

Care service inspection report

Full inspection

Constance Care Ltd Housing Support Service

Suite 1
Munro Business Park
15 Munro Place
Kilmarnock



HAPPY TO TRANSLATE

Service provided by: Constance Care Limited

Service provider number: SP2003002276

Care service number: CS2003053828

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The service provides flexible individualised support and consults well with service users. We observed staff working well to build and maintain positive working relationships with the individuals who use the service.

Service users felt that they were consulted and that staff listened to them.

Service users described how important the service was to them.

Service users spoke positively about staff and acknowledged that staff were kind and polite.

The service offers a very good service to the people they support.

The service had maintained a very good level of care and support for service users.

What the service could do better

Following this inspection the Care Inspectorate has highlighted the following areas for improvement:

The service has substantially increased and we have advised that the service reviews their registration with the Care Inspectorate.

The service could improve outcomes for service users by ensuring that there is a robust system in place to formally review care needs for service users at least six monthly.

What the service has done since the last inspection

The service has maintained the very good standards identified at the last inspection. Furthermore, the service has improved how it consults with service users and works hard to gain their views about service delivery.

We noted positive developments. The service has again expanded since the last inspection and worked hard to implement their monitoring systems.

The service works well with partner agencies.

Conclusion

We found that a professional and well engaged staff group delivered support to service users.

Personal planning policies and procedures should continue to be developed in line with current guidelines.

Service user response to the service provided was highly positive. We consider that the service has maintained the very good standard of service delivery identified at the last inspection and exceeded this in some areas, resulting in excellent consultation opportunities for service users.

We found that a very good standard of support is delivered by a motivated and well engaged staff group. The service continued to provide good individualised support.

This service is highly valued by service users.

People continued to benefit from positive outcomes by the support provided by the service.

We were satisfied that the provider continued to deliver a quality service.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

Constance Care was registered with the Care Commission in September 2004 to provide a Support Service - Care at Home and Housing Support Service to people in their own homes. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The service's registered head office is in Kilmarnock. In addition, the service has satellite offices in Thornliebank, Blantyre, Ayr and has recently added an office location in Stirling. Consequently, the service provides care and support across East Ayrshire, South Ayrshire, East Renfrewshire, South Lanarkshire and, since the last inspection, Stirling.

The service primarily supports older people but also supports younger people with learning or physical disabilities in their own homes. At the time of this inspection, the service was supporting approximately 1000 service users. The level of support provided varies and is based on an assessment of need.

It is Constance Care's stated aim to:

"promote independence and wellbeing and to encourage and empower every person who receives our support to help shape their own lives and the services they receive."

The company's stated principle objective is the provision of quality support to enable people of all ages to be cared for in their own home for as long as possible, or to enable them to return to their own homes from hospital or accommodation elsewhere, thereby promoting real choice between Care at Home and Residential Care.

Constance Care has a motto - "Time to listen - Time to Care".

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

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 or by calling us on 0345 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

In this service we carried out a medium intensity inspection.

We wrote this report after the unannounced inspection that took place over a period of time from: 17 June 2015 - 6 August 2015.

The focus of this inspection was to look at the progress in meeting the recommendations from the last inspection on 23 May 2014.

One inspector and an inspection volunteer carried out the inspection.

During this time, we sampled evidence from a variety of sources. The initial visit to the service's head office was unannounced on 17 June 2015.

We also attended service user consultation events on 25 June 2015 in South Lanarkshire and 22 June 2015 in Ayr. We visited service users in their own tenencies in East Renfrewshire on 23 June 2015.

In addition, we spoke with staff and one inspection volunteer interviewed people by telephone. We examined relevant documentation at the services head office base on 27 July 2015. Initial feedback on the grades achieved was given to the services management team and two representatives from two different local authorities on 27 August 2015 with a final feedback given to the manager on 6 August 2015.

We observed staff interaction between each other and service users. We asked the manager to distribute 50 questionnaires for service users and 32 were returned. We also asked the manager to distribute 50 staff questionnaires and 27 were returned.

As part of the inspection, we took account of the completed annual return and self assessment forms that we ask the provider to complete and submit to us.

