

Inspection report

Gowrie Care Limited - Angus Support Service

8 Silverway
Borrowfield
Montrose DD10 9JD

Inspected by: Shona Adam
(Care Commission Officer)

Type of inspection:

Inspection completed on: 20 January 2009

Service Number

CS2004078937

Service name

Gowrie Care Limited - Angus

Service address8 Silverway
Borrowfield
Montrose DD10 9JD**Provider Number**

SP2003000083

Provider Name

Gowrie Care Ltd

Inspected ByShona Adam
Care Commission Officer**Inspection Type****Inspection Completed**

20 January 2009

Period since last inspection

10 Months

Local Office AddressCentral East Region
Compass House
11 Riverside Drive
Dundee
DD1 4NY

Introduction

Gowrie Care Angus has been registered with the Care Commission since December 2004. At the time of writing Gowrie Care Angus provided a service to 15 service users, including people with a learning disability, people who misuse alcohol or drugs and people who have mental health problems. The service provided is combined, providing both care at home and housing support

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

Quality of Care and Support - 5 - Very Good

Quality of Staffing - 4 - Good

Quality of Management and Leadership - 4 - Good

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

This report was written following an announced inspection that took place on the 20 January 2009 by Care Commission Officer, Shona Adam.

Verbal feedback was given to the manager on 12 February 2009.

Before the Inspection

The Annual Return

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

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

Evidence was gathered from the following sources;

Interview with the manager

interview with the assistant manager

Inspection of the self assessment submitted by the service
brief observation of staff care practices

inspection of :

- sample of Personal Plans
- Risk assessments
- Policies and procedures
- sample of staff PDRS folders
- responses from staff questionnaires

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

There had been no requirements made since the previous inspection.

Comments on Self Assessment

The manager had completed a self assessment. This contained a significant amount of information which demonstrated that the manager had an indepth understanding of the self assessment process. Areas that the service felt they did well were identified as well as areas that could be improved. It also included information on how service users and carers participated in the process.

View of Service Users

All service users had been made aware of the inspection date and were informed that they could speak to the Care Commission Officer if they wished. This offer was declined.

View of Carers

There were no carers present during the inspection visits, however, the Care Commission Officer noted the very positive feedback that had been received by the service from several relatives.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 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 minutes of service users meetings identified that monthly meetings were held. These were seen to be effective in relation to raising issues and action taken by the service. Example of this included the installation of security lights around the project.

Service users were seen to be central in the care review process. Participation was encouraged wherever appropriate.

The 'Smart' group met on a regular basis and had applied for and received funding for utensils for their healthy eating cooking group. This was included as an article in the organisations regular newsletter.

A staff member had been involved in the development of a life story book with one of the service users' and their relative to cope with bereavement issues

A 'C's 'board had recently been introduced for use in the service and was displayed in the reception area. This was to encourage not only staff but other stakeholders to provide their thoughts/views/comments/suggestions about the quality of the service provided and how it could be improved.

Areas for Development

The organisation had recently created the post of Improvements Manager.

A service user participation strategy had recently been developed. As this was a recent development it was too early to measure outcomes as a result of this.

There were plans to involve service users in the review of the services policies and procedures

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 3: We ensure that service user's health and wellbeing needs are met.

Service Strengths

The service had very good systems in place to ensure that the health and wellbeing needs of service users were met. These included the following:

Strong links had been developed with the local primary healthcare team, which included the GP, practice nurse, podiatrist, dentist and optician. This demonstrated that the service was proactive in ensuring that service users health and well being needs were monitored on a regular basis.

As well as primary health care needs there was also evidence that advice and input was sought as and when required, from the specialist learning disability team, which included; the community learning disability nurse, psychologist, dietician, speech and language therapist, psychiatrist and the behavioural support intervention team when required. I

Service users were also supported to attend appointments in preventative health programmes such as bowel screening, breast screening and well women checks.

Wherever possible service users were supported to incorporate healthy eating into menu planning.

