

## PERTH AND KINROSS COUNCIL

Lifelong Learning Executive Sub-Committee – 6 February 2013

## CARE INSPECTORATE INSPECTIONS OF SUPPORT AND RESIDENTIAL CARE SERVICES FOR CHILDREN AND YOUNG PEOPLE

Report by Executive Director (Education and Children's Services)

**ABSTRACT**

This report sets out the key findings and areas for improvement following the inspection of We Care Perthshire by the Care Inspectorate completed in September 2012.

**1 RECOMMENDATION**

It is recommended that the Committee scrutinises and comments upon the support service (care at home) inspection report for We Care Perthshire (Appendix 1).

**2 BACKGROUND**

2.1 The Care Inspectorate (also known as Social Care and Social Work Improvement Scotland - SCSWIS) was created by the [Public Services Reform \(Scotland\) Act 2010](#). The Act sets out general principles, in accordance with which the Care Inspectorate must exercise its functions. These are:

- The safety and wellbeing of all persons who use, or are eligible to use, any social service are to be protected and enhanced;
- The independence of those persons are to be promoted;
- Diversity in the provision of social services is to be promoted with a view to those persons being afforded choice;
- Good practice in the provision of social services is to be identified, promulgated and promoted.

2.2 The Act places the Care Inspectorate under a number of duties, including duties to: make arrangements which will secure continuous improvement in user focus and which demonstrate that improvement; and to co-operate with other specified scrutiny bodies.

2.3 Since April 2008 regulated care services in Scotland have been inspected using a framework of quality themes and quality statements. Services have been given grades based on the findings at each inspection. Inspection findings were published in reports and the reports and grades were made public on the Care Commission website. All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

2.4 Services are checked against the [National Care Standards](#) and most typically against some or all, of the following quality themes:

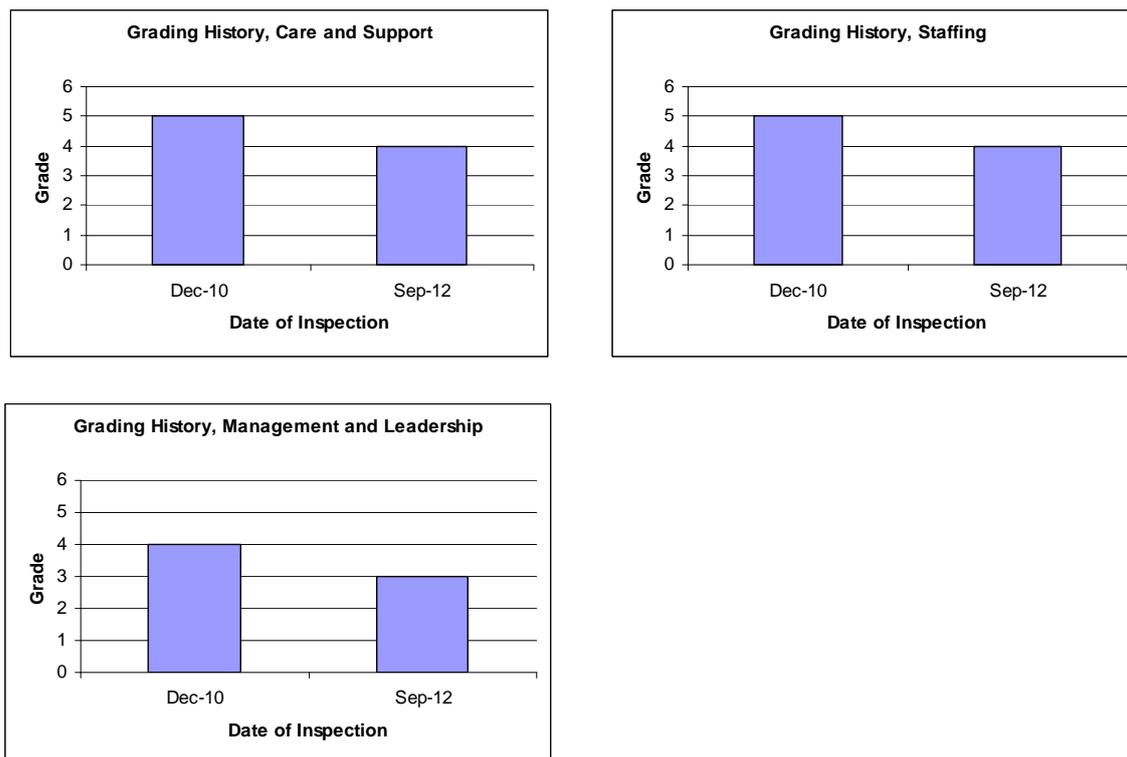
- Quality of Care and Support;
- Quality of Environment or Information;