During the inspection we gathered evidence from a number of sources including, some of the following:

- Service user visit records
- Register of service users
- Register of staff
- Care files
- Care reviews
- Staff communication records
- Complaints records
- Information about advocacy
- Staff training records
- Staff supervision policy & records
- Staff meeting records
- Staff rotas
- Accident / incident records
- Certificate of registration
- Insurance details
- Participation Strategy
- Quality assurance records
- Medication policy and procedures

We spoke with the following people:

- 20 Service users
- 17 Relatives
- 6 Managers
- 9 support staff
- Care Inspectorate registration officer
- Independent quality assurance staff

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.firescotland.gov.uk

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 manager. The self assessment was highly detailed, accurate and identified what they thought they did well, and some areas for development.

Taking the views of people using the care service into account

An inspection volunteer was involved in this inspection. This is someone who uses, or has used services or an unpaid carer, who volunteer to take part in inspections. They talk to people who use the service, relatives and friends and make observations based on their own personal experience. This information is used by the inspector to report on the service and award grades.

For this inspection, we received the views of 55 service users. Thirty one people gave their views through Care Standards questionnaires and we spoke with twenty four people in person or by telephone. We also observed how staff responded to service users.

Comments included:

"When a carer (staff) is being started, for a few days after, a complete stranger comes into my home. Even though there is nothing wrong with the replacement, it just doesn't make sense. I have to explain what care I require and where everything is. i.e, kitchen, bathroom."

"We are in touch with dedicated carers to discuss or inform of any matters needing attention. They are receptive to all input."

"All support my X receives is good and well done at all times."

"I think the carers do an excellent job."

W was a bit worried when the new care company took over, but have been delighted with the quality of care and the staff are delightful and helpful in every way."

"I am happy with the carers who come to me and any minor problem I may have is sorted very quickly by X in the office or by carers themselves."

"Like all carers, you can talk more to some than others."

"I feel so much better knowing they are coming in."

Taking carers' views into account

Carers in this context include parents, guardians, relatives or friends. They do not include staff or other professionals.

For this inspection, we received the views of 13 carers during the inspection. People gave their views through Care Standards questionnaires and we spoke with 13 carers in person and by telephone during our inspection.

Comments include;

"On the whole staff caring for my husband are caring and he looks forward to their arrival. Time is sometimes a problem as he requires more care some days than others. Staff shortages can mean that time is limited."

"The level of care is exceptional. We could not manage without the help provided by an excellent team of carers."

A very important point is that they are flexible when an early morning appointment to hospital or GP is coming in to get my wife ready to go out. The patience they show in giving X time to try and make X needs known, and making sure X is safe."

"Communication can be a problem between service user and office at times, i.e they don't always tell you of a change in time, staff member away etc. Apart from main carer, it can become chaotic when person is on holiday."

"I do not think it is fair you change old peoples carers without informing them. Putting new carers into houses is unfair. Old people bond with these carers. Trust is an issue with my X after past experiences with carers. X is 78 years of age."

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: 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

At this inspection, we found that the performance of the service was excellent for this quality statement.

We reached this decision after we had spoken with the staff members, service users and relatives during the inspection. We also reviewed a number of relevant documents such as the services quality assurance documents.

The services' participation strategy involved staff, service users and other professionals in expressing a view about the services delivered. We found that there was staff awareness about how people's views were sought through a variety of methods. For example, surveys, spot checks, staff meetings, supervision and training events and questionnaire surveys.

The service has continued to explore and implement methods for service users and relatives to influence the quality of the care and support provided. The service is commended for their efforts to enable people to attend the annual social lunches. This provided alternative methods of engagement to encourage and support people to have a say or express a view. The service has repeatedly demonstrated and sustained very good strategies to gain people's views over

several years and everyone we spoke with were highly complimentary of the attention to care delivered.

Service users spoken with, said that they felt that they were consulted over how care was provided and that staff listened to them and responded to any queries or requests. Service users expressed satisfaction with the way that staff consulted with them and involved them in planning care. This was also recorded in questionnaire returns. We observed positive interaction between service users and staff. We observed staff providing a service in a way which encouraged choice and involvement. We observed staff working to establish, and having a positive rapport with service users. Service users spoke of their satisfaction with the way staff were patient, approachable and responsive. Service users we spoke with described the service they received to be:

"Very good"

"Marks out of ten? Twenty!"

"Excellent - staff are brilliant"

"They send me a questionnaire every so often"

"I was invited to the lunch afternoon but decided not to go"

"They are great, they can't do anymore."

"Keep X informed by phone"

They ask my opinion, in fact, they asked me the other day."

