any week but were understanding of their support being provided by teams rather than an individual to ensure they would always be provided with a consistent service.

- Contact sheets for the Mainstream homecare service were kept at the office base within the person’s locality. Staff were required to return to their office base to complete these retrospectively at the end of their shift. There is a danger with this practice that important information may not be recorded and therefore not communicated to colleagues.

- A service user had indicated in their Care Inspectorate CSQ that they were not happy with the service. They said they were happy for their details to be passed to the manager to discuss further and this was done.

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

**Number of requirements:** 0

**Number of recommendations:** 1
Recommendations

1. Mainstream support plans should be developed so they are more detailed, individualised, condensed and visibly up-to-date. All fields should be fully completed. Where possible people using the service and their relatives should be involved in identifying and planning how risks could be managed.

National Care Standards, Care at Home - Standard 3: Your Personal Plan - You can be confident that the service will meet your care needs and personal preferences. Staff will develop with you a personal plan that details your needs and preferences and sets out how they will be met, in a way that you find acceptable.
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
We found the service to evidence a very good performance against this Quality Statement. Evidence to support the grade awarded was gained from sampling staff supervision and appraisal records; and from direct discussions with service users, managers and staff.

Staff received an annual appraisal from their manager to discuss their work performance and training requirements.

Reviews of support packages gave people in receipt of the service the opportunity to make comment about the care and support they received and if they were satisfied with the way this was delivered by staff.

An inspection volunteer asked people using the service a number of questions about staff, an example of this was: “Do you feel the carers have the necessary skills to meet your care and support needs?” Responses included:

- “100%, I feel they certainly know what they are doing and know my wee irks as well.”

- “They certainly know what they are here to do and do it well.”

- “Yes, they do and will call in district nurses if they think they are required.”

- “We think they are excellent and definitely know their roles and jobs.”

- “I would say the hands-on staff are wonderful and they make it a good service.”

We asked the staff in the service what was the best thing about the service they provided. Comments included:
- “The best thing about this service is that we enable people to stay at home. We have good working relationships with healthcare professionals.”

- “The service we provide is constant and reliable and we have good staff with good attitudes - we get great feedback from our service users about the staff.”

- “Angus Council delivers an excellent service. I really enjoy my job although the time allocated for the completion of paperwork could be improved upon.”

- “We deliver a good standard of care which enable the person to stay at home. I feel good about that. I would like more time to promote independence, I think this needs to be re-assessed by the organisation.”

- “The availability of the Mainstream service should be re-evaluated, currently there is no service between 12pm-5pm. We cover a vast area and Community Alarm picks up this gap in the service.”

- “The best thing about this service is that we help people to manage.”

Evidence recorded within Quality Theme 1, Quality Statement 1 is also applicable for this Quality Statement. We found the service to use the same systems for consultation about the staffing.

**Areas for improvement**

We discussed with the registered manager additional opportunities for service users to be included in the assessment of staff. This included the feedback the service received from service users about the quality of staff through returned questionnaires or in discussion at reviews, being used to inform the supervision and appraisal process.

Some issues raised by staff in interviews included the lack of a mobile phone signal in some rural areas; contact sheets not being kept in the service users house; arrangement for entry to service users property needing reviewed; and the provision of additional transport for the Community Alarm team which would help reduce response times to call outs. These, and more, were discussed with the registered manager and operations service manager at the feedback meeting where we shared the findings of our inspection.

Some staff had made comment in the Care Inspectorate CSQs that although communication within the team was excellent, the communication across the teams could be improved upon.

Areas for improvement identified in Quality Theme 1, Quality Statement 1 also applies to this Quality Statement.
Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
We found the service to evidence a very good performance against this Quality Statement. Evidence to support the grade awarded was gained from sampling training records, staff supervision and appraisal records; and from direct discussions with managers and staff.

Staff were issued with a service handbook that detailed information about the service provision; the primary objectives of the service; the roles and responsibilities of staff; and policies including finance, smoking, medication and conduct.

From sampling staff training records and direct discussion with staff we were confident that staff had completed comprehensive induction core training, regular updates of mandatory training and client specific training. Mandatory training is training that is essential for staff to have to allow them to do their job safely and in accordance with legislation and best practice guidance. Client specific training means that staff have had access to training about specific healthcare conditions that the person they are supporting may be living with. Some examples of this include Understanding Dementia, Dementia Ambassadors, Huntington’s disease and stoma care.

Staff told us they had a wide range of skills and experience within each of the teams and could draw from each others expertise to increase their own knowledge and confidence. We were given examples from the Enablement and ESD teams of learning opportunities from working with healthcare professionals such as occupational therapists and physiotherapists.

Staff spoken with confirmed they were supported by their line manager to carry out their role and ensure their skills and knowledge remained current. All staff spoken with said they had received annual appraisals, however not all staff had received regular one-to-one supervision meetings with their line manager. There were inconsistencies with the frequency of supervisions across the different staff teams (see Areas for Improvement). We were reassured by staff that this had not impacted on the quality of the care and support they provide or their professional development as they had regular telephone conversations with their line manager to discuss any issues and an annual training plan was in place.
Managers confirmed they had an overview of the service through being in regular contact with team leaders and direct care staff, staff supervisions, observation of practice and team meetings. Team leaders told us they often worked alongside direct care staff giving them the opportunity for direct observation of staff practice.

