

Inspection report

North East Community Care Ltd Housing Support Service

Units 4 & 5
Turriff Business Centre
Markethill Road
Turriff
AB53 4AG

Inspected by: Sandra Robinson
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 10 January 2011

	Page Number
Summary of this inspection report	3
Section 1: Introduction	
About the Care Commission	7
About the National Care Standards	8
What is inspection?	9
How we decided what to inspect	11
What is grading?	12
About the service we inspected?	13
How we inspected this service	14
Section 2: The inspection	16
Section 3: Other information	
Other Information	21
Summary of Grades	22
Terms we use in our reports and what they mean	23
How you can use this report	25
People who use care services, their relatives and carers	25

Service provided by:
North East Community Care Ltd

Service provider number:
SP2006008067

Care service number:
CS2005113415

Contact details for the Care Commission officer who inspected this service:

Sandra Robinson
Telephone 01343 541734
Email enquiries@carecommission.com


Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

Quality of Care and Support		Very Good
Quality of Staffing		N/A
Quality of Management and Leadership		N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

What the service does well

The people who use the service are regularly encouraged by the provider to express their views about the support they receive.

The NECC (North East Community Care Ltd) Advisory Committee meetings were held quarterly. The committee included a small number of people using the service and one of them took the minutes.

Feedback/evaluation forms provided the opportunity for people using the service and/or relatives/carers/friends to give their views about the service and any suggestions about improvements.

People using the service had individual support plans and meetings took place regularly between the staff/manager with the person using the service and/or their relative to share how things were going and make any changes.

People using the service had an allocated staff member that worked with them regularly and really got to know them.

What the service could do better

Put in place ways that people with communication difficulties can be more involved in giving feedback.

Continue to promote the advisory committee and encourage more people using the service to get involved.

Where possible, support more people using the service to draw up their own support plans.

To continue to encourage all agencies and professionals to work together with the aim of helping people using the service to work towards and achieve their life goals/ambitions.

Once the newsletter had been put in place it was hoped that people using the service and/or relatives/friends would get involved by putting forward articles/news/ideas related to the service.

What the service has done since the last inspection

The NECC committee had taken place quarterly and some people using the service formed the group, which also included management and staff. A person using the service took the minutes. Ideas about activities, training and evaluation could be shared with management.

A person using the service had agreed to take responsibility for producing a service newsletter which was to be available as part of the re-vamped website.

Feedback forms gave people using the service and their relatives/carers an opportunity to put forward their views/suggestions.

Conclusion

The provider and staff team support the people who use the service to have as much power and control of their own life as possible. The people who use the service are given the opportunity to make choices about who supports them and what they want to achieve, on a regular basis.

Care Commission questionnaires from people using the service and their relatives/friends indicated that they strongly agreed or agreed that overall they were happy with the quality of care and support that the service gave them. Written comments included:

'carers wonderful and excellent at their work'

'there is excellent support because there are excellent carers''

'I am satisfied with the care provided'

'I am very pleased with the service'

'excellent continued support from all involved makes so much better, cannot praise the service highly enough'.

A person using the service and a relative said that they were really happy with the service; they knew the staff very well and always felt listened to.

Five questionnaires were returned from staff. They indicated that staff were well supported to do their job and there was a good level of training to help them provide a high standard of care. Written comments were very positive.

Who did this inspection

Lead Care Commission Officer

Sandra Robinson

Other Care Commission Officers

Lay Assessor

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

North East Community Care (NECC) is a combined Housing Support and Care at Home service. It was registered by the Care Commission on 24 February 2006.

The service aims to:

provide "direct care and support for people who have disabling conditions including; care at home; housing support services and support to family members/carers".

The service is available to adults who have disabling conditions including: learning disability, physical disability, head injury, palliative care and elderly people who are infirm.

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

Quality of Care and Support	5 - Very Good
Quality of Staffing	N/A
Quality of Management and Leadership	N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

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 activities did we undertake during the inspection

From October 2010 the Care Commission has temporarily introduced an additional less intense inspection approach for services which have previously reached a good level of performance. This service qualified for this reduced inspection approach and was therefore inspected only against the Quality Theme Care and Support at this inspection

This report was written following an announced visit to the service on 13 January 2010.

During the inspection, evidence was gathered from a number of sources including:

* A review of a range of policies and procedures, records and other documentation, including the following:

- supporting evidence from the up to date self assessment
- case files
- feedback forms
- support plans
- minutes of NECC advisory committee
- e-mail communication
- Care Commission satisfaction questionnaires.

* Discussion took place with various people including:

- the manager and assistant manager
- a person using the service
- a relative of a person using the service.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

Actions Taken on Recommendations Outstanding

None made at the last inspection.

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

No

Comments on Self Assessment

A completed self assessment document was submitted by the service. This was completed to a good standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development and gave good evidence of service user involvement.

Taking the views of people using the care service into account

Three Care Commission questionnaires were returned from people using the housing support/care at home service. They indicated that people strongly agreed that they were happy with the quality of care that the service gave them.

A person using the service said that they were happy with everything; they had the same carer and got to see what was written down. They felt that staff listened to them and helped them a lot.

Taking carers' views into account

Eight Care Commission questionnaires were returned from relatives/friends of people using the housing support/care at home service. They indicated that people strongly agreed or agreed that they were happy with the quality of care given by the service.

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

We saw that feedback/evaluation forms provided the opportunity for people using the service and/or relatives/carers/friends to give their views about the service and any suggestions about improvements. Forms sampled on the day of the inspection showed that people found the manager approachable, they felt listened to by staff and felt that they were well trained. The communication with the service was very good; face to face, e-mail and text messages were used. Written comments were very positive about the service.