- Quality of Staffing; and
  - Quality of Management and Leadership.
- 2.5 Quality themes and quality statements are informed by the [National Care Standards](#), but do not replace them. Quality themes and quality statements are simply ways of grouping the standards and judging how a service is performing against them. Each quality theme is therefore a heading for an area of performance which is inspected and graded. Grades of 1-6 will be awarded: 1 = unsatisfactory, 2 = weak, 3 = adequate, 4 = good, 5 = very good and 6 = excellent. Different standards are marked within each grade with the lower score being the one which is taken as the overall score for that theme.
- 2.6 Inspectors will consider evidence from various sources when judging a service's performance since it was last graded, such as:
- Upheld complaints – and whether identified issues have been resolved;
  - Incidents - and how your service has dealt with them;
  - Feedback from people who use the service and carers;
  - Evidence that previous action plans have been implemented; and
  - Information in your annual return.
- 2.7 The most significant changes between Care Commission and Care Inspectorate inspections are:
- The use of unannounced inspections. The Care Inspectorate will conduct unannounced inspections for all regulated services as the main inspection method unless there are practical reasons why it needs to announce a particular inspection;
  - A greater maximum period between inspections for better performing and lower risk services;
  - Changes to the letters notifying providers to complete their self assessments; and
  - A greater focus on poorly performing and riskier services.

### 3 RECENTLY PUBLISHED REPORTS

- 3.1 **We Care Perthshire** was opened on 18 March 2010. The service provides support to children under the age of 18 and their families in their own homes and the community. The service also provides support for families with children with learning disabilities and to give them a break from their caring role.
- 3.2 The Care Inspectorate completed an inspection of We Care Perthshire in September 2012. The inspection was announced and low intensity and focused on the quality of care and support; quality of staffing; and quality of management and leadership. The inspection found both the quality of care and support and the quality of staffing **good**. The quality of management and leadership was graded **adequate**.
- 3.3 We Care Perthshire was first inspected in December 2010. Figure 1 below shows the inspection and grading history. The service has met both of the requirements identified in the December 2010 inspection.

**Figure 1: Grading History, We Care Perthshire**



- 3.4 The report highlights a number of areas where the service does well including the flexible and caring service provided to children and families and very good communication between the service, social workers involved in the families and the volunteers to ensure the needs of the children and their families are met.
- 3.5 Two recommendations and one requirement were identified by the Care Inspectorate. In addition a number of key areas were identified for improvement both by the team in their self evaluation and with the inspectors. A summary of progress against the areas for improvement is provided in Table 1 below.

**Table 1: Summary of Progress Against Key Areas for Improvement**

Areas for Improvement	Progress/Proposed Actions
<b>Quality of Care and Support</b>	
Requirement: The provider must ensure that staff/ volunteers receive training appropriate to the work they are to perform. This is in order to comply with regulation 15(b)(i)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Timescale: within 2 months of receipt of this report.	<b>Completed:</b> Training provision reviewed and expanded, at both induction and specialist level..
Recommendation: It is recommended the service review the system to store information about the children and their families. A system should be implemented to ensure the information held is reviewed within a minimum of every 6 months. National Care Standards support services, Standard 4: Support arrangements.	<b>Completed:</b> Individual files are in place now for befrienders and children. Information will continue to be reviewed six monthly through either the Child Health Resource Panel, School Reviews or Looked After Children Reviews.
Improvement: The service should consider developing a variety of methods to support children to encourage their participation in assessing and improving the service.	<b>In progress:</b> Individual comment forms are already given to children and parents/carers for their comments in reviewing the service. Further opportunities to engage with children and young people are being explored in