"They always ask if everything is OK"

The views of service users were also sought through managers and senior staff visiting service users in their homes to find out what they thought about the service provided. Visits and comments made at visits by service users were recorded. The services quality assurance manager ensured that feedback was gathered to inform action plans. These were recorded with timescales to address any issues identified. People we spoke with were highly complimentary of the service they received and confirmed that their views had been sought on care delivery.

There was a complaints policy and procedure. Service users were confident about raising concerns with staff and/or the managers of the service. We found that service users were clear about who with and how to raise any concerns.

Service users were encouraged and enabled to participate in this inspection. In addition, service users were enabled to complete Care Inspectorate questionnaires.

Interaction between staff and service users was positive. Service users told the inspector and Inspection volunteer that they are treated with respect and dignity and clearly valued the help and support they received.

We attended two of the social luncheons which are held annually in different locations. The provider and staff are commended for their efforts to enable people to attend and make the event welcoming and sociable. This enabled people to meet each other and was also held each year to seek views from relatives and service users about how the service could be improved, as well as providing information for those attending. We observed that those who attended enjoyed the entertainment and lunch and were engaged in the whole process.

The quality assurance manager undertook telephone questionnaires each year with service users. This helped people give feedback about the service they were receiving. Results of questionnaires consultation exercises were compiled and reflected within the service newsletter including actions that had been taken to address suggestions. In addition, senior care staff also had informal talks which were communicated back to staff to ensure that care needs were met.

Service users were offered support from senior home care/or their main carer to complete a yearly questionnaire sent by the service. People we spoke with told us that they remembered receiving questionnaires and completing them. Results of questionnaires were compiled into a what you said/we did type format. It also reflected any areas for development and what was done about it.

Each service user had an individual support plan. These contained signed agreements between the service user/carer and the service. Care plans had clear goals and outcomes recorded which had been developed following consultation with service users and their carers.

A welcome pack was available for service users when they first accessed the service. This gave people information about the service and advised them of the choices they could make in relation to their care. Service users also received a copy of the most recent Care Inspectorate report.

Suggestions leaflets were available for service users/carers to put their views forward about the inspection.

We concluded that the service continued to maintain the same processes as in previous years

Areas for improvement

The service should continue to demonstrate the excellent standard demonstrated at this inspection.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

At this inspection, we found that the performance of the service was very good for this quality statement.

We reviewed the previous recommendation regarding accident/incident recording and recommendation and requirements from complaint activity and found almost all to have been addressed. See section on recommendations and requirements for further information.

Initial assessments were completed at the start of the service to help make sure the service was able to provide the relevant support to the service user. The service ensures that preferences are sought at the initial assessment and recorded. Information is shared with staff providing direct care who maintain a communication sheet used for communication between service users, relatives and other professionals. We found documentation to be detailed and person-centred. Service users we spoke with confirmed that support staff always asked preferences. All people we spoke with knew of the personal care records in their homes and were able to show the Inspector the contents.

We saw examples where specific support plans had been developed to reflect how the service met the individual service users' needs and risk assessments had been completed where areas of potential accidents had been identified. This had helped to identify any specific care or support needs.

Care plans we saw recorded how specific service users' clinical and social needs had been assessed and planned for. This meant that staff had clear direction in how to care for these service users. We also saw that there had been regular updates of care needs to ensure they were accurate.

Support plans indicated and residents confirmed that they were supported to access primary and other health services.

The level of support was flexible, depending on the health needs of the residents at any given time. Changes to support in this area were the subject of multi-disciplinary discussion. Staff and residents confirmed that they liaised with community health professionals and others such as, social work services and families. Health information was available for staff, informing them about various illnesses and about how they could access support. We saw examples where staff had supported service users to access health services such as the GP.

Service users/carers we spoke with told us that staff were all very attentive and supported them well.

The training programme consisted of regular mandatory training and updates and non mandatory training specifically to meet service users' needs.

The service had a range of policies and procedures to help support staff in undertaking tasks and ensure best practice guidance was being followed.

An accident/incidents procedure was in place and we looked at the records completed. As previously recommended, we found improvement noted in the following areas:

- The service was now clearer about the definition of an accident or an incident and what type of event it was.
- From records we sampled, records were accurately completed to reflect whether it was a high, medium or low risk.
- Forms identified staff involved, had been signed and titles were recorded for staff involved. This ensured accuracy and accountability.
- We could see the follow up actions which had taken place where accidents/incidents had occurred.

We concluded that the previous recommendation was met.