Staff we spoke with said they could speak with the managers at any time to discuss any concerns they may have but were also supported by team meetings. Records showed a range of topics were discussed and staff told us they found them useful.

**Areas for improvement**

Supervision provides opportunities for staff to reflect on their practice and look at training which they may access to help support them in their work. The provider should ensure that all staff have access to regular supervision. The service should continue to monitor the effectiveness of it’s staff support and supervision systems.

Staff told us that communication between the staff teams was good, as was the communication with managers, however some staff reported that where concerns and suggestions for improvement had been passed up-line no information appeared to be coming back down to them. This was with reference to management reports. Management reports are key quality assurance tools and the provider should evidence how the information is used to develop the service (see Recommendation 1).

Staff contracts were causing some anxieties within the staff teams. They expressed concerns about losing good, knowledgable staff and how this was impacting on meeting current demand. Management had discussed staff concerns at the latest meeting held in December 2014.

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. It is recommended that manager reports are used to inform a development plan for the service and managers are included in discussions about how suggestions made could be taken forward.

National Care Standards, Care at Home - Standard 4: Management and Staffing.
Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths
We found the service to evidence a very good performance against this Quality Statement.

Angus Council has an established participation strategy which gives guidance on consultation methods used across all areas of the service to promote the involvement of people who use the service.

Questionnaires were used by the service to monitor service user satisfaction with the quality of the service provision. These were issued annually to service users. Managers of the service provided evidence of being responsive to any issues raised by people using the service. Comments and suggestions made by people using the service played a central part in the continuing development of the service.

Managers, team leaders and direct care staff demonstrated a good knowledge of the care and support needs of the people they were supporting and were seen to respect their wishes for the delivery of that support.

Staff spoken with told us they were well-supported by their managers and could contact them at any time for support.

Additional information as recorded under Quality Theme 1, Quality Statement 1 is also relevant for this Quality Statement as the same processes are used to gain the views of people receiving the service.

Areas for improvement
As recorded under Quality Theme 1, Quality Statement 1.
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
We found the service to demonstrate a good performance against this Quality Statement. Evidence to support the grade awarded was gained from speaking with management, staff, service users and their relatives; and looking at policies, audits and other documentation, such as support plans.

Quality assurance systems included undertaking self evaluation. The latest having been completed in October 2014. The findings informed an action plan for development.

Spot checks and audits were carried out by team leaders and managers. These were used to monitor the quality of the service provision and improve outcomes for the people receiving the service.

Managers of teams were found to have a very good overview of their individual staff team performance and the service being provided. Managers provided the registered service manager with management reports to ensure they were kept aware of how each part of the service provision was performing. Additional quality assurance processes identified in the service self assessment and confirmed at inspection included:

- annual questionnaires/consultation
- case file audits
- direct observation of practice
- care management reviews.

We made two recommendations of the service under this Quality Statement in the previous inspection report.

Recommendation 1:
The managers within the service should ensure that staff in the response teams are aware of all risk assessments related to challenging service users and the protocols to follow, as well as what to expect when they complete an incident record (HS10).
National Care Standards, Care at Home - Standard 4: Management and Staffing - 1)
You can be assured that the provider has policies and procedures which cover all legal requirements, including... managing risk.

Action taken:
Interviews with staff confirmed they were aware of risk assessments and expectations on completion of incident records. Appropriate action had been taken by the service to address this recommendation.

Recommendation 2:
The service should ensure they have an annual (or ongoing) service plan outlining aims and objectives for improving the service. This plan should take an overview of service user views, staff development and any other identified objectives for the service.

National Care Standards, Care at Home - Standard 4: Management and Staffing - 5)
You are confident that the provider monitors all aspects of the service, especially its quality.

Action Taken:
The service told us in their action plan that each service area (Mainstream, Community Alarm, ESD and Enablement) would develop a plan with specific actions for their area. This would then be brought together as one plan for the service.

We did not see any evidence of this having been completed at this inspection. We discussed this with the registered manager and operations service manager at the feedback meeting of our inspection who reported that this work was ongoing. This recommendation is repeated within this inspection report and progress will be monitored at the next inspection (see Recommendation 1).

Areas for improvement
The Homecare survey analysis from October 2014 reported that 57% of respondents felt they had not been involved in discussions about changes this was based on a return of 60 questionnaires. Two service users spoken with indicated they had not been asked for their views on the service provision before this inspection. We discussed this during our feedback of inspection findings and encouraged the provider to explore additional opportunities for service users to be involved in the assessment and improvement of the service provision.

We were told by the registered manager the organisation was reviewing the current registration and structure of the service with a view to making individual managers’ level of responsibility less complex.
The conditions of registration for the service require the provider to notify the Care Inspectorate of any changes to the number and/or location of the staff teams. One staff team had moved with the closure of the care service in which they were based. During this inspection we noted that we had not been informed of this change. We discussed this with the registered manager of the service who explained this had been an oversight and the notification was submitted to the Care Inspectorate before the completion of this inspection. No further action is therefore required.

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The service should ensure they have an annual (or ongoing) service plan outlining aims and objectives for improving the service. This plan should take an overview of service user views, staff development and any other identified objectives for the service.

   National Care Standards, Care at Home - Standard 4: Management and Staffing - 5) You are confident that the provider monitors all aspects of the service, especially its quality.
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

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme 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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<td>Statement 1</td>
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6 Inspection and grading history

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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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