

Inspection report

Gowrie Care Limited - Dundee North Housing Support Service

39 Birkdale Place
Dundee DD2 3GQ

Inspected by: Shona Adam
(Care Commission Officer)

Type of inspection:

Inspection completed on: 19 January 2009

Service Number

CS2006136194

Service name

Gowrie Care Limited - Dundee North

Service address39 Birkdale Place
Dundee DD2 3GQ**Provider Number**

SP2003000083

Provider Name

Gowrie Care Ltd

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

19 January 2009

Period since last inspection

N/A

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

Introduction

Gowrie Care Limited - Dundee North was registered by the Care Commission in June 2007. The service is a combined housing support/care at home service and is provided to service users living in their own homes in two geographical locations in Dundee. 24 Hour care at home/housing support is provided to 8 service users with learning disabilities, challenging behaviour and complex needs. The accommodation is purpose built to meet specific service user needs.

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

Quality of Care and Support - 3 - Adequate

Quality of Staffing - 3 - Adequate

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 13 and 14 January 2009 by Care Commission Officer, Shona Adam.

Verbal feedback was given to the manager on 19 January 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 medium RSA score and so a medium 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 two managers

interview with two assistant managers
brief observation of staff care practices
inspection 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

Action had been taken on meeting the following requirements:

1. The provider must facilitate further training for staff and implement systems to evidence that staff are competent in administration and recording of medication. This is in order to comply with SSI 114 Regulation 13(c)(i)

This requirement was being progressed. The service had produced a new medication policy and procedure which was in draft format and had been circulated to all managers for comment. Once this had been completed, training was planned for all staff.

2. The provider must ensure that all staff responsible for the administration of medication adhere to the organisational policy for the Management and Administration of Medication and in particular follow the guidance as detailed for the recording of errors. This is in order to comply with SSI 114 Regulation 41)(a) - Welfare of users.

This requirement had been met

3. The key for the medication should be accessible to the authorised member of staff only and should not be part of the main service keys. - This is in order to comply with SSI 114 Regulation 41)(a) - Welfare of users.

This requirement had been met

4. The provider must ensure that all staff are kept informed of the content of organisational policies and any amendment's made to these.

This is in order to comply with SSI 114 Regulation 13(c)(i) Staffing

This requirement had been met

Information about complaints that have been upheld or partially upheld can be found on the Care Commission website.

Comments on Self Assessment

The manager had completed the self assessment electronically. As well as identifying the strengths of the service, areas for improvement had also been highlighted.

View of Service Users

Due to the communication difficulties experienced by some service users it was difficult to ascertain their views. Questionnaires were not deemed appropriate for the service user group. Observation of a few service users and informal discussion identified that they appeared to be satisfied with the support they received.

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: 3 - Adequate

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 service presented a good range of evidence.

Discussion with staff, inspection of a sample of personal plans and other relevant paperwork identified the following:

Where able to do so, service users had given permission for Welfare Guardians and carers to have access to their support plans. Plans of support and risk assessments were seen to be up to date and signed by either the service user or their representative.

Referrals had been made to the speech and language therapy department for advice as to how service user participation could be facilitated with service users who had specific communication difficulties. This demonstrated that the service was committed to ensuring that participation was meaningful to all service users regardless of their abilities.

In one project, written feedback had been provided by carers who described the improvements that had been made to their sons' quality of life and the peace of mind that this had given them. Another family informed that they were able to emigrate in the knowledge that their son was now settled in his own home.

Staff within one of the projects had actively been involved in working with a specific family.

A service user had been involved in working with the learning and development department as part of progressing service user participation.

Areas for Development

A service user involvement strategy and action plan were in the process of being developed by the service provider.

A 'C's 'board had recently been introduced for use in the service. 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.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

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

A number of strengths were identified in relation to meeting the health and wellbeing needs of service users. These included;

Strong links had been developed with local primary health care teams and other relevant professionals which included community learning disability nurse, dentist, dietician, speech and language therapist, optician, podiatrist, psychologist and psychiatrist. The staff team were very attentive to service user's needs - this was evident in the service users' personal plans and discussion with staff during the inspection visit.

Individual treatment plans were seen to be in place for each service user.

The service had also adapted an assessment tool 'Dis Dat' which assisted staff in identifying distress in people who have severe communication difficulties. This was viewed as very good practice in relation to staff becoming aware of what triggered distress in the service users.

Staff from one of the projects had provided wakened night cover to support a service user who was in hospital. The nature of the service users complex needs had made it difficult for hospital staff to deliver care. This ensured that the service user received support from staff that he was familiar with and assisted in reducing his anxieties whilst in an unfamiliar environment.

Areas for Development

Although a number of strengths had been evidenced, the need to reduce errors in the administration of medication had been identified. The service had begun to take steps to rectify this. A new procedure had been developed and was in draft format for consultation and comment. Once the new document had been approved, further staff training was planned to ensure that all staff were made fully aware of the new policy and procedures.

The manager identified that further work required to be done between project staff and other professionals to ensure that the primary health care needs of service users who had complex needs were met.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 4: We use a range of communication methods to ensure we meet the needs of service users.

Service Strengths

Evidence provided by the service identified that they were very aware of the importance of ensuring that the methods of communication used by staff met the needs of the service users.

Preferred methods of communication were detailed within the majority of service users' personal plans. These were seen to be very detailed and included specific words and phrases spelt exactly how they were said and used by the service user.

The majority of staff working within the service had attended essential communication training. Positive outcomes for service users included the following example; A service user who had previously been identified as not being able to communicate pain was now seen to be able to approach staff to describe his feelings.