Areas for Improvement	Progress/Proposed Actions
	conjunction with other parts of the service. For example, to involve the children in what they think about groovy gang sessions, children choose a picture which describes how the session was for them. Timescale – February 2013.
<b>Quality of Staffing</b>	
Improvement: Volunteers completed support diaries after each visit with their family. We found that some of the diaries weren't as comprehensive as others.	<b>In progress:</b> Group and individual work on diaries will be undertaken to encourage full and consistent use of recording in diaries. This will be embedded as good practice for all volunteers over the next 4 months.
Improvement: We found that not all of the volunteers we spoke with were familiar with the National Care Standards for the service, the Care Inspectorate or the Public Services Reform (Scotland) Act 2011.	<b>Completed:</b> Copies of National Care Standards are now included in an information folder for all volunteers.
<b>Quality of Management and Leadership</b>	
Recommendation: It is recommended that the service develop and implement a system to monitor all aspects of the service. National Care Standards care at home, Standard 4: Management and staffing.	<b>In progress:</b> Monitoring of key objectives and other operational aspects of the service will be undertaken in a routine way. Full discussion of the service is already recorded fortnightly in We Care Perthshire manager's supervision and through ERD and CPD. Further developments are already underway to amalgamate We Care Perthshire with the Groovy Gang, to ensure a consistent approach is undertaken to monitoring all aspects of these services. Timescale – March 2013.
Improvement: An individual action plan for improvement hadn't been developed for the service. This should include the quality of staff/ volunteer's practice.	<b>In progress:</b> Improvement plans for the service will be incorporated into the Child Health Team Improvement plans. These are monitored quarterly. Ongoing monitoring is undertaken through team plan process. Full discussion of the service is also recorded fortnightly in We Care Perthshire manager's supervision and through ERD and CPD. Timescale – March 2013.

- 3.6 A copy of the inspection report is provided in Appendix 1 together with a copy of the action plan submitted to the Care Inspectorate (Appendix 2).

#### 4 CONSULTATION

The Head of Democratic Services, the Head of Legal Services and the Chief Social Work Officer have been consulted in the preparation of this report.

#### 5 RESOURCE IMPLICATIONS

There are no resource implications arising from this report.

#### 6 COUNCIL CORPORATE PLAN OBJECTIVES 2009-2012

- 6.1 The Council's Corporate Plan 2009-2012 lays out five objectives which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. They are as follows:-

- (i) A Safe, Secure and Welcoming Environment
- (ii) Healthy, Caring Communities
- (iii) A Prosperous, Sustainable and Inclusive Economy
- (iv) Educated, Responsible and Informed Citizens
- (v) Confident, Active and Inclusive Communities

This report relates to (i) A Safe, Secure and Welcoming Environment.

6.2 The report also links to the Education & Children’s Services Policy Framework in respect of the following key policy area:

- Integrated Working

## 7 EQUALITIES IMPACT ASSESSMENT (EqIA)

An equality impact assessment needs to be carried out for functions, policies, procedures or strategies in relation to race, gender and disability and other relevant protected characteristics. This supports the Council’s legal requirement to comply with the duty to assess and consult on relevant new and existing policies.

The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment process (Eq1A) with the following outcome: assessed as **not relevant** for the purposes of Eq1A.

## 8 STRATEGIC ENVIRONMENTAL ASSESSMENT

Strategic Environmental Assessment (SEA) is a legal requirement under the Environmental Assessment (Scotland) Act 2005 that applies to all qualifying plans, programmes and strategies, including policies (PPS).

