

Care service inspection report

Constance Care Ltd

Housing Support Service

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Telephone: 01563 540999

Inspected by: Catherine White

Type of inspection: Announced (Short Notice)

Inspection completed on: 25 March 2013



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Service provided by:

Constance Care Limited

Service provider number:

SP2003002276

Care service number:

CS2003053828

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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	6	Excellent

What the service does well

The service has very well developed quality assurance systems.

What the service could do better

The service should further develop health promotion with service users.

The risk assessment document should be reviewed.

What the service has done since the last inspection

- The service has held a number of lunches for service users and families which have been very well attended.
- The service has continued to be innovative about how service users and families can be involved in developing the service.
- The staff team have received a wide range of training.
- Communication systems have been revised to improve how information is recorded.

Conclusion

Constance Care continues to provide a high quality service to the people that it supports.

The staff team are committed to trying to improve what they do and ensure that service users receive a high standard of support.

The service users that took part in this inspection and responded to our questionnaires expressed that they were very happy with the quality of support that they receive.

Who did this inspection

Catherine White

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.careinspectorate.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'), 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 Inspectorate.

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. These services are provided in a combined way and one inspection is carried out.

The service currently provides care and support across East Ayrshire, South Ayrshire, East Renfrewshire and South Lanarkshire from four office bases located in Kilmarnock, Ayr, Thornliebank and Blantyre.

The service primarily supports older people but also supports younger people with learning or physical disabilities in their own homes. The service is provided to around 710 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 companies 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".

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 6 - Excellent

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 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

This report was written following a short notice announced inspection by inspectors, Catherine White and Tanko Akpo. The inspection started on 12 March 2013 at the Kilmarnock Site. One Inspector then spent a day at the Blantyre office, and attended a service user lunch on 21 March 2013. Feedback was given on 25 March 2013 at the East Renfrewshire office.

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

We issued questionnaires to relatives or carers of the people that use this service. Thirty one questionnaires had been returned before the inspection. We also circulated questionnaires to staff, we received eleven completed questionnaires before this inspection.

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

- a sample of twenty personal plans
- minutes of residents and staff meetings
- training records
- accident and incident records
- feedback from questionnaires sent out by the service

The Inspectors spoke with:

- nineteen staff
- twenty eight service users

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

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.

We 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 the headings that we grade them under.

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

Taking the views of people using the care service into account

We spoke with 28 service users and received 31 completed service user questionnaires.

All the feedback we received was very positive.

Comments:

"the staff are really lovely"

"I feel safe"

"I couldn't ask for better"

"I thought having home care would be awful, but this has far exceeded my expectations".

"I wouldn't be able to stay at home without the girls"

"I like the fact that my carers are all different, but the one thing that they have in common is that they all care"

"I think that they do their level best to get things right, there have been a few hiccups, but they listened and now things are great"

Taking carers' views into account

The feedback from the families that we spoke to was equally positive. Two of the people that we spoke with told us that they had not always been phoned to inform them if there had been a change of carer, but other than that the quality of support was excellent.

"my family member needed consistency and he got it"

"I think they really do care - the annual lunch and the cost to the service tells me that"

"they don't have to do some of the things that they do - it's above and beyond. I think it's the best"

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

This service has continued to achieve an excellent performance in the areas covered by this quality statement.

Each of the people that use this service had a detailed personal plan which sets out the person's individual needs, likes and dislikes. We noted the good practice of each person signing their own personal plan. This told us that care and support and how it should be delivered had been discussed with each service user individually.

The service users that we spoke with each expressed that they felt involved in their care and that they had been consulted with: "the girls that support me are so considerate - they ask me how I like things done, I feel they are concerned to get things right for me."

The service used a range of different ways of gaining feedback from residents and families on the quality of care and support:

- service users' meetings
- questionnaires
- six monthly reviews
- meetings with key workers
- meetings with independent advocates
- informal social events

We noted a number of innovative quality assurance practices, which included:

- A dedicated quality assurance co-ordinator. The quality assurance co-ordinator's role was to engage with service users and families to find out their views on service delivery. Any problem areas were highlighted and an action plan put in place so that mistakes would not be repeated.
- The service holds an annual lunch for serviced users and families. Transport to the lunch is provided by the service. We attended the lunch and met with a number of service users who expressed how much they enjoyed the event and that it provided an opportunity to socialise with other service users and the staff team. The events were very well attended.
- The Chief Executive of the service meets regularly with service users and families to gain feedback and to discuss how things can be improved.
- Each personal plan contained a "home care monitoring" form. This told us that quality assurance is part of how the service is delivered.

