

# Inspection report

## Gowrie Care Limited - Dundee West Housing Support Service

Flat 41 F Tullideph Place  
Dundee DD2 2PR

**Inspected by:** Shona Adam  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 4 March 2009

**Service Number**

CS2004061954

**Service name**

Gowrie Care Limited - Dundee West

**Service address**Flat 41 F Tullideph Place  
Dundee DD2 2PR**Provider Number**

SP2003000083

**Provider Name**

Gowrie Care Ltd

**Inspected By**Shona Adam  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

4 March 2009

**Period since last inspection**

Ten months

**Local Office Address**Central East Region  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

## **Introduction**

Gowrie Care Ltd is a charitable subsidiary of Hillcrest Housing Association which came into being in July 2003. This subsidiary captures all the care activity undertaken by the former Gowrie Care division of Gowrie Housing Association. Dundee West (Tullideph outreach) has been registered with the Care Commission since October 2004. Gowrie Care Ltd provides a service to a total of 18 service users including people with a learning disability, people who misuse alcohol and people who have mental health problems. The service provided is integrated 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 - 4 - 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](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

Before the Inspection

The Following report has been compiled following an announced inspection that was carried out on Monday 23 February 2009. Feedback was provided to the manager on Wednesday 5 March 2009.

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.

During the inspection process

## Evidence

Information was collated from the following sources;

Discussion with two managers

Discussion with two assistant managers

Informal meeting with 4 service users

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](http://www.infoscotland.com/firelaw)

### **Action taken on requirements since last Inspection**

There were no requirements identified at the last inspection.

### **Comments on Self Assessment**

The manager had completed a self assessment. This contained information which demonstrated that the manager had an understanding of the self assessment process. Areas that the service felt they did well were identified as well as areas that could be improved.

### **View of Service Users**

The views of service users were not sought on a formal basis. An informal meeting took place on the morning of the inspection at which the Care Commission Officer met with some service users. Observations made at the meeting have been included in the body of the report.

### **View of Carers**

The following comments were provided in completed questionnaires by relatives on behalf of some of the service users.

"My son has lived in his house, with other boys, and the care staff have always been great, I wouldn't have anything bad to say about any of the carers'

'My daughter tells everyone that she likes living there and that she is happy there. Just like to say that a great worry has been lifted from me that she has settled there'.

The staff are very helpful, and make everyone feel like they are part of a family, clients and their relatives alike. it is very good that there are places like Tullideph Place and the likes, that look after people who would not have the quality of life that they enjoy. all the carers do a terrific job.'

My sister thoroughly enjoys living in tullideph place, and she has a marvellous quality of life there, the best she has had in a long time. If I met her in town with one of her carers, she keeps pulling the carer to get away, as I think she feels I might take her away from the carer and she would not like that. I am very happy she is in a place that makes her happy'.

## **Quality Theme 1: Quality of Care and Support**

**Overall CCO Theme Grading: 4 - 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 service promoted an ethos of involving service users and carers wherever possible. :

The degree to which the service had involved service users and carers was evident through discussion with the manager and review of the content of personal plans. Descriptions were provided as to how the staff group assisted service users in creating opportunities to participate in their day to day lives.

Examples of this included the following;

Staff were very aware of the importance of effective assessment, monitoring, care planning and reviews which assisted this. Inspection of a sample of personal plans reflected this.

Minutes of review meetings identified that relatives/carers were encouraged to contribute to the assessment and improvement of the quality of care and support.

Service users meetings were seen to be held on a regular basis with involvement from relatives where appropriate. Minutes taken of meetings provided evidence that the service strived to ensure positive outcomes for service users.

Areas where the service demonstrated service user participation included reviews, holiday choices, administration of medication and support visits.

### **Areas for Development**

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. As this had been a recent development, it was too early to see the impact that this had upon the service.

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

### **CCO Grading**

4 - 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 Care Commission Officer found the services level of performance in relation to this statement to be very good.

Positive relationships had been developed with the primary health care team and the specialist learning disability team which included the CLDN, Clinical Nurse Specialist, Specialist Epilepsy nurse, Psychologist, Psychiatrist and Dietitian. This ensured that the support provided to service users was responsive to their identified health and wellbeing needs.

Where a need was identified, service users were supported to attend GP appointments and appointments in preventative health programmes such as bowel screening, breast screening and well women checks.

Mechanisms were in place to ensure that the appropriate levels of support were in place for service users who required assistance with taking medication. Training was provided at a local level by the pharmacy for all staff who were required to assist in the administration of medication.

Healthy eating was seen to be encouraged and promoted within the service. It was evident that staff had been creative in developing pictorial menus in a format that would be easily understood by service users. The 'National Standards - healthy eating for people with learning disabilities' were utilised by the service where menu planning was part of the support package. This ensured that service users were in receipt of appropriate information which allowed them the opportunity to make informed choices about their lifestyle.

#### **Areas for Development**

Plans were in place for staff to attend training in palliative care when it was to be rolled out across the organisation.

An intimate personal care policy had been developed and had been circulated for comment prior to approval by the organisations management committee.

The organisations 'administration of medication' policy and procedures had recently been amended and approved. Training dates had been arranged to ensure that all staff were made aware of the policy and its implications in practice.

The service was in the process of completing the 'Dis Dat' tool for each service user. The tool will ultimately assist staff in identifying distress in people who have communication difficulties.

#### **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 in statement 1.1 is also relevant to this statement

Service users and their carers were seen to be encouraged to participate and provide feedback on every aspect of the service. Review meetings were also used as an opportunity for service users and carers to provide thoughts and comments about staffing related issues. Inspection of a sample of personal plans and minutes of service users reviews supported this.

Brief observations of interactions between service users and staff highlighted that very positive relationships existed. Service users appeared to be very confident and relaxed in communicating their opinions/suggestions and concerns with staff.

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.

### **Areas for Development**

The service had identified the following areas for improvement in their self assessment:

\* 'To invite service users who have capacity or carers/advocates to participate in future recruitment'

\* 'To update review agendas to actively include a heading which allows for comments on staff and leadership'

The services' human resource department had 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 good. This included the following:

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

Mandatory training was seen to be undertaken by staff as well as training that related specifically to the needs of the service user group. Examples of training included; autism awareness, therapeutic interventions and dementia awareness.

Staff supervision was carried out every 4 - 6 weeks. The SSSC codes of practice were a fixed agenda item at each supervision session. Training needs were identified through the annual appraisal process. This ensured that the service were responsive to staffs training needs.

Team meetings were seen to be held on a regular basis. Staff also participated in yearly 'away days' which created the opportunity for the service to focus on practice.

A total of 9 staff questionnaires which had been completed by staff were received by the Care Commission. The majority of respondents indicated that the service had provided them with opportunities for training within the last 12 months.

**Areas for Development**

The service had identified the following areas for improvement in their self assessment;

- \* Organisationally to incorporate the child protection policy into a manual and provide staff training on this.
- \* To organise training in autism to meet both service user and staff needs.
- \* Staff to make links to National Care Standards when appropriate or relevant to support plans.

**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**

The information in statement 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.

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.

Yearly carers meetings that were run by the organisation provided the opportunity for information sharing and carers to have their say.

The organisation produced regular newsletters to which service users and carers contributed.

### **Areas for Development**

The service had identified the following areas for improvement in their self assessment:

\* To create opportunities for direct questions to families/advocates and service users.

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 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.

Regular monitoring meetings were carried out by Dundee City Council Social Work Department. This ensured that an external body was involved in the quality assurance process.

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.

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.

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 to co operate

### **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**

None

**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**