The matters presented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

## 9 CONCLUSION

This report sets out a clear agenda for continuous improvement in the standards and quality of residential care services provided in Perth and Kinross.

**JOHN FYFFE**  
**Executive Director (Education and Children’s Services)**

**Note:** No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above report.

**Contact Officer:** Caroline Mackie (Service Manager), ext 76319,  
[CLMackie@pkc.gov.uk](mailto:CLMackie@pkc.gov.uk)

**Address of Service:** Education and Children’s Services, Pullar House,

35 Kinnoull Street, Perth, PH1 5GD

**Date:** 17 December 2012

**Appendices:**

Appendix 1 Care Inspectorate Inspection Report – We Care Perthshire  
Appendix 2 We Care Perthshire Action Plan

If you or someone you know would like a copy of this document in another language or format, (on occasion only, a summary of the document will be provided in translation), this can be arranged by contacting *The Communications Manager*  
E-mail: [ecsgeneralenquiries@pkc.gov.uk](mailto:ecsgeneralenquiries@pkc.gov.uk)



Council Text Phone Number 01738 442573

## Care service inspection report

### We Care Perthshire

### Support Service Care at Home

Strathmoor

Harley Place

Perth

PH1 5DP

Telephone: 01738 454424

Inspected by: Audrey Donnan

Averil Blair

Type of inspection: Announced (Short Notice)

Inspection completed on: 20 September 2012



HAPPY TO TRANSLATE

## Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	6
3 The inspection	10
4 Other information	17
5 Summary of grades	18
6 Inspection and grading history	18

### **Service provided by:**

Perth & Kinross Council

### **Service provider number:**

SP2003003370

### **Care service number:**

CS2009236914

### **Contact details for the inspector who inspected this service:**

Audrey Donnan

Telephone 01382 207200

Email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

### We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

### What the service does well

Children and their families were provided with a flexible and caring service. The service had continued to build on the very good communication between the service, the Social Workers involved in the families and the volunteers to ensure the needs of the children and their families were met.

### What the service could do better

The service should develop a range of opportunities to children and their families to evaluate the service. The information provided should be collated, an action plan for improvement developed. The action plan should be shared with the families using the service to demonstrate how improvements are being made.

A system should be put in place to identify the training needs for volunteers. Identified core training should be given to volunteers to ensure they are appropriately skilled to meet the individual needs of the children.

### What the service has done since the last inspection

The service had been given two requirements during the previous inspection. Both requirements had been met and implemented.

The service had reviewed and further developed the questionnaire for the service following consultation with the families using the service.

The service had developed further and had recruited more volunteers to meet the needs of the families.

### **Conclusion**

Overall, children and their families were provided with a flexible support service which met their individual needs. Parents we spoke with confirmed this.

### **Who did this inspection**

Audrey Donnan

Averil Blair

**Lay assessor:** Not Applicable.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Care Inspectorate.

We Care Perthshire was registered on 18 March 2010. The service is registered to provide a support service to people in their own homes and the community and provided to children under the age of 18 and their families.

The service aims and objectives include to provide support for families with children with learning disabilities and to give them a break from their caring role.

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 3 - Adequate**

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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 we did during the inspection

We wrote this report after an announced inspection that took place between 22 August and 28 August 2012. Feedback was given to the service on 20 September 2012. The inspection was carried out by inspectors Audrey Donnan and Averil Blair.

As requested by us, the provider sent us an annual return. The provider also sent us a self assessment form.

We issued three questionnaires to friends, relatives or carers of people who used the service. Three completed questionnaires were returned before the inspection.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents:

- \* evidence from the service's most recent self assessment
- \* personal plans of people who use the service
- \* training records
- \* health and safety records
- \* accident and incident records
- \* complaints records
- \* questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates, and staff members
- \* discussions with various people, including:
  - o relatives and carers of the people who use the service
  - o volunteers
  - o the manager
  - o the line manager

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality

themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

### **What the service has done to meet any requirements we made at our last inspection**

#### **The requirement**

The provider must review the service's medication forms to ensure they have all relevant information. This is in order to comply with SSI 114 Regulation 4 (1) Welfare of Users (a) providers shall make proper provision for the health and welfare of service users. Timescale: within six weeks of receipt of this report.