Areas for Development

One of the projects was awaiting further input from the speech and language therapy department to assist staff to identify the most appropriate methods of communication for 3 service users.

The service plans to access makaton training for staff to assist in improving staffs ability to communicate with service users who have communication difficulties.

The manager informed that staff at one of the projects were still in the process of identifying non verbal communication methods used by service users. The importance of ensuring that the details of these were reflected in personal plans and risk assessment was identified.

CCO Grading

4 - 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: 3 - Adequate

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

Service Strengths

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 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.

The manager informed that she planned to extend the review agenda to include comments on staffing and management, thus providing an opportunity for views to be sought.

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 minutes identified that team meetings were held on a regular basis. These were seen to be meaningful and covered a wide range of issues.

Learning and development was co-ordinated centrally by a dedicated department. This ensured that mandatory training was provided as and when required by staff.

The majority of staff had undertaken the required mandatory training which provided them with the foundations to carry out their duties.

Whilst formal supervision has been lacking in one project, managers have been available on a daily basis to provide staff with informal support and advice

Areas for Development

The manager informed that there had been significant problems with staffing levels in one of the projects within the branch. (see requirement 1) It was recognised that this had impacted on the ability of the service to carry out supervision, appraisal and training. Both the unit manager and assistant managers were regularly had to cover shifts to meet the needs of service users. This meant that supervision, team meetings and training (other than mandatory) did not occur as regularly as they should have been (see requirement 2)

Several areas for development had been identified in the services self assessment, these included the following:

- * The development of more prescriptive policies, procedures and training packages which reflect the policies and procedures
- * To recruit sufficient staff to ensure that staffing levels are maintained
- * To allocate dedicated time to assistant managers to ensure the availability of time to monitor, support and guide staff teams
- * To encourage the use of CPD folders and learning through supervision

CCO Grading

3 - Adequate

Number of Requirements

2

Number of Recommendations

0

Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

The Care Commission Officer found the evidence that supported this statement to be of a good standard and included the following:

- * Written records were seen to be recorded in a manner that was respectful to the service users. Support plans were person centred and included a significant amount of information about each service user's identified support needs and care.
- * Staff Interactions with service users were seen to be very positive. It was evident that staff were respectful towards service users.

* Service users were seen to be referred to as their preferred name.

The SSSC codes of practice were discussed at each staff supervision session. This ensured that staff were aware of their accountability in relation to care practices and their day to day duties.

Areas for Development

In one of the projects, service users receive one to one support from staff. This has presented the manager with a challenge as to how staff practice can be monitored without having a detrimental impact on service users' behaviours.

The service had also identified areas for improvement, these can be found under statement 3.3.

CCO Grading

4 - 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

Please also see information included in statement 1.1 which 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 and assistant managers of the service were subject to peer appraisal whereby staff completed questionnaires about the managers. This provided the service with informative feedback about the manager's performance in relation to the quality of management and leadership.

Carers meetings, reviews and regular contacts with families were seen to provide an opportunity for comments/suggestions/concerns about the management and leadership of the service provided.

Areas for Development

The service identified several areas in which they wanted to develop; these included the introduction of service specific carers meetings and to include quality of management in the review agenda.

Discussion took place during the inspection as to how the service could further evidence how service users and carers were involved in assessing and improving the quality of management and leadership. (see recommendation 1)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Statement 3: To encourage good quality care, we promote leadership values throughout the workforce.

Service Strengths

It was evident that the service had good systems in place that promoted leadership values

throughout the workforce

There were clear career development pathways within the organisation, and staff development was encouraged. An example provided by the manager included assistant support workers being given the opportunity to participate in support worker duties and responsibilities under supervision.

Managers within the service had recently undertaken training in the following; recruitment, induction, bullying and harassment and health and safety. Managers informed that the training had been very useful and provided them with further skills to carry out their duties.

There was a planned induction in place specifically for staff who had been off on long term sick leave. This provided staff with the opportunity to be supported back into the work place.

Areas for Development

Areas for development identified by the service in the self assessment included the following;

- * To increase the frequency of team meetings
- * To encourage staff to be more proactive and confident in decision making
- * To ensure that assistant managers have dedicated supernumerary time to support and monitor the staff team as opposed to working on shift

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

The organisation had been awarded the 'Investors in people' award.

Internal audits were seen to be carried out on a regular basis. This ensured that the service could identify where deficits may exist and take the appropriate action to address them.

A network meeting had been set up by the service to which all professionals involved in the service were invited. This was seen to be a positive step as all involved agreed that the regular reviews held for service users were deemed to be more than sufficient.

The Improvements manager within the organisation was in the process of piloting a quality review system 'SERVQUAL'. It was hoped that this would provide valuable information in relation to the involvement of stakeholders in assessing the quality of the service provided.

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 manager. 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

1. The service provider must ensure that staffing levels are sufficient to ensure that supervision, appraisal and additional training needs are met.

This is in order to comply with SSI 2002/114 Regulation 13 (c) (i)

Timescale for implementation - Immediate upon receipt of this report

2. The service provider must ensure that all staff receive supervision on a regular basis and that it is fully documented.

This is in order to comply with SSI 2002/114 Regulation 13 (c) (i)

Timescale for implementation - Immediate upon receipt of this report

Recommendations

1. The service provider should consider developing methods whereby service users and carers can participate in the assessment and improvement of the quality of management and leadership within the service.

National Care Standard - Support Service - Standard 12 - expressing your views

Shona Adam

Care Commission Officer