The staff team are very stable and know the service users well. There are few staff changes. The people that were interviewed confirmed this. Service users told us that they felt that they could raise a concern if they needed to and that it would be addressed.

There was a good range of information available for service users this included:

- welcome pack
- participation strategy
- Newsletters
- Website

The nineteen staff that we interviewed all expressed a commitment to ensuring that the views of people using the service and families were noted.

We noted a real commitment to engaging with service users from all our interviews and completed questionnaires. The service had clear evidence of engaging with the people that they support and responding to their feedback. There was a real sense of "this is what you told us and this is what we did".

Areas for improvement

The service should continue to be innovative, this may include:

- the use of lay assessors
- providing statistical evidence re: late/missed visits for service users.

Grade awarded for this statement: 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

The service has a clear policy of supporting service users to be as healthy and active as they can. The service attempts to promote health with service users and families, this was evident at the service user's lunch, when time is dedicated to a health promotion topic, most recently "keeping warm."

Each service user has a detailed personal plan which sets out their health needs and preferences. Each of the plans that we sampled had been reviewed at least once in the preceding six month period, and that the plans had been signed by the service user or their representative. This told us that service users were included and consulted with about care and how it is delivered.

We examined staff training records and interviewed nineteen staff over the course of the inspection. We noted how well trained the staff were in health and related issues, recent staff training included:

- promoting continence
- Parkinson's disease
- Huntington's disease
- Medication training.

Most of the service users that we communicated with expressed that the service they received was very consistent. We noted that the staff team was very stable. We witnessed very warm and relaxed interactions between the staff team and service users.

The service has robust policies and procedures around health care and keeping people safe, these included:

- dementia training
- food hygiene training
- mental health guidance
- adult protection
- first aid
- moving and handling.

New staff are supported through a clear induction and "shadowing period".

All the staff that we spoke with expressed that they received very regular training, and that training and learning was a key part of their role.

Examination of the personal plan records also told us that the service had developed

good relations with all members of the community health care team, including District Nurses and Dietetics.

The annual lunch gave the people that use the service and their families an opportunity to meet other service users for support and guidance. For some service users the lunch was one of the few opportunities to get out and socialise. We noted that each person had been asked "what is the one thing that we could do to help you achieve something you would really like to be able to do and the one thing that would make you smile."

Areas for improvement

The service should continue to develop health promotion; this may include healthy eating and nutrition, mental health and smoking cessation.

The service should consider the development of health "champions", staff being supported to lead in different health related subjects.

The risk assessment document should be reviewed to specifically risk assess water temperatures in people's homes and choking risk for people that had suffered from swallowing difficulties.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

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

Please refer to information as set out under statement 1:1.

We noted that the service includes service users and families in staff recruitment. Some service users have been involved in the recruitment of their own designated staff.

One of the people that use the service is involved in delivering values training to staff.

We noted the innovative practice of service users being invited to record "your one message to your home carer." Feedback from service users and families was fed into staff development and appraisal.

Areas for improvement

To continue to develop the ways that service users and families can get involved in staff development.

Grade awarded for this statement: 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

All home carers are qualified to Scottish Vocational Qualification (SVQ) Level 2, or are working towards same. Service co-ordinators are qualified to level 3.

We interviewed nineteen staff during the inspection. Each staff member interviewed

expressed that they had regular opportunities for learning and development. Through interviews staff confirmed that they are knowledgeable in terms of the National Care Standards, SSSC's code of practice and other legislation.

Examination of the staff team minutes told us that staff were updated in practice issues and procedures.

We noted that the staff team are extremely stable. We also noted the extremely high levels of satisfaction and motivation expressed by the nineteen staff that we interviewed.

The service regularly undertakes "spot checks" on staff members as part of the quality assurance procedures. This was confirmed by the staff and service users that we spoke with. Service users and families told us that spot checks helped them to feel safe.

Staff told us that they felt supported by seniors and by their colleagues. We sensed that staff morale is at very good level.