#### **What the service did to meet the requirement**

The administration of medication forms had been reviewed and all relevant information would now be recorded. No medication had been administered since the previous inspection.

**The requirement is:** Met

#### **The requirement**

The provider must implement a process for recording checks with professional bodies e.g. Scottish Social Service's Council (SSSC), Nursing and Midwifery Council (RMC). This is in order to comply with: SSI 2002/114 Regulation 9 2 (c) Fitness of employees and Regulation 19 (2) (d) Records. SSSC - 1.2 check criminal records & relevant registers. Defined registration requirements to practice for identified titles for staff. Timescale: on receipt of this report.

#### **What the service did to meet the requirement**

The service had developed a system to carry out relevant checks with professional bodies for fitness of employees prior to employment.

**The requirement is:** Met

### **What the service has done to meet any recommendations we made at our last inspection**

There were no recommendations from the previous inspection.

### **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service 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 headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned.

### **Taking the views of people using the care service into account**

We did not speak with the children using the service.

### **Taking carers' views into account**

We received three questionnaires from people who used the service. One parent strongly agreed and two parents agreed that they were overall happy with the quality of care they received from the service.

Comments included:

'Our experience has been very good. Everything well thought through and well organised. Only slight concern at beginning of process was expected lines of communication between parent/ carer/ We Care Perthshire i.e. not sure if parent/ carer to arrange things themselves or if all communication to be through carer'

We spoke with three parents who used the service. The parents we spoke with told us they were happy with the volunteers they had been matched with and found the service to be flexible. They stated that the manager of the service telephoned to ensure everything was going well with the volunteers and that the service was meeting their children's needs.

The parents we spoke with told us they were not aware of any formal reviews taking place of the service or of any action plans for improvements.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

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

Grade awarded for this theme: 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

Families had good opportunities to participate in providing feedback to the service. These included:

- Parents forum, the forum had met quarterly and provided an opportunity for parents to give verbal feedback for improvements to the service. For example, parents had suggested making some changes to the review form and these had been implemented by the service.
- Reviews, these were carried out every six months to ensure the volunteers were meeting the needs of the families. This included the opportunity for Social Workers to be involved in reviewing the service provided.
- Telephone calls, the manager telephoned the families regularly to ensure they were happy with the volunteer and the service and that there were no issues or concerns
- The manager met with the families and the volunteers and this provided opportunities for discussions for improvements to the service.

#### Areas for improvement

Although parents had been consulted we noted that there were limited opportunities for children using the service to participate in the evaluation of the service. The service should consider developing a variety of methods to support children to encourage their participation in assessing and improving the service.

We discussed with the service the importance of collating the information provided through reviews and evaluations and developing an action plan for improvements.

The action plan should be shared with the families and stakeholders using the service. The action plan could also feed into more general development of children's services in Perth and Kinross.

---

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

We ensure that service users' health and wellbeing needs are met.

#### **Service strengths**

The service was good at meeting children's health and wellbeing needs. Children and their families were offered a flexible service that met the children's and families individual needs.

The service used passports to gather information about the children and included details on children's communication skills, mobility, personal care needs and medical requirements. The information was passed to the volunteer matched to the family to ensure children's health and wellbeing needs were met.

Children took part in activities that were chosen by them, with the support of their volunteer and families, and which took account of their interests. For example, some children went swimming with their volunteer and others played board games and imaginative play at home.

All volunteers had completed passports with children which contained personal information to help with the settling in process. Some of the children had helped the volunteers complete the passports. This meant that the children and the volunteers had an opportunity to build good relationships and get to know one another prior to starting with the families.

