



Integration Joint Board
Clinical and Care Governance Committee

23rd April 2018

This Report relates to
Item 5 on the Agenda

External Scrutiny of Regulated Adult Social Care Services

(Paper presented by Lillian Cringles)

For Approval

Approved for Submission by	Lillian Cringles
Author	Heather Collington
List of Background Papers	
Appendices	Appendix - Extract from Report to Social Work Services Committee, October 2017

SECTION 1: REPORT CONTENT

Title/Subject:	External Scrutiny of Regulated Adult Social care Services
Meeting:	Health and Social Care Senior Management Team
Date:	23 rd April 2018
Submitted By:	Lillian Cringles
Action:	For Approval

1. Introduction

- 1.1 This report provides an update on the performance delivered by Dumfries and Galloway Council in respect of regulated social care services. This is based on the external scrutiny provided by the care inspectorate.
- 1.2 It covers inspections which have undertaken and published during the period between October 2017 and February 2018, as detailed in the Appendix. It details progress made against any requirements or recommendations made by the Care Inspectorate in respect of each inspected service.

2. Recommendations

2.1 The Clinical and Care Governance Committee is asked to:

- **Note the outcome of the scrutiny activity which took place between October 2017 and February 2018, as detailed in the Appendix; and**
- **Consider the progress being made in respect of the requirements and recommendations from inspection during reporting period October 2017 and February 2018.**

3. Background

- 3.1 The focus of the update report is on those services provided by Social Work Services which are registered with and regulated by the Care Inspectorate. In this respect it covers functions within adult care for which the CSWO has oversight.
- 3.2 This report covers the period between October 2017 and February 2018. This is based on the date of the final report being published rather than the date of inspection. There are a number of inspections which may have taken place towards the end of this reporting period but which are not yet published and these will be included in the next report.

3.3 Services are inspected across a number of Quality Indicators:

- i. Quality of care and support
- ii. Quality of environment
- iii. Quality of staffing
- iv. Quality of management and leadership.

3.4 It should be noted that not all indicators are inspected at every inspection. The decision on which indicators should be inspected sits with the care inspectorate.

3.5 The grading system for inspections is as follows:

- 6 Excellent
- 5 Very good
- 4 Good
- 3 Adequate
- 2 Weak
- 1 Unsatisfactory

4. Main Body of the Report

4.1 Care Inspectorate scrutiny for this period included in this report covers the following:

Adult Services (delegated to the IJB)

- Castle Douglas Activity & Resource Centre
- Dumfries Activity & Resource Centre
- Newton Stewart Activity & Resource Centre
- Stranraer Activity & Resource Centre
- Newton Stewart Community Support Service
- Care and Support Service (CASS).

4.2 The details of each inspection outcome for each of these services and progress against requirements and recommendations is included below:

4.3 Castle Douglas Activity & Resource Centre - unannounced, 3 August 2017 report published 5 September 2017.

Quality Indicator	September 2014	August 2017
Quality of Care and Support	5	5
Quality of Staffing	5	
Quality of Environment	5	
Quality of Management and Leadership	5	5

4.3.1 Recommendation 1 - The manager should ensure that where risks/hazards have been identified for individuals, these are clearly recorded along with information on how to manage and reduce these risks. This information should be available within the support

plans and risk assessments to give clear guidance to staff on how to best support people.

4.3.2 Progress – Risk assessments have been personalised for each supported person and incorporated in to their Personal Support Plans. This work was completed and the Care Inspectorate was notified by December 2017.

4.4 Dumfries Activity & Resource Centre - unannounced inspection, 29 June 2017, report published 8 August 2017.

Quality Indicator	October 2014	June 2017
Quality of Care and Support	5	4
Quality of Environment	5	N/A
Quality of Staffing	5	N/A
Quality of Management and Leadership	4	4

4.4.1 Recommendation 1 - The manager should ensure that there are regular and varied opportunities available for people using the service, their families/carers and stakeholders to get involved with the development of and provide feedback on the service. This should include consideration of the communication skills and levels of capacity of those using the service

4.4.2 Progress – A new manager for the service was appointed and commenced in December 2017. Opportunities are continuing to be progressed to involve all stakeholders in both the development of, and feedback about, the service. Some examples of how stakeholders are involved are: Supported People involvement in undertaking a Health and Safety walk around within the building and input in determining how fund raising monies should be spent. Further, two parents were involved on the interview panel for new manager appointment and supported people involved in formal interviews of manager and recent casual worker interviews A Supported Person forum will commence in February 2018.

4.4.3 Recommendation 2 - In order to provide staff with the most up to date information and guidance, the manager should ensure that supports plans, risk assessments and associated documents are regularly reviewed (at least every 6 months) and updated to make sure that they reflect the current needs of the individual.

4.4.4 Progress – In January staff undertook refresh training on personal support planning. Reviews are scheduled six monthly and outcomes and risk assessments are being recorded on MOSAIC and the personal support plan. Peer auditing has been introduced at weekly key worker sessions and management oversight is happening during monthly supervision meetings.

4.4.5 Recommendation 3 - To ensure the quality of service being provided, the manager should ensure there is a robust quality assurance system in place that is undertaken regularly. This includes having a quality assurance policy in place that details the ways

quality is assessed/monitored, how often this should happen and who is responsible for completing the tasks.