From looking at records and speaking with people, we concluded that outcomes for service users were of a very good standard. Service users told us that they were happy with the support from the service and liked the staff.

Areas for improvement

A feature of questionnaire returns and discussion with some service users and relatives was a concern about changes of staff and the impact of this on relationships and continuity of care. The service does manage staff rotas well. However, the service should strive to ensure that service users receive care, as far as possible, from a small team of staff to ensure that trust, confidence and care and support are not compromised.

Participants were asked at reviews if they were satisfied with the service and care provided as well as asking about their awareness of the company complaints procedure. Some people we spoke with told us they remembered these meetings taking place. For this reason, we accepted that, for most people, care needs were being addressed. However, we also found that care reviews which are required to be undertaken minimally every six months, had not been completed within this timescale. Furthermore, reviews of personal planning also featured in complaint activity. We advised that the service should introduce an annual planner for formal six monthly reviews which may then pick up changing needs on a more regular basis. We have repeated the three requirements made from complaint activity to monitor progress.

(see requirements 1, 2 and 3 of this quality statement)

Grade

5 - Very Good

Requirements

Number of requirements - 3

1. To ensure the safety and welfare of service users, the provider must ensure that personal plans and risk assessments accurately reflect the support that is to be provided to service users.

This is in order to comply with: SSI 2011/210 Welfare of users 4 - (1) A provider must - (a) make proper provision for the health, welfare and safety of service users.

2. The provider must ensure that service users, and where appropriate their relatives/carers, are fully involved in discussions and agreements about changes to care and support arrangements. Records must be kept to demonstrate how this is achieved.

This is in order to comply with: SSI 2011/210 Welfare of users 4 - (1) A provider must - (a) make proper provision for the health, welfare and safety of service users.

Timescale: four weeks of receipt of this report.

3. The provider must ensure that, after consultation with service users and, where appropriate, any representative of the service user, they:

(a) review the personal plan-

(i) when requested to do so by the service user or their representative;

(ii) when there is a significant change in a service user's health, welfare or safety needs; and

(iii) at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with: SSI 2011/210 Personal plans 5

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

At this inspection, we found that the performance of the service was excellent for this quality statement.

We decided this after we:

- Examined documentation
- Spoke to the managers and staff members
- Spoke to people who use the service and their representatives

The evidence we sampled included:

- Service user involvement in the management of staff
- Monitoring visits
- Feedback from service users and relatives on staffing issues

The strengths for this statement include those already mentioned in statement 1.1.

Staff were seen to be polite and respectful to the service users in their care. Service users spoke highly of some staff. They told us that staff presented as being professional and considerate. We observed some good engagement between service users and staff. There was clear respect and dignity shown to service users.

We found the system for monitoring visits ensured that all service users were being visited regularly. Service users spoken with were aware of the services system for checking on staff performance and confirmed that senior staff who conducted "spot checks" sought their views.

Service users told us that they had access to the managers and senior staff and could raise concerns with them if necessary. They were keen to stress that they were very happy with the support and had "no complaints".

We received some very positive comments about the staff including:

"They always treat me with respect and dignity - best in the world."

"What they are doing is great."

"Very kind."

"Excellent- a few hit and miss types but no disrespect."

"All lovely"

"Really nice"

We observed very good communication between service users and staff and service users spoken with said that they would be confident to raise any staffing issues with support staff or the manager of the service. These were consistent with questionnaires returned to the Care Inspectorate which recorded high levels of satisfaction in relation to staff skills and to the statement "staff treat me with respect". Staff said that they were confident that any issues raised by service users would be professionally managed.

We saw that service users and their carers could be involved in the recruitment of new staff.

Staff were also encouraged and enabled to participate in this inspection.

Some service users had previously been involved in parts of the new staff induction sessions and training. The service was looking to continue to encourage this as a way of service users/carers being involved in the quality of the staffing within the service.

Areas for improvement

There was continued recognition that opportunities should continue to be developed to enable service users to influence the staffing in the service.

The service should continue to gain service user views on the quality of staffing.

Grade

6 - Excellent

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

At this inspection, we found that the performance of the service was very good for this quality statement.

The evidence we looked at included:

- Staff training records and training plan
- Staff recruitment
- Staff supervision records
- Speaking with staff
- Speaking with service users and carers

We followed up on the previous recommendation that, when working with a colleague, staff recorded joint entries for 'clock in and out' times. We found that joint entries were now being made and ensured accountability and accuracy about exactly who, how many and what times staff were attending to service users.