Each child had an individual file with the initial referral form, passport and agreement which is signed by the volunteer and the family.

The information is reviewed every six months to ensure it is relevant and meeting the children's and family's needs.

#### **Areas for improvement**

Whilst we acknowledged that the manager carried out regular supervision with the volunteers, the personalised nature of the service meant that we found that there was the potential for the volunteers to become too involved with the families. This could mean that the volunteers may carry out tasks that they hadn't been trained to do for example, moving and handling children. See requirement 1.

We found that children's individual information was organised and stored under each volunteer. This meant that it was difficult to find information about individual children as the information could be stored in different places. We discussed with the service that children's information would be better stored in separate folders for each child.

We could not see a clear system in place to review the information held every six months to ensure the information was accurate, up to date and relevant. See recommendation 1.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 1

### Requirements

1. The provider must ensure that staff/ volunteers receive training appropriate to the work they are to perform.  
This is in order to comply with regulation 15(b)(i)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)  
Timescale: within 2 months of receipt of this report.

### Recommendations

1. It is recommended the service review the system to store information about the children and their families. A system should be implemented to ensure the information held is reviewed within a minimum of every 6 months. National Care Standards support services, Standard 4: Support arrangements.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 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

Evidence for the grade awarded in this statement has been included in statement 1.1.

#### Areas for improvement

Please refer to statement 1.1.

**Grade awarded for this statement:** 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

We found that the volunteers were motivated, happy and enthusiastic in their role and work with the children and families.

The volunteers had a wide range of skills and qualifications and they had completed an induction course before being matched with a family. They told us that the induction course had given them the skills and confidence to carry out their role and build good relationships with the families.

There was a variety of training available to the volunteers to access and to further develop their own skills. We found that during the induction course, the volunteers discussed the protection of vulnerable children, respect and dignity. We were confident that the volunteers we spoke with understood their role and responsibilities should they have a child protection concern in relation to a child they were befriending.

The manager had monthly meetings on a one to one basis with the volunteers. This meant that there was an opportunity to discuss any concerns or issues. The volunteers had an opportunity to meet as a whole group and this meant that the volunteers felt supported and valued.

### **Areas for improvement**

We found that whilst there was a variety of training offered, there wasn't a system in place to assess the competency of the volunteers. There should be a system in place to identify training for volunteers according to the needs of the family they are matched with. We found that there was no core training provided to the volunteers before starting with the families to ensure the health, safety and wellbeing of the children for example moving and handling.

A requirement has been made under Quality Statement 1.3 in relation to this.

Volunteers completed support diaries after each visit with their family. This provided the manager information about how the well the visit had gone, if there were any issues or concerns or if there was anything the volunteer wished to discuss during the next supervision. We found that some of the diaries weren't as comprehensive as others. This meant that there was the potential for the manager to miss some information

We found that not all of the volunteers we spoke with were familiar with the National Care Standards for the service, the Care Inspectorate or the Public Services Reform (Scotland) Act 2011. We discussed with the service raising awareness of legislation and best practice to volunteers.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### 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

Evidence for the grade awarded in this statement has been included in statement 1.1.

#### Areas for improvement

Please refer to statement 1.1.

**Grade awarded for this statement:** 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 manager had regular supervision with the line manager for the service and this meant that the quality of the service was being regularly reviewed. Any concerns or issues raised were discussed and where relevant changes were implemented.

Feedback from families including questionnaires resulted in improvements being made to the service and most families were aware of the complaints procedure for the service. Most families we spoke with confirmed they knew the role of the Care Inspectorate and how to contact us should they wish to raise a concern.

The service was incorporated into the larger improvement plan for the Child Health Team.

#### Areas for improvement

An individual action plan for improvement hadn't been developed for the service. We discussed with the service the importance of developing a system to audit and monitor the progress and quality of the service provided to the families. This should include the quality of staff/ volunteer's practice. See recommendation 1.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. It is recommended that the service develop and implement a system to monitor all aspects of the service. National Care Standards care at home, Standard 4: Management and staffing.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

None noted.

