

Inspection report

Highland Home Carers Ltd - Housing Support Service Housing Support Service

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Inspected by: (Care Commission officer)	00
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Service provided by:
Highland Home Carers Ltd

Service provider number:
SP2004005429

Care service number:
CS2003054082

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Easy read summary of this inspection report


We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:

 **6**  **5**  **4**  **3**  **2**  **1**
excellent very good good adequate weak unsatisfactory

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**

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

What the service does well

The service provided a locally-based flexible, user-friendly, home care & support services to a wide range of service users throughout the Highland region.

The services provided aim to maintain people in their own homes, and offered a flexible choice of services to a range of service user groups which

aimed to maximise independence and assist people to stay in their own homes / community.

The service was locally based and established and was experienced in the difficulties met by service users, carers and care providers in a geographically disparate region.

The service had developed effective relationships with statutory and non-statutory agencies providing health and social care within the region. The service worked in partnership with a range of agencies in meeting service user's individual need.

The service was proactive in developing the area of service user participation and in evaluating the service they offered.

The service demonstrated a responsive approach to results of evaluation, in terms of making changes to their service, which were effective in improving outcomes for service users / carers.

What the service could do better

The service is maintaining current good standards and continuing to improve

What the service has done since the last inspection

The service was proactive in developing the area of service user participation and in evaluating the service they offered.

The service demonstrated a responsive approach to results of evaluation, in terms of making real changes to their service, which were effective in improving outcomes for service users / carers.

The service had used its own Social Audit to assist in directing operational planning & development. Service users comments had already demonstrated real outcomes with regard to improved communications, staff placement and general satisfaction.

The development of a key liaison post - the involvement officer -between service users, carers, staff and the main headquarters had been very positive in terms of resolving some issues arising out of the previous social audit.

This positive development was commended in terms of being very service user-friendly and outcome focused.

Conclusion

The service provided a locally-based flexible, user-friendly, home care & support services to a wide range of service users throughout the Highland region.

The services provided aimed to maintain people in their own homes, and offered a flexible choice of services to a range of service user groups which aimed to maximise independence and assist people to stay in their own homes / community.

The service was proactive in developing the area of service user participation and in evaluating the service they offered.

The service demonstrated a responsive approach to results of evaluation, in terms of making changes to their service, which were effective in improving outcomes for service users / carers.

Who did this inspection

Lead Care Commission Officer

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Other Care Commission Officers

Lay Assessor

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS
Telephone: 0131 662 8283
Email: Edinburgh@blackwells.co.uk

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

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

- 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 Act 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 Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

Highland Home Carers Ltd was registered to provide Care at Home and Housing Support Services. The services were registered with the Care Commission in August 2004.

The service mission statement reflected the aims and objectives of the service:

"Highland Home Carers aims to provide a flexible, quality home care and support service, enabling individuals to remain in their own home with assistance in maintaining their current lifestyle and promoting independence where possible"

The inspection was carried out by Harry Corbett, Care Commission Officer.

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

Quality of Care and Support	5 - Very Good
Quality of Staffing	5 - Very Good
Quality of Management and Leadership	5 - Very Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

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 activities did we undertake during the inspection

The service had submitted a completed Annual Return as requested by the Care Commission.

The service submitted a concise and objective self-assessment form as requested by the Care Commission which assisted the inspection and grading process.

We wrote this report after an announced inspection which took place on the 20th and 21st January 2010.

During inspection, evidence was gathered from a number of sources including:

Discussion with the service manager, training & development coordinator, care & support coordinators, and the involvement officer.

Examination of the service's own Social Audit, questionnaires returned to the Care Commission by service users and carers, and staff, and evaluation forms returned to the service provider.

An audit of the service provider's staff recruitment and induction procedures was undertaken as part of the Inspection Focus Area - Safe Recruitment.