Feedback from staff included:

"I have worked for a number of care services and this by far is the best- in terms of training and the support that you get"

"I really love my job and wouldn't want to work any where else"

"The management team are very supportive, I feel that what I think matters and that I am listened to"

Areas for improvement

To continue to support staff to develop.

Supervision should be much more regular. Although all the staff that we spoke with confirmed that they receive supervision, it was annually or twice annually. The service should develop regular, planned supervision for all staff on a four- six week basis.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 6 - Excellent

Statement 1

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

Service strengths

Please refer to information as set out under statements 1:1 and 3:1.

The staff and service users that we spoke with all expressed extremely positive views on the quality of service management and how approachable the management team are.

We noted the extraordinary good practice of the Chief Executive meeting regularly with service users and families to talk through service development and improvements.

Service users and families are given the contact details for the management team.

The service business plan is distributed to service users and families through the Newsletter. Some of the service users and families that we spoke with told us that they considered this excellent practice. We sensed a real commitment from the management team to include service users and families in all aspects of the business.

Areas for improvement

To continue.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Staff told us that there is a clear structure that supports promotion. A number of the staff that we interviewed had started at the service at a basic grade and had developed into senior carers and co-ordinators.

There is a clear organisational structure with defined roles and responsibilities. We noted a respectful relationship between staff and management. Staff seemed to genuinely listen to each other. There was a real sense of mutual respect and support.

We sensed that staff are very loyal to the service. Turnover and absenteeism is low. Service users and families told us of the consistency of service delivery.

A manager is available at all times to provide support for staff.

Staff meetings are held in a regular and planned way. Staff told us that they are encouraged to share their views. Staff told us that they feel valued and that what they say counts.

Staff told us of their willingness to develop through the structure and of regular training/learning opportunities.

Staff confirmed that they supervision from their line manager. Supervision affords an opportunity to discuss development opportunities.

We examined the minutes from regular senior and care staff meetings. Staff development and practice issues are frequently discussed at the meetings.

Staff that we spoke with expressed very positive views on the management of the service and that they felt extremely well supported.

A clear staff training and development plan was in place.

Areas for improvement

To continue to support staff in management development.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

Three complaints have been made with the Care Inspectorate since the last inspection. Two of the complaints were partially upheld and resulted in the five following Requirements:

1. The provider must make suitable arrangements to ensure that effective means are implemented for monitoring the service, specifically in terms of support which is provided out with normal hours.

SSI 2011/210 Regulations 4 and 7.

The service subsequently reviewed the provision of out of hours support. All staff were issued with a leaflet to guide them about out of hours support and recording systems.

This Requirement has been met.

2. The provider must make suitable arrangements to ensure that the services confidentiality policy is clearly understood and practiced by staff.

SSI 2011/210 Regulation 4.

The confidentiality policy was re-issued to all staff. Staff training records confirmed that confidentiality training had been reinstated.

This Requirement has been met.

3. The provider must manage the service appropriately. Suitable arrangements, including adequate systems of communication with other service providers and accurate record keeping, must be made to ensure that the service is provided consistently and that effective means are implemented for monitoring this.

SSI 2011/210 Regulations 4 and 7.

The service implemented revised communication sheets which contain written agreements/arrangements with other service providers. Any "incidents" are recorded and reviewed at management meetings and staff supervision.

This Requirement has been met.

4. The provider must make arrangements to ensure that the service keeps records that detail missed and late visits. The record should show an analysis of the information showing cause, effect and necessary action.

SSI 2011/210 Regulation 4.

The revised communication sheets contain information on the time spent with each service user. Any "incidents" are recorded and reviewed.

This Requirement has been met.

5. The provider must take appropriate action to ensure that staff who are responsible for implementing and monitoring support arrangements have the necessary skills and experience to do so.

SSI 2011/210 Regulations 4 and 7.

Examination of the staff training records evidenced that the care co-ordinators had received updated communication training. We also noted that the care co-ordinators had subsequently achieved qualification at SVQ level 3.

This requirement is met.

You can find information about complaints that have been upheld or partially upheld on our website: www.carecommission.com

These complaints may have affected the service's grades.

Enforcements

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

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 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

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Management and Leadership - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent

6 Inspection and grading history

Date	Type	Gradings
24 Nov 2010	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
5 Mar 2010	Announced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
6 Nov 2008	Unannounced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

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

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Translations and alternative formats

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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本出版品有其他格式和其他語言備索。

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