We reviewed the planned programme of individual supervision. The provider has a supervision policy and procedure in place to review individual staff performance. Staff understood that supervision was a two-way process and confirmed that they could also raise issues affecting them. Senior staff have been allocated responsibility for supervising individuals. Staff confirmed that they received supervision. Appraisals took place yearly in order to 'monitor standards and agree expectations and objectives'. This helped to make sure that staff had the appropriate skills necessary to carry out their duties. Where required, training was identified to support the member of staff in their role.

A training matrix was used to help monitor training undertaken by staff and further training which had been planned.

Staff also said they could approach their managers at any time for guidance and support.

Staff presented as being confident and knowledgeable about service users.

We noted that during the days of inspection, staff demonstrated a professional approach.

Staff we spoke with demonstrated a good understanding of their roles and responsibilities.

All new staff were given a copy of SSSC Codes of Practice and National Care standards.

Staff confirmed that they have access to training.

We looked at the training programme in place and found it to be very good. The training programme included a variety of formal and mandatory training. In addition, staff confirmed that they can also request training to assist them with their work.

We found that there is a very good programme of formal training to assist staff to gain the SVQ qualifications. This would allow them to register with the Scottish Social Services Council (SSSC). There were plans and a rolling programme in place for the remaining staff to achieve these qualifications. We found that staff knew about the requirement to register with the SSSC and about the SSSC Codes of Practice.

Staff told us they could approach the Managers at any time for guidance and support. They said that communication was good and some thought there was good teamwork.

There were a variety of team meetings at different levels to ensure effective decision making and enhance communication.

Spot checks for all staff take place.

Some service users we spoke with confirmed that they felt most staff had the skills and knowledge to support them. Comments from service users and carers included:

"Re: skills & knowledge - Oh Aye - definitely."

"Yes-very good"

"Weekends can be a hit and a miss"

"Yes - brilliant"

99% - Silly things not done properly - thoughtless - phone not left beside X when they leave"

"Some young ones not so good"

Regular team meetings had taken place and minutes showed that staff had put across ideas and suggestions to help improve the service. We also saw that staff were kept informed of any service developments at the meetings and in a variety of ways.

Policies and procedures were also discussed at management and team meetings.

An informative newsletter entitled "Connies News" was published for 2015. This included relevant articles of interest for staff such as the SSSC Step into Leadership programme, and information about and for staff.

The service continued to help improve staff practice and knowledge by supporting 'Themed months' where relevant care topics of interest were covered i.e. stroke, dementia awareness and falls.

We reviewed the service recruitment practices under this quality statement. We found that the recruitment policy within the service was being adhered to.

An interview was conducted by a panel of senior staff, which was guided by an interview checklist to ensure consistency and to determine the competence of prospective employees.

Two references were obtained to ensure appropriate references were sought regarding the suitability of candidates. One reference request was made to the previous employer.

The PVG (Protection of Vulnerable Groups) certificate which replaced the Police Act Disclosure certificate, was obtained to promote the safety of service users.

The current induction programme ensured employees were informed of and understood the requirements of their role. There was a good programme of induction which included shadowing more experienced staff, included training in working with vulnerable people and supporting new staff working within the service to ensure basic skills were being taught which promoted safe working practices when working with service users.

(see areas for development and recommendation 1 of this quality statement for further information)

Comments made by staff regarding their work included:

"I feel well supported at work. My manager is always checking in with me to make sure I am happy and if she can assist with anything. The happy environment within the company makes me look forward to attending work each day"

"Regular meetings with carers allows me to address issues face-to-face, brainstorm new ideas and offer support to all care staff. My line manager is extremely supportive and receptive to new ideas to improve the service."

"I was not interviewed for this job. I was TUPE'D over. I was not given induction."

"I have done a lot of courses with Constance Care, especially dementia courses which have greatly helped me as I do a lot of work with service users who have dementia. I also got my SVQ 2 through Constance Care".

Service users we spoke with told us that staff were always professional, knowledgeable and engaged well.