### 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 SCSWIS 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).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
16 Dec 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

### To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: [www.careinspectorate.com](http://www.careinspectorate.com) or by telephoning 0845 600 9527.

### Translations and alternative formats

This inspection report is available in other languages and formats on request.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه باي تسد سي م و ن ا ب ز ر گ ي د روا رول ك ش ر گ ي د ر پ ش ر ا ز گ ت ع ا ش ا ه ي

ਬੈਨੜੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਟੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.ر.خ.أ.ت.ا.غ.ل.ب.و.ت.ا.ق.ی.س.ن.ت.ب.ب.ل.ط.ل.ا.د.ن.ع.ر.ف.ا.و.ت.م.ر.و.ش.ن.م.ل.ا.ا.ذ.ه.

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.

Telephone: 0845 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)



# eForms Document

SCSWIS Action Plan  
**Support Service - Care at Home**

**We Care Perthshire**

**CS2009236914**

## General Information

---

### General Information about the Inspection

<b>Inspected by:</b>	Audrey Donnan
<b>Type of Inspection:</b>	Announced (Short Notice)
<b>Inspection Completed on (date):</b>	Thursday 20th September 2012

## Quality Statement 1.1

---

**We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We ensure that service user's health and wellbeing needs are met.**

### Requirements

1

The provider must ensure that staff/ volunteers receive training appropriate to the work they are to perform. This is in order to comply with regulation 15(b)(i)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: within 2 months of receipt of this report.

#### **Action Planned:**

Moving and handling training for all staff to be arranged as soon as possible. There after moving and handling will be given to all staff following induction training.

Core training to be given to all staff will include: Induction, child protection awareness (included as part of induction training), basic first aid and moving and handling.

#### **Timescale:**

30 November'12

#### **Responsible Person:**

Doreen Christie

### Recommendations

1

It is recommended the service review the system to store information about the children and their families. A system should be implemented to ensure the information held is reviewed within a minimum of every 6 months. National Care Standards support services, Standard 4: Support arrangements.

#### **Action Planned:**

Individual files will be created for each service user. A spreadsheet will be created to ensure that information held on service users is reviewed on a six monthly basis.

#### **Timescale:**

30 November'12

#### **Responsible Person:**

Doreen Christie

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

**Requirements**

**Recommendations**

**We respond to service users' care and support needs using person centered values.**

**Requirements**

**Recommendations**

## Quality Statement 1.6

---

**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.**

**Requirements**

**Recommendations**

## Quality Statement 3.1

---

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

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We involve our workforce in determining the direction and future objectives of the service.**

**Requirements**

**Recommendations**

**To encourage good quality care, we promote leadership values throughout the workforce.**

**Requirements**

**Recommendations**

**We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

### **Requirements**

### **Recommendations**

1

It is recommended that the service develop and implement a system to monitor all aspects of the service. National Care Standards care at home, Standard 4: Management and staffing.

#### **Action Planned:**

Supervision will be provided to all staff on a regular basis. There will be a standing agenda for supervision this will include :

- 1 Notes of previous supervision and any action points
- 2 Update on child /young person
- 3 Volunteer
- 4 Travel/Financial
- 5 Training
- 6 Health & Safety to include accidents/incidents
- 7 AOCB

Training record will be kept in each volunteers folder.

Observations to be carried out on volunteers while supporting service user.

Volunteer questionnaire to be created to help inform volunteers knowledge of national care standards and sssc codes of practice this will be looked at in group meetings.

Young people / carers to be given evaluation form on annual basis.

Other Social Work teams that use the service to be given self assessment forms

Newsletter to be published 3x per year and given to young people/carers/volunteers.

#### **Timescale:**

February '12

#### **Responsible Person:**

Doreen Christie

## Submission Declaration

---

**Declaration** I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Doreen Christie

I am: (Select an option)

***The manager of the service*** / The owner of the service