- 4.4.6 Progress – This outcome continues to be developed. The service has focused on quality assurance themes. January’s theme spotlighted on Supervision, Supervision Agreements and PDR’s.
- 4.4.7 Recommendation 4 - The manager should consider how service users can provide feedback regarding individual staff practice to the management team and develop and introduce this to the supervision and appraisal process.
- 4.4.8 Progress – Supported people have been involved in decoration and colour choices of noticeboards in main hall. Service users regularly help with H&S checks in and around building – Supported people were assisted to set up drama productions prior to Christmas with approximately 30 people attending. Supported People are actively involved in their reviews, giving input and feedback. A Supported Person forum will commence in February 2018.
- 4.4.9 Recommendation 5 - The manager should make use of service user questionnaires to provide evidence of how feedback was evaluated or acted upon to enable service users to contribute to the daily running of the service
- 4.4.10 Progress – Plans are in place to have a coffee and chat meeting with new manager and the team later this month. Service questionnaire will be distributed to all service users and carers in February 2018 one of the discussion topics during this meeting will be reinstating family/carers forum.
- 4.5 Newton Stewart Activity & Resource Centre - unannounced inspection 21 July 2017, report published 23 August 2017.

Quality Indicator	July 2014	July 2017
Quality of Care and Support	6	6
Quality of Environment	6	6
Quality of Staffing	6	6
Quality of Management and Leadership	6	6

- 4.5.1 There were no recommendations made. The report noted that Newton Stewart ARC delivered high quality care and support resulting in excellent outcomes for people using the service. The service had worked hard to continue to provide a very good service, evidencing very good practice and areas of excellence.
- 4.5.2 One example is Cree Studios which is a creative, innovative and inclusive service offered to people with learning disabilities and autism. The studio uses specialist equipment and resources to support people in what they choose to do, this could be learning to play the guitar, music therapy, releasing energy on the drum kit, singing to their favourite music played by our talented studio tutors or making a short film about themselves. Films are often used in care and support reviews to encourage more

involvement and leadership from the supported person. One of the more popular activities to do in the studio is working with animation; this offers creative opportunities to communicate through software which suits all abilities. Supported people are fully involved in making short films of their choice demonstrating a clear message through their animation and developing their knowledge on their chosen subject, use of technology and effective communication.

4.6 Stranraer Activity & Resource Centre - unannounced, 30 June 2017, published, 14 July 2017.

Quality Indicator	September 2014	June 2017
Quality of Care and Support	5	6
Quality of Environment	5	
Quality of Staffing	5	6
Quality of Management and Leadership	5	

4.6.1 There were no recommendations made. The report noted the standard of care was of high quality and people were at the heart of plans about their support, including risk assessments which were made to keep them safe. People had been listened to and respected, and had information about their care that was always easy to understand, accurate and up-to-date.

In line with 'The Keys to Life' supported people continue to contribute to the Charter for Involvement regional forum with three people, attending the scheduled meetings and five people leading group meetings within the service.

Following the opening of the new garden area in the summer of 2017 fundraising continues for the purchase of equipment for our Sensory Room and throughout the service, with monies already being donated from a number of sources.

Upcoming taster sessions are being offered to our Supported People/Parent and Carers through Disability Sports with a view to the hosting of a Sports Day for supported people in the Region to attend.

4.7 Newtown Stewart Community Support Service - unannounced, 23 January 2017, published, 2 March 2017.

Quality Indicator	March 2016	January 2017
Quality of Care and Support	4	5
Quality of Environment	N/A	
Quality of Staffing	5	
Quality of Management and Leadership	4	4

- 4.7.1 Recommendation 1 - The provider should ensure that there are good quality assurance systems and processes in place reviewing and auditing all aspects of service delivery. Where areas have been identified as needing improvement appropriate action plans should be put in place and progressed toward meeting the actions required should be recorded. Attention should be given to those audits identified at the inspection.
- 4.7.2 Progress - A Quality Assurance policy and toolkit is in place within the service involving all aspects of the care and support arrangements. This is being further reviewed under the quality assurance work stream and will be completed by 30 April 2018. The Personal Support Plans are refreshed and revised by the person's key worker on a monthly basis. The Registered Manager has introduced a process of regular audits of Personal Support Plans and these are logged on MOSAIC. A Senior Management Audit of a Personal Support Plan was undertaken on 5th February 2018.
- 4.8 Care and Support Service (CASS) - unannounced, 4 May 2017, published, 5 June 2017.

Quality Indicator	July 2017	May 2016
Quality of Care and Support	5	5
Quality of Environment	N/A	N/A
Quality of Staffing	5	5
Quality of Management and Leadership	N/A	N/A

- 4.8.1 The Service maintained its 'Very Good' grades achieved at the last two inspections, and no requirements or recommendations were made.
- 4.8.2 The Service is never inspected on Quality of Environment, as care is delivered in the Service Users' own property.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. **Resource Implications**

There are no resource implications associated with this report

6. **Impact on Integration Joint Board Outcomes, Priorities and Policy**

External scrutiny is an integral part of the quality assurance system for adult social care services delivered by Dumfries and Galloway Council Social Work Service.

7. **Legal & Risk Implications**

There are no legal and risk implications. All services are graded at good or above with two services graded at excellent.

8. **Consultation**

9. **Equality and Human Rights Impact Assessment**

This report does not relate to any change in policy and so an Equality and Human Rights Impact assessment is not required

10. **Glossary**

10.1 ARC – Activity & Resource Centre