Areas for improvement

Whilst the service had very good processes for staff recruitment, the process did not routinely include checks made with the relevant professional bodies, for example, the Scottish Social Services Council, to verify if prospective employees were appropriately registered to be able to support the needs of service users. In addition, the service had transferred staff from other care at home services and, the transferred staff had not been offered company induction training in the same way as new employees. There was potential to create inconsistent practices which could compromise care. The service should take account of best practice guidance 'Safer Recruitment through Better Recruitment'. This is guidance in relation to staff working in social care and social work settings. To ensure a more robust approach is taken, the service should use this guidance within their policy. (see recommendation 1 of this quality statement)

Some members of the staff team understood their responsibility to register as professional workers at the appropriate time with the Scottish Social Services Council (SSSC). However, this was not the case for all staff. We discussed this with the manager and advised that the service should collate information of eligibility to register and monitor that staff undertake this process as required. (see recommendation 2 of this quality statement)

Staff have received some training in working with people with dementia. It is also part of the services induction programme for all new staff. The service had information of the "dementia skilled - improved practice" learning resource although most staff were not familiar with this training tool. As discussed with the manager during inspection, all care staff should complete the skilled level, and all nurses and managerial staff should undertake the enhanced level. The provider should use the Promoting Excellence framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. (see recommendation 3 of this quality statement)

The service should continue to demonstrate the current very good practice demonstrated at this inspection and continue to support staff to develop professionally.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The service should improve recruitment by extending their processes to include routine checking of professional registers. In addition, induction should be offered for all new staff joining the company. The service should consider implementing best practice guidance relating to recruitment within the recruitment policy.

National Care Standards care at home, Standard 4: management and staffing

2. Staff should ensure that they submit applications to register as professional workers at the appropriate time with the Scottish Social Services Council (SSSC). The manager should collate information of eligibility to register and monitor that staff undertake this process as required.

National Care Standards - care at home, standard 4: management and staffing arrangements.

3. The provider should use the promoting excellence framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. This should include training at skilled and enhanced level for all staff working directly with residents.

National Care Standards - care homes for older people, standard 5:
management and staffing arrangements
Promoting Excellence Framework, Scottish Government 2011

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

At this inspection, we found that the performance of the service was excellent for this quality statement.

The strengths for this statement include those already mentioned in statement 1.1 & 3.1.

Service users, relatives and staff spoken with during the inspection said that they could always approach a senior member of staff for support and confirmed that they could influence the quality of the management. We found that the management of the service had been proactive in gaining views from relatives and service users. All the residents spoken with confirmed they knew the senior staff who were always approachable.

Since the last inspection, the service has undergone further expansion. The service has continued to develop and deliver a very good service.

Service users and staff told us that they found managers to be responsive and listened to their views. Staff confirmed that the manager has an "open door policy" and that she is accessible.

Staff made the following comments:

"I have worked in other care companies that aren't supportive. I feel that this company supports me, I can talk to my managers at anytime. Would recommend them to anyone that wants to work in care."

"There are regular spot checks and supervisions and annual appraisals, all training is regularly updated. I feel Constance Care has an open door policy if you have any issues."

"Constance Care strive to provide the highest quality care to people in the community, and do a very good job of this."

"Any issues that I have raised have been responded to very quickly and professionally. Management are always keen to hear my input with regard to service delivery."

The service had a complaints policy in place and service users indicated that they would feel comfortable raising an issue or a concern. Service users were keen to stress that they had no complaints.

Respondents of the Care Inspectorates Care Standards questionnaires and people we met said that they agreed that staff had the knowledge and skills to support them. They confirmed that staff were supportive, approachable and always available to them as stated in their care agreement.

A programme of staff meetings and effective communication systems are in place.

The service has continued to expand. The management team has put in place systems of communication, effective training and supervision for staff. The provider had identified future objectives for the service and a clear development and participation plan was in place. The manager has actioned the development of the service by working in partnership with other agencies and taking account of views of staff and service users.

Forum meetings were held which gave service users ways to put their views across about the service. Minutes were taken and circulated to all service users to remind them of what was discussed/agreed.

It was practice for service users and carers to be given the contact details for the management team. Service users who spoke with us commented positively about the level of engagement they had with the management of the service.

Service newsletters had also been adapted to suit content requests from service users and carers.

Areas for improvement

No areas for development were identified under quality statement.

The service should continue to gain service user views on the excellent quality of management and leadership and quality of care.

Grade

6 - Excellent

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

At this inspection, we found that the performance of the service was very good for this quality statement.

We found that the service had very good quality assurance processes in place to assess the quality of service.