The officer examined the documentation relevant to the quality themes being examined:

- * Statement of Purpose
- * Service Brochure / information pack
- * Policies and Procedures
- * Service Social Audit (2009)
- * Service users personal plans
- * Service users daily notes
- * Assessment & Risk Assessment documentation
- * Quality Assurance / Audit Information
- * Staff Files - recruitment data
- * Record of activities
- * Accident/incident/ notification records
- * Complaints records
- * Staff recruitment, induction and training records, annual training plan

- * Staff supervision and appraisal records
- * Insurance policies - Public & Employers Liability
- * Care Commission - Service Users / Carers / Staff Questionnaires
- * Certificate of Registration
- * Service questionnaires and evaluation forms completed by service users and carers

All of the above information was taken into account during the inspection process and used to compile the report.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

Annual Return Received

No

Comments on Self Assessment

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

Taking the views of people using the care service into account

Service user and carer feedback was examined using the results of the service's own social audit and a sample of 22 Care Commission questionnaires.

The feedback from service users and their carers was positive. Issues and concerns highlighted in the previous inspection about communication & staffing, appear to have been resolved. Comments from service users & carers highlighted the vital nature of some services, and general satisfaction.

One service user was unhappy with the mileage rate paid to support workers.

A sample of comments received:

"without the support of HHC we should not have survived our present crisis.....with their support we feel we have a future, however limited & however short.....we are safe in their care"

"Overall I am very happy with the service on my mother's behalfthe carers I have met are very pleasant"

" seems to have the same carers who are excellent with heronly on rare occasions does she have a carer she doesn't know"

""Highland Home Carers & their staff have "bent over backwards" to accommodate my mum's and my needs"

"The help & assistance provided by Highland Home Carers is excellent & makes all the difference between having my husband at home & happy or being in a care home....."

"The service and help they give me helps me a lot to cope.....I actually really appreciate their help"

Taking carers' views into account

The views of carers were very positive and the majority of Care Commission questionnaires were completed by carers.

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 quality of service user and carer participation in assessing and improving the quality of the care and support provided by the service was very good.

The service provider incorporates service user participation into service delivery, without direct reference to it within the mission statement or core objectives, though it does state that it was "doing our utmost to provide the service required by the user and tailored to their needs".

The service provider had undertaken a substantial Social Audit which included service users, carers, staff, key stakeholders and purchasers.

The audit showed a healthy return of over 50% questionnaires from service users. A focus group had also been held with a representative group of service users in May 2009 which provided additional direct feedback.

There was evidence that service user participation and other stakeholder involvement had led to changes in service delivery. Action points had been identified from the audit and had influenced changes in the service.

The service had appointed a member of staff to act as an "involvement officer" with the "express remit of engaging in more direct contact with Service Users and employees in order to improve communication".

This very positive development was already proving effective in terms of improving service users, carers and staff's communications and feedback mechanisms, which were fed directly to service coordinators and management.

This development provided an instant feedback cycle to service users and carers and was focused on service delivery and outcomes for service users and carers. The involvement officer also provided the staff group with an effective mechanism to feedback.

Service user feedback was also obtained via daily contact with support staff, and direct access to the central administration office. The service had reorganised the central

administration office for service users and carers so that each service users had an identified care or support coordinator.

Service staff had undertaken training as part of their induction procedure, which included professional values and issues, with regard to service user involvement, and dealing with service users.

There was evidence that service user's views had effected change in the service. Issues raised from the recently conducted service user's survey had led to direct action being taken to deal with key issues surrounding: meetings, communications, staff placement, training, other agencies involvement.

The service's Quality Assurance systems showed involvement of service users / carers, through surveys. The most recent survey had a healthy return of 147 forms.

There was a user-friendly introduction to service for new service users. Potential service users were provided with an information package and a home visit arranged by assessment coordinators.

There was evidence of personal involvement of the service users, their family and carers in the development of individual support plans. Personal support plans were reviewed a minimum of once every six months, and more frequently if required.

Service users were assisted with access to independent advocacy and directed to other support services where necessary.

A copy of the most recent inspection report was included within the information pack.

Service user had clearly evidenced mechanisms within the service to express their views. There was daily access to office staff and access available to the service manager.

The involvement officer provided additional random sampling of service users and carers views on the service.

The complaints system was clear, understandable, user-friendly, fair, and robust. There had been no complaints received by the Care Commission.

Service users were made aware of how to complain to the Care Commission through the information pack.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.

