

Inspection report

Highland Home Carers Ltd - Housing Support Service Housing Support Service

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Inspected by: (Care Commission officer)	John Corbett
Type of inspection:	Announced
Inspection completed on:	16 December 2010

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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

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

Quality of Care and Support	 5 Very Good
Quality of Staffing	N/A
Quality of Management and Leadership	N/A

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 carried out a comprehensive service audit on an annual basis which was used to guide service development and direction.

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 and carers 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 service headquarters had been very

positive in terms of resolving some issues arising out of previous social audit.

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 carried out a comprehensive service audit on an annual basis which was used to guide service development and direction.

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

John Corbett

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:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

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	N/A
Quality of Management and Leadership	N/A

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

From October 2010 the Care Commission has temporarily introduced an additional, less intense inspection approach for services which have previously reached a good level of performance. This service qualified for this reduced inspection approach and was therefore inspected only against one quality theme at this inspection - Quality of Care and Support.

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 16th December 2010.

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

Discussion with the training & development coordinator 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.

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

- * Statement of Purpose
- * Service Brochure / information pack
- * Policies and Procedures
- * Service Social Audit (2010)
- * Service users personal plans
- * Service users daily notes
- * Assessment & Risk Assessment documentation
- * Quality Assurance / Audit Information
- * Accident/incident/ notification records
- * Complaints 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 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

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 (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

Yes - Electronic

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

The views of service users were gauged using the service's own audit documentation and questionnaires received by the Care Commission.

The views received were very positive about the quality and consistency of care provided, communications and support provided.

Sample Comments from service users and carers:

"I am very pleased with the service that is provided...staff are very attentive, sometimes beyond the call of duty"

"As a carer I don't know what I'd do without the help of these wonderful people.....they are the people who should be paid footballer / pop star wages!"

"My is very happy with their support worker....they have a good relationship....the provider does a 3 monthly check.....overall a great service!"

"The regular carers make my life so much easier.....nothing is too much trouble & they are always smiling"

"I had an issue with a carer, but this was quickly resolved"

"took a weight off me...brilliant, couldn't do without them"

"If it wasn't for Highland Homecarers..... would be in a nursing home"

"reliable....feeling of security"

"know other people who use them....high standard of service".

Taking carers' views into account

The views of carers were incorporated into the previous statement.

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 excellent.

The service provider continued to incorporate service user participation into service delivery, and had developed its process of "social accounting" which provided the opportunity "to engage more fully with selected group of stakeholders".

* Social Accounting and Audit

"A framework which allows an organisation to build on existing documentation and reporting and develop a process whereby it can account for its social, environmental and economic performance and impact and then draw up an action plan to improve and overall and be accountable its key stakeholders"

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 131 questionnaires from service users. Service users were asked questions regarding:

- Choice: in terms of their care package
- Quality of service: flexibility & professional
- Do you know who to contact?
- Is the service well managed?
- Employee Owned Company - Does this have any effect on the service provided?
- Communications
- Information provided
- Rating of Care Package.

The questionnaire is based on a Yes / No model, but gave ample room for written comment and suggestion. The results had been analysed and incorporated into the final social audit report.

A focus group had also been held with a representative group of service users in July

2010 which provided additional direct feedback.

Personal interviews were also held with service users and carers in August 2010.

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 a key 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 had proved very 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. Staff involvement had been further increased through the use of questionnaires (50+% response) and focus groups.

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. This had improved communications.

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.

The service's Quality Assurance systems showed involvement of service users / carers, through surveys. The most recent survey had a healthy return of 131 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, care coordinators, and ready 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. The service had received two formal complaints which were tracked and had been recorded, investigated and responded to appropriately.

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

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service Strengths

The ethos and operation of the support service was user-focused and valued the importance of the input of the service users and their families and carers.

Highland Homecarers as an organisation has, as a central tenet, a philosophy which promotes the concept of the "service users" being core to the process in which the quality of care and support was assessed, evaluated and subsequently developed.

Service users had the help of skilled staff in achieving the goals that were set out in their personal plan. The provider had invested in a training programme built around mandatory training and targeted at the needs presented by individual service users.

Staff responses in questionnaires received were very positive about the access to training provided and support they received.

Service users were supported to retain their own identity.

Service users had an element of control / involvement over reviews and other meetings about their welfare, and service users had support to do this if they wished.

Service users had access to advice to understand all the information they received, as well as the effect of each available choice.

Service users could choose the activities they wished to be involved in, with support from the staff if they needed it.

Service users had time to consider their choices without pressure.

Service users could come and go as they pleased as long as the arrangements for their safety and wellbeing were in line with their personal plan and risk assessment.

If service users wished, they had access to trained, independent representatives to help them make choices.

Service users could take part in developing the support service. This included evaluation of:

- Choice: in terms of their care package
- Quality of service: flexibility & professional
- Do you know who to contact?

- Is the service well managed?
- Employee Owned Company - Does this have any effect on the service provided?
- Communications
- Information provided
- Rating of Care Package.

Lifestyle, social, cultural and religious beliefs or faith were recorded in individual plans.

The service had in place an appropriate confidentiality statement and policy.

The service had in place an appropriate complaints procedure and included access to advocacy.

Service users and their representatives were fully involved in planning and discussing moving on from the support service.

If they wanted, the service user's carer or representative (or both) were involved in these discussions.

The service users were involved in assessing the possible risk for themselves or others if they left the support service.

If the service user had to leave because the support service could no longer provide for their needs or had to close, the move would involve the smallest amount of risk and disruption.

The service user's records will be complete and up to date, and would have been put together with their involvement and agreement.

Service users knew how to complain and they were encouraged to inform the service of suggestions.

The service responded to complaints and concerns appropriately.

Areas for Improvement

The complaints system would benefit from review and update in order to clearly identify recording, investigation, outcomes and audit.

Grade awarded for this statement

5 - Very Good

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	6 - Excellent
Statement 2	5 - Very Good
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - Not Assessed	

Inspection and Grading History

Date	Type	Gradings
21 Jan 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
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.

Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website www.carecommission.com or by telephoning 0845 603 0890.

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 بايتسد سىم سونابز رگىد روا رولکش رگىد رپ شرازگ تعاشا هى

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

یرخأ تاغل بو تاقي سىنتب 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