Quality monitoring systems included:

- Questionnaires for service users
- Telephone interviews with service users
- Feedback from meetings
- Direct observation and feedback of staff practice
- Implementation of the services participation strategy
- Service action plan
- Good communication systems.
- Programme of training, supervision and appraisal.
- Spot checks

We followed up on the recommendation about care plan auditing made in this quality statement at the last inspection and found it to be met. See section on recommendations for further information.

The provider used an external agency to assess the services quality assurance processes. The service had previously achieved Quality System ISO 9001 which reviewed every process within the company to ensure that they were following all aspects of the provision of the quality service that they stated they provided. This was being reviewed again during this inspection.

The manager had substantial documentary evidence to support this quality statement. The Service had introduced a variety of methods which

demonstrated ongoing developments, evaluations and surveys. The Manager had introduced a variety of audits to inform practice and sought views from all participants to improve the service. We found that there were very good processes in place to assess the quality of the service.

There was an open door policy and staff confirmed that they found managers to be approachable and that they were able to express their views both informally and formally. People confirmed that there is a visible management presence.

The frequency of carrying out spot checks and audits had increased as a result of issues raised from them. This was to help ensure that practice had improved where measures had been taken to address concerns

We reviewed the compliments folder which contained many positive comments from service users and carers.

The service had a designated quality assurance officer who completed outcome based reports which were sent out to all interested parties such as service users, carers and stakeholders. Reports we reviewed showed where actions had taken place as a result of issues raised.

Areas for improvement

We saw that where informal complaints had been made. Through discussion with management and reviewing of records, we were satisfied that the service had taken appropriate actions to rectify concerns. However, through complaint activity, we found that:

The provider needed to improve how they communicated the outcome of complaints. They needed to ensure that when responding in writing to a complainant about the service that a sufficient level of detail is contained in the response. This is to evidence to the complainant how a decision made by the provider has been reached.

The provider should also ensure that there are effective systems in place to follow up service users, and where appropriate their relatives/carers, satisfaction with the service being delivered to them. When concerns are raised they should be acted upon.

We discussed this with the manager during inspection and advised that their complaint process may be improved if it is extended to "close the loop." We advised that once a complaint is concluded by the service that they should consider asking if the complainant is satisfied with the outcome of the investigation. We have continued two recommendations to monitor progress. (see recommendation 1 and 2 of this quality statement)

The service has expanded and now has five offices covering six local authority areas. We discussed this with the provider and manager and advised that they seek guidance from the Care Inspectorate registration team. This is to seek advice regarding their current certificate of registration and whether it needs updated to reflect the changes the service has experienced. (see recommendation 3 this quality statement)

We sampled incident records and found an incident which had not been reported to the Care Inspectorate. We advised that the management team should ensure that they are familiar with the guidance for providers about what events are required to be notified to the Care Inspectorate. National Care Standards care at home: standard 4 - management and staffing arrangements. (see recommendation 4 of this quality statement)

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 4

1. This recommendation is from complaint activity.

The provider should ensure that when responding in writing to a complaint about the service that a sufficient level of detail is contained in the response. This is to evidence to the complainant how a decision made by the provider has been reached.

National Care Standards care at home: standard 4 - management and staffing arrangements

2. This recommendation is from complaint activity.

The provider should ensure that there are effective systems in place to follow up service users, and where appropriate their relatives/carers, satisfaction with the service being delivered to them. When concerns are raised they should be acted upon.

National Care Standards, care at home, management and staffing - standard 4 - you experience good quality care at home. This is provided by management and the care staff who have the skills and competence to carry out the tasks you require. The service operates in line with all applicable legal requirements and best-practice guidelines (5) You are confident that the provider monitors all aspects of the service, especially its quality.

3. The provider and manager should seek guidance from the Care Inspectorate registration team regarding their current certificate of registration and whether it needs updated to reflect the changes the service has experienced.

National Care Standards care at home: standard 4 - management and staffing arrangements

4. The management team should ensure that they are familiar with the guidance for providers about what events are required to be notified to the Care Inspectorate.

National Care Standards care at home: standard 4 - management and staffing arrangements

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

Previous requirements

1. We reviewed the following requirements made as a result of complaint activity. At the time of this inspection, the service was still in the process of addressing some of these requirements. We will follow up on them at the next inspection.

The provider must review and report its amended procedure to the Care Inspectorate, systems for ensuring that personal plans accurately describe how the service health, welfare and safety needs are being met.

This requirement was made on 05 May 2014

The service updated their procedures to review the content of personal plans for service users.