Service Strengths

The service provided a concise and comprehensive information pack for potential service users and carers.

The information provided clearly explained how the service worked. This was done in plain English and an easily understandable format.

The information pack included:

- *The history of the company and its aims, values, objectives, and mission statement
- *Registration and standards
- *Range of services provided
- *How to receive a service - referral systems
- *Recruitment & appointment of staff
- *Complaints Policy
- *Recording accidents / incidents
- *Confidentiality
- *Record Keeping
- *Financial Management
- *Gift Policy

The service coordinators arranged the initial meeting with potential service users and carers, to ensure the service could meet identified needs, and to carry out an initial assessment.

With service user's agreement, family, carers and relevant representatives could be involved at the introductory stage.

The service staff provided service users and carers with information regarding care options and choices from the outset.

An individual care / support plan was then prepared in conjunction with the service user, and their carers or representatives, if the service user agreed.

Service users could keep a copy of the plan if they wished. The personal / care plan let service users know what they could expect from the service.

The service provider had taken active steps to improve communication with service users and carers as a result of consulting with them, and this was noted as a positive development.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

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

The quality of service user and carer participation in assessing and improving the quality of staffing provided by the service was very good.

The service provider incorporates service user participation into service delivery, without direct reference to it within the mission statement or core objectives, though it does state that it was "doing our utmost to provide the service required by the user and tailored to their needs".

The service provider had undertaken a substantial Social Audit which included consulting with service users, carers, staff, key stakeholders and purchasers.

The audit showed a healthy return of over 50% questionnaires from service users, and a meeting had also been held with a representative group of service users in May 2009 which provided additional direct feedback.

Both the survey and focus group meeting highlighted issues surrounding staffing, which the service had addressed.

There was evidence that service user participation and other stakeholder involvement had led to changes in service delivery. Action points had been identified from the audit and had influenced changes in the service.

The service had appointed a member of staff to act as an "involvement officer" with the "express remit of engaging in more direct contact with Service Users and employees in order to improve communication".

This very positive development was already proving effective in terms of improving service users, carers and staff's communications and feedback mechanisms, with regard to staffing issues, which were fed directly to service coordinators and management.

This development provided an instant feedback cycle to service users and carers and was focused on service delivery and outcomes for service users and carers. The involvement officer also provided the staff group with an effective mechanism to feedback.

Service user feedback was also obtained via daily contact with support staff, and direct access to the central administration office. The service had reorganised the central administration office for service users and carers so that each service users had an identified care or support coordinator.

Service staff had undertaken training as part of their induction procedure, which included professional values and issues, with regard to service user involvement, and dealing with service users.

There was evidence that service user's views had effected change in the service. Issues raised from the recently conducted service user's survey had led to direct action being taken to deal with key issues surrounding: meetings, communications, staff placement, training, other agencies involvement.

The service's Quality Assurance systems showed involvement of service users / carers, through surveys. The most recent survey had a healthy return of 147 forms.

There was a user-friendly introduction to service for new service users. Potential service users were provided with an information package and a home visit arranged by assessment coordinators.

There was evidence of personal involvement of the service users, their family and carers in the development of individual support plans. Personal support plans were reviewed a minimum of once every six months, and more frequently if required.

Service users were assisted with access to independent advocacy and directed to other support services where necessary.

A copy of the most recent inspection report was included within the information pack.

Service user had clearly evidenced mechanisms within the service to express their views. There was daily access to office staff and access available to the service manager.

The involvement officer provided additional random sampling of service users and carers views on the service.

The complaints system was clear, understandable, user-friendly, fair, and robust. There had been no complaints received by the Care Commission.

Service users were made aware of how to complain to the Care Commission through the information pack.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

The Safer Recruitment sampling of Highland Homecarers took place on 20th January 2010.

The process involved looking at the recruitment policy and procedures as well as sampling staff files.

Highland Homecarers recruitment procedures for staff were in place to facilitate safe recruitment.

A central audit was conducted on the provider's policies and procedures relating to safer recruitment. A number of staff files were examined in order to assess how effectively the provider implemented safer recruitment.

A random examination of 12 staff recruitment files provided evidence that the provider recruits staff in line with their own recruitment policy, legal and regulatory requirements and best practice guidance.