We saw the minutes of the NECC (North East Community Care Ltd) Advisory Committee meetings which took place quarterly. The aim of the group was "to have a group of nominated people who were directly or indirectly connected to NECC". The objectives of the committee included, putting forward ideas/proposals to NECC management on policy, activities, training and evaluation. Minutes showed that the manager, staff and people using the service attended the meetings. A person using the service was responsible for the minutes of the meeting. Things that had been discussed included: the revamped website, the proposed newsletter and the re-decoration of the Craibstone offices.

Documentation showed that a person using the service was taking the lead in producing the service newsletter which was to be included on the newly revamped website. The newsletter was to include updates on the service, news/photos about people using the service activities/achievements, local/national issues and perhaps a puzzle/poem. It was hoped that the newsletter would be in a standard format so it could be easily updated. Proposals for the website included a section on staff training, events calendar and additional information.

There was evidence that NECC co-coordinators met with people using the service and their representatives on a regular basis to discuss their needs and the support they were receiving. The manager also attended some of the meetings. People spoken with as part of the inspection confirmed that meetings took place and they found them worthwhile, any changes/comments were listened to and acted on. A person using the service said that a record was kept of the meeting and they got a copy.

A North East Community Care policy of empowerment and open access to information was in place. This included service users being encouraged to have life goals and ambitions; supported to make decisions about their personal care and support service; helped to have a say about their future from people they like and trust and supported in making choices about everyday living things such as food, what to wear, what to buy, where to go and who to do things with. A person using the service said that the staff listened to them and supported them to make their own choices.

A complaints policy was in place and included in the information pack for people using the service.

People spoken with as part of the inspection said that having the same carers helped with consistency of care and communication. A relative said that definitely contact the manager or staff if they had concerns and they were not afraid to ask questions.

The Care Commission questionnaires indicated that people using the service and/or their relative/friend strongly agreed or agreed that the service had checked with them regularly that they were meeting their needs. Written comments included: 'we have regular meetings to plan how to improve the service' 'NECC in conjunction with myself work together to resolve any problems'.

The manager was made aware of a couple of comments that indicated a person using the service was not happy with a couple of issues. This was discussed with the manager and they stated that the matter had already been brought to their attention. As a result a review had take place with the person concerned and changes had been agreed with the aim of resolving the issues.

Areas for Improvement

The self assessment form identified that:
the service will continue to review how they involve people using the service in assessing and improving the quality of care
seek information from people at an individual level
put in place ways that people with communication difficulties can be more involved in giving feedback
continue to promote the advisory committee and encourage more people using the service to get involved
where possible, support more people using the service to draw up their own support plans

Documentation also showed that once the newsletter had been put in place it was hoped that people using the service and/or relatives/carers would take part in putting forward articles/news/ideas, related to the service.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 5

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

Service Strengths

We sampled support plans and saw that people's interests, likes/dislikes, communication and health needs had been recorded. There was a clear programme of activities, ambitions, identified goals and how they were going to be achieved. A person using the service and a relative said that they had a copy of the care plan and any changes were always recorded. Copies of the support plans were also kept in the main office.

There was regular discussion of progress between staff, people who use the service, families and related professionals to make sure that plans kept up with changes in people's needs and skills. Some people using the service also had help from other care services. Where this was the case, a combined meeting took place with key people so that all information was shared. A relative said that regular meetings took place, they felt listened to and the service definitely took everybody's views on board.

The Care Commission questionnaires indicated that people using the service or their relative/friend agreed or strongly agreed that people's needs and preferences had been detailed in the personal plan. A written comment was: 'a plan is made so their needs can be met'.

People using the service had an allocated staff member that worked with them regularly and really got to know them. From discussion with the manager it was clear that the service did as much as possible to make sure that the staff member and the person using the service worked well together. Where there was staff sickness or holidays then the service tried to make sure that the covering staff member was known to the person using the service. A relative said that they always had the same carers which really helped with consistency of care; staff really knew the needs of the person well. A person using the service said that they always had the same carer which was good.

The Care Commission questionnaires indicated that people using the service and/or their relative/friend strongly agreed or agreed that they knew the staff who provided the care.

The manager and assistant manager often attended the co-coordinator meetings, they spoke with people using the service and families directly. People using the service and relatives/friends contacted them directly if difficulties arose, either by phone, text or e-mail. On the day of the inspection a person using the service had put in a request to have a particular carer. The manager stated that this could not be a full-time arrangement but it had been agreed with the person using the service, that they would have the carer they requested as well as their carer usual carer helping them.

The Care Commission staff questionnaires indicated that staff had planned supervision with their line manager. Written comments also indicated that staff felt well supported by the management and they were also listened to.

Areas for Improvement

The self assessment form identified that:
management would continue to encourage people using the service with the support of staff to use facilities in the community and take part in community activities.
to continue to encourage all agencies and professionals to work together with the aim of helping people using the service to identify, work towards and achieve their life goals/ambitions.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Other Information

Complaints

Enforcements

Additional Information

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 the Care Commission 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).

Summary of Grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 5	5 - Very Good
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - Not Assessed	

Inspection and Grading History

Date	Type	Gradings	
15 Dec 2009	Announced	Care and support	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	<i>Not Assessed</i>

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website www.carecommission.com or by telephoning 0845 603 0890.

Translations and alternative formats

This publication is available in other formats and other languages on request.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه بایتسد یم وونابز رگید روا دولکش رگید رپ شرازگ تعاشا هی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.ر.خ.أ تاغلبو تاقيسينتت بلطلا دن ع رفاوتم روشنملا اذه.

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 603 0890

Email: enquiries@carecommission.com

Web: www.carecommission.com

Improving care in Scotland