Met - Within Timescales

2. To ensure the safety and welfare of service users, the provider must ensure that personal plans and risk assessments accurately reflect the support that is to be provided to service users.

This requirement was made on 03 July 2015

This requirement is not fully met and we have repeated it to monitor progress. (See quality statement 1.3 for further information)

Not Met

3. The provider must ensure that service users and where appropriate, their relatives/carers, are fully involved in discussions and agreements about changes to care and support arrangements. Records must be kept to demonstrate how this is achieved.

This is in order to comply with: SSI 2011/210 Welfare of users 4 - (1) A

provider must - (a) make proper provision for the health, welfare and safety of service users.

Timescale: four weeks of receipt of this report.

This requirement was made on 14 July 2015

This requirement is not fully met and we have repeated it to monitor progress. (see quality statement 1.3 for further information)

Not Met

4. The provider must ensure that, after consultation with service users and, where appropriate, any representative of the service user, they:

(a) review the personal plan-

(i) when requested to do so by the service user or their representative;

(ii) when there is a significant change in a service user's health, welfare or safety needs; and

(iii) at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with: SSI 2011/210 personal plans 5

This requirement was made on 14 July 2015

This requirement is not fully met and we have repeated it to monitor progress. (see quality statement 1.3 for further information)

Not Met

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

Previous recommendations

1. The service should ensure that the completion of accidents and incidents is improved to take account of the issues raised above. National Care Standards, care at home, standard 4, management and staffing.

This recommendation was made on 23 May 2014

An accident/incidents procedure was in place and we looked at the records completed. We found improvement in the following areas:

- There was clarity in the records as to whether the event was an accident or an incident and what type of event it was.
- Sections previously not completed to reflect whether it was a high, medium or low risk were now being fully completed.
- Forms had been signed and titles were recorded for staff involved.
- Where appropriate, follow up actions which had taken place where accidents/incidents had occurred were recorded.

This recommendation is: met

2. The service should ensure that there are separate recording times for staff who 'double up' and arrive at separate times. National Care Standards, care at home, standard 4, management and staffing.

This recommendation was made on 23 May 2014

Entries now fully recorded times for all staff delivering care and support. This ensured accountability.

This recommendation is: met

3. The care plan audit should be developed further to include checks on Staff recording and to ensure records within the daily logs made reference to outcomes/enablement as per company policy.

National care standards care at home, standard 4, management and staffing

This recommendation was made on 23 May 2014

The service audited care plans. This included;

Staff recording their full names in records and in black ink only.

Acronyms and abbreviations were not as evident within service users' daily logs and entries sampled at this inspection were legible.

There was some improvement in records within the daily logs to reflect outcomes/enablement rather than tasks that had been carried out.

This recommendation is: met

4. The following recommendations were made as a result of complaint activity.

The provider should ensure that the medicines are managed according to best practice. To do this they should ensure a system to monitor the use of medicated patches used.

This recommendation was made on 12 May 2014

At this inspection, we found that the service had a very good system in place to support people with medication dependent on assessed need and agreed support.

This recommendation is: met

5. The provider should review the systems for monitoring the quality of service to ensure these provide and effective means of improvement of service provision.

This recommendation was made on 12 May 2014

There were a variety of quality assurance and review of systems in place to improve service provision.

The recommendation is: met

6. The provider should ensure that when responding in writing to a complaint about the service that a sufficient level of detail is contained in the response. This is to evidence to the complainant how a decision made by the provider has been reached.

This recommendation was made on 03 July 2015

We have repeated this recommendation to monitor progress. (see quality statement 4.4 for further information)

This recommendation is: not met

7. The provider should ensure that there are effective systems in place to follow up service users, and where appropriate their relatives/carers, satisfaction with the service being delivered to them.

When concerns are raised they should be acted upon.

National Care Standards, care at home, management and staffing - standard 4 - you experience good quality care at home. This is provided by management and the care staff who have the skills and competence to carry out the tasks you require. The service operates in line with all applicable legal requirements and best-practice guidelines (5) You are confident that the provider monitors all aspects of the service, especially its quality.

This recommendation was made on 14 July 2015

We have repeated this recommendation to monitor progress. (See quality statement 4.4 for further information)

6 Complaints

The Care Inspectorate has upheld three complaints about service delivery.

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
23 May 2014	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
25 Mar 2013	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	6 - Excellent
24 Nov 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
5 Mar 2010	Announced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
6 Nov 2008	Unannounced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate

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