The processes for staff recruitment included;

- the use of an application form,
- uptake of two references, one from a current employer
- additional references sought where initial references proved unsatisfactory
- a medical questionnaire
- enhanced disclosure checks
- professional register checks
- evidence of skills, values and experience, including qualifications
- checking evidence of entitlement to work in accordance with the Asylum and Immigration Act 1996
- Successful applicants are not allowed to work until after references and disclosures had been received and validated.

The policies and processes seen, demonstrated that the provider has implemented all aspects of Safer Recruitment.

The policy showed that the provider has clear decision making processes for when any issues arise with any references.

The processes seen are safe, and seek to ensure that those staff employed are able to meet the needs of those who use the care service

Induction was formally recorded and a period of "protected" employment was included.

A job description and contract of employment was issued to staff.

The service had an operational staff development strategy and a yearly training plan for all staff.

The service had in place the appropriate records in relation to staff to meet the statutory regulations - Regulation 19(2).

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

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 1

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

Service Strengths

The quality of service user and carer participation in assessing and improving the quality of the management and leadership of the service was very good.

The service provider incorporates service user participation into service delivery, without direct reference to it within the mission statement or core objectives, though it does state that it was "doing our utmost to provide the service required by the user and tailored to their needs".

The service provider had undertaken a substantial Social Audit which included service users, carers, staff, key stakeholders and purchasers.

The audit showed a healthy return of over 50% questionnaires from service users. A meeting had also been held with a representative group of service users in May 2009 which provided additional direct feedback.

There was evidence that service user participation and other stakeholder involvement had led to changes in service delivery. Action points had been identified from the audit and had influenced changes in the service, including comments & views on management.

The service had appointed a member of staff to act as an "involvement officer" with the "express remit of engaging in more direct contact with Service Users and employees in order to improve communication".

This very positive development was already proving effective in terms of improving service users, carers and staff's communications and feedback mechanisms, which were fed directly to service coordinators and management.

This development provided an instant feedback cycle to service users and carers and was focused on service delivery and outcomes for service users and carers. The involvement officer also provided the staff group with an effective mechanism to feedback re: management & leadership issues.

Service user feedback was also obtained via daily contact with support staff, and direct access to the central administration office. The service had reorganised the central

administration office for service users and carers so that each service users had an identified care or support coordinator.

Service staff had undertaken training as part of their induction procedure, which included professional values and issues, with regard to service user involvement, and dealing with service users.

There was evidence that service user's views had effected change in the service. Issues raised from the recently conducted service user's survey had led to direct action being taken to deal with key issues surrounding: meetings, communications, staff placement, training, other agencies involvement.

The service's Quality Assurance systems showed involvement of service users / carers, through surveys. The most recent survey had a healthy return of 147 forms from service users and 41 from staff.

The service had also consulted with the staff group through questionnaires and focus groups held in the outlying areas for staff in the rural areas - a positive development which arose out of feedback from previous evaluation.

There was a user-friendly introduction to service for new service users. Potential service users were provided with an information package and a home visit arranged by assessment coordinators.

There was evidence of personal involvement of the service users, their family and carers in the development of individual support plans. Personal support plans were reviewed a minimum of once every six months, and more frequently if required.

Service users were assisted with access to independent advocacy and directed to other support services where necessary.

A copy of the most recent inspection report was included within the information pack.

Service user had clearly evidenced mechanisms within the service to express their views. There was daily access to office staff and access available to the service manager.

The involvement officer provided additional random sampling of service users and carers views on the service.

The complaints system was clear, understandable, user-friendly, fair, and robust. There had been no complaints received by the Care Commission.

Service users were made aware of how to complain to the Care Commission through the information pack.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

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 quality of service user and carer participation in assessing the quality of service provided by the service was excellent.

The service provider incorporated service user participation into service delivery, without direct reference to it within the mission statement or core objectives, though it does state that it was "doing our utmost to provide the service required by the user and tailored to their needs".

There was a clear commitment of the board and management to maintain the proactive approach to developing their quality assurance systems as an ongoing mechanism to improve outcomes for service users.