Areas for Development

A member of staff had undertaken training in palliative care. It was then planned that this training would be rolled out to the rest of the staff group over a period of time. Discussion with the staff member identified that the training had been very informative and relevant to the service.

The organisations 'administration of medication' policy and procedures had recently been reviewed and was in the process of being commented upon by managers and staff. Training will be provided to all staff once the policy has been ratified and signed off by the committee.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading:

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 4 - 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 information included in 1.1 is also relevant to this statement.

The complaints procedure was seen to be readily accessible for service users. It was also evident through minutes of review meetings that service users, families, advocates and relevant others that views and suggestions about the service were encouraged.

An open door policy that provided access to managers was in place and actively encouraged.

The setting of agendas for service user reviews included discussion about the service user - key worker relationship. This provided an opportunity for comments to be made about the quality of staff.

Working relationships between service users and their key worker were discussed on a regular basis. This provided staff with specific information directly from service users about how they felt their keyworker was performing.

Areas for Development

The manager informed in the self assessment that Gowrie Care had set up a working group to look at the involvement of service users in staff appraisal.

The services' human resource department has agreed to provide 2 days training for any service user who wished to be more actively involved in the recruitment process.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service Strengths

Inspection of a sample of the evidence provided in the services self assessment identified

that this was very good. This included the following:

Minutes of team meetings were seen to be clear and outcome focused. It was evident that the staff team had developed very good working relationships with each other. This ensured that all staff were knowledgeable about their role and responsibilities within the service.

Staff supervision was carried out every 4 - 6 weeks. This process also involved staff producing written pieces of reflective practice. This was viewed as good practice by the Care Commission Officer as it demonstrated that the service was committed to improvement. The SSSC codes of practice were a fixed agenda item at each supervision session.

Training needs were identified through supervision, appraisal and team meetings. As well as undertaking mandatory training, the staff group had also received training in the following areas; epilepsy awareness, dementia and schizophrenia.

Staff were found to be enthusiastic and committed towards learning. The CPD files were seen to be used on a regular basis.

There was evidence that the service had been innovative in responding to identified training needs. One staff member had developed an information training pack about benefits. This was seen to be easily accessed within the service and a very good source of information.

A total of six staff questionnaires had been completed and returned to the Care Commission. All indicated that their training needs were being fully met and that they enjoyed working for the organisation.

The service had been responsive to the needs of relief staff and had organised relief team meetings to ensure that this group of staff were kept informed.

Areas for Development

The manager informed that training was to be provided to staff on the organisations child protection policy and procedure

The service had recognised that the training needs of relief staff were sometimes overlooked. The manager informed that this had been identified within the organisation as an area to be addressed.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 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

The information included in 1.1 is also relevant to this statement.

It was evident that the service had made a good start in relation to ensuring that service users and carers participated in improving the management and leadership of the service.

The manager of the service was subject to peer appraisal whereby staff completed questionnaires. This provided the service with informative feedback about the manager's performance.

Areas for Development

The manager informed that discussions had already taken place between other relevant professionals/representatives about how the quality of management and leadership could be improved.

CCO Grading

4 - 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

A number of systems and processes were seen to be in place which provided a good basis for the development of quality assurance which involved all stakeholders.

The organisation had created the post of 'Improvements Officer'. The remit of the post included promoting service user involvement and developing methods of assisting services which could then be incorporated into Gowrie Care practice.

A number of audits were seen to be carried out at a local level these included service user reviews, external professionals and notifications to regulatory bodies when required.

The specific focus area for this inspection was notifications to the care commission and the

SSSC.

The manager was aware of her responsibility to report any instances of misconduct, staff dismissal or occasions when a staff member had resigned prior to intended dismissal.

Areas for Development

Discussion took place regarding the role and remit of the Improvement Officer It was acknowledged that although a significant amount of work had taken place at an organisational level, developments within the service would take a longer period of time.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

None

Requirements

None

Recommendations

None

Shona Adam

Care Commission Officer