The recognition that quality assurance was a cyclical, live process was built into the ongoing development of the service's quality assurance system.

The quality assurance mechanisms within the service demonstrated effective participation of service users, carers and staff.

The service provider had undertaken a substantial Social Audit which included service users, carers and staff.

The audit showed a healthy return of over 50% questionnaires from service users. A meeting had also been held with a representative group of service users in May 2009 which provided additional direct feedback.

There was clear evidence of substantive change within the service's operational systems as a response to their own social audit and evaluation and the previous inspection report.

The service had appointed a member of staff to act as an "involvement officer" with the "express remit of engaging in more direct contact with Service Users and employees in order to improve communication".

This very positive development was already proving effective in terms of effecting change by improving service users, carers and staff's communications and feedback mechanisms, which were fed directly to service coordinators and management.

This development provided an instant feedback cycle to service users and carers and was focused on service delivery and outcomes for service users and carers.

The involvement officer role also provided the staff group with an effective mechanism to feedback, and there had been staff focus groups held for staff based in rural areas.

Action points had been identified from the previous audit and had influenced real changes in the service operation.

There were identifiable, and considerable, changes in operational systems as a direct result of involving service users & carers and the service carrying out its own evaluation and audit -

Examples

1 The development of an "involvement officer" role which acted as a direct mechanism to effect change in terms of improved communications and involvement with the service users, their carers and the staff group.

This very positive development provided instant and consistent feedback to service users and carers, and had already led to improved communications.

2 The change in the structure of the office and operations team where the roles of care & support coordinators had been clearly identified, and this information shared with service users and carers, identifying key people for them to contact.

3 Change in logging of information from service users to allow ready access to key staff

4 The development of a training & development coordinator to look at staff training issues.

The service's quality assurance systems were transparent, credible and demonstrated real change in terms of improving outcomes for the service users, carers and its staff.

There was evidence that service user participation and other stakeholder involvement had led to direct changes in service delivery.

Service user feedback was also obtained via daily contact with support staff, and direct access to the central administration office.

As a result of increased participation & feedback, the service had reorganised the central administration office for service users and carers so that each service users had an identified care or support coordinator

Service staff had undertaken training as part of their induction procedure, which included professional values and issues, with regard to service user involvement, and dealing with

service users.

There was evidence that service user's views had effected change in the service. Issues raised from the recently conducted service user's survey had led to direct action being taken to deal with key issues surrounding: meetings, communications, staff placement, training, other agencies involvement.

A staff questionnaire had elicited 41 returns out of 153, and staff meetings held in rural areas - a direct outcome of the previous audit.

A training coordinator role had been identified - another outcome of the previous audit.

There was a user-friendly introduction to service for new service users. Potential service users were provided with an information package and a home visit arranged by assessment coordinators.

There was evidence of personal involvement of the service users, their family and carers in the development of individual support plans. Personal support plans were reviewed a minimum of once every six months, and more frequently if required.

Service users were assisted with access to independent advocacy and directed to other support services where necessary.

A copy of the most recent inspection report was included within the information pack.

Service user had clearly evidenced mechanisms within the service to express their views. There was daily access to office staff and access available to the service manager.

The involvement officer role provided additional random sampling of service users and carers views on the service.

The complaints system was clear, understandable, user-friendly, fair, and robust. There had been no complaints received by the Care Commission.

A carer commented in their questionnaire stated that concerns they had raised had been dealt with "in a very professional manner"

Service users were made aware of how to complain to the Care Commission through the information pack.

Areas for Improvement

To maintain the current high standards of practice in this area.

Grade awarded for this statement

6 - Excellent

Number of Requirements

0

Number of Recommendations

0

Other Information

Complaints

Enforcements

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 Commission 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).

Summary of Grades

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

Inspection and Grading History

Date	Type	Gradings
19 Feb 2009	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

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Translations and alternative formats

This publication is available in other formats and other languages on request.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه بایتسد ىم وونابز رگىد روا رولکش رگىد رپ شرازگ تعاشا هى

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

یرخأ تاغل بو تاقيسنتب بلطلا دن ع رفاوتم روشنملا اذه.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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Improving care in Scotland