



# Inspection report

## Community Care Choice Housing Support Service

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Glasgow  
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<b>Inspected by:</b> (Care Commission officer)	Moira Agolini
<b>Type of inspection:</b>	Announced
<b>Inspection completed on:</b>	10 January 2011

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**Service provided by:**  
Community Care Choice

**Service provider number:**  
SP2005007220

**Care service number:**  
CS2005088402

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## Easy read summary of this inspection report


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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	 <b>5</b> 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

It is evident from discussions with those who use the service and in further discussion with the manager that the service continues to provide a very good standard of care that is flexible and focused on individual need.

### What the service could do better

Support plans do not always reflect the high standard of care that is provided and would benefit from audit and review. Although the service continues to gather the views of people who use the service there is an

absence of any associated action plan which is informed by those views. The information pack could be made more accessible by using more visual prompts.

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

The manager has extended her quality assurance exercise to include care managers and others who have a working knowledge of the service.

## **Conclusion**

The manager and her staff team continue to be committed to providing a high standard of care that is inclusive and flexible.

A review of the paperwork will assist staff to develop improved recordings and clearer aims for care assessment and planning. Improved paperwork and quality assurance procedures will only enhance what is already a very good service that is wholly focused on the needs of the individual.

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.

## **Who did this inspection**

### **Lead Care Commission Officer**

Moira Agolini

### **Other Care Commission Officers**

N/A

### **Lay Assessor**

N/A

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

## About the Care Commission

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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](http://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

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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](http://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](mailto:scottishgovernment@booksource.net)

## What is inspection?

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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

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## **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?

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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:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
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

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Community Care Choice was registered with the Care Commission in June 2005 to provide a housing support and care at home service to people who may need support to maintain an independent life.

The service operates from offices in the Govanhill area of Glasgow.

Support may include 24 hour sleepover, escorting, personal care, shopping and befriending.

The service aims to provide personal and domestic assistance to enable people to remain in their own homes for as long as they wish and to provide such support as the service user requests.

The service is an authorised care provider with Glasgow City Council, East Renfrewshire Council and South Lanarkshire Council.

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

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

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](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **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**

This report was completed following an announced inspection by one Care Commission Officer which was carried out on 6th January 2011.

Prior to the inspection we looked at the returned care standard questionnaires.

We also looked at provider policies and procedures and other relevant documents.

We met with four staff members, including the registered manager.

We also met with people who use the service and spoke with people by telephone.

Feedback was given to the registered manager on 10th January when the findings and grades were agreed.

### **Policies and Documents:**

Care Commission questionnaires  
Information Pack  
Service Mission  
Charter of Rights and Responsibilities  
Accident/Incident Log  
Quality Assurance Questionnaires  
Support Plans  
Provider brochure  
Thank-you cards and letters  
Staff journal  
Daily notes  
Staff team meetings  
Healthy Eating Folder  
Registration certificate  
Self-assessment

### **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](http://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](http://www.infoscotland.com/firelaw)

### **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 fully completed self-assessment document was submitted by the service. The self assessment is an area that could be improved by detailing more relevant evidence within the statements. This has been discussed with the manager.

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

We received thirteen care standards questionnaires from people who use the service. The following comments reflect the overall response from all those we spoke with by telephone and in 1:1 meetings at their home:

"My carers without exception have made themselves a part of my life"

"I am very happy with the level of care that I receive"

"Any care company can provide care but companies are only as good as employees. Continuity of care is essential. I have carers with me for seven years which have become like family to me. I am very satisfied with the care that I receive from Community Care

Choice"

"Team work has enhanced the care my mum has received in the last year, this has been greatly appreciated".

"Had company for seven years - always been given good care "

"We receive 24 hour care and are delighted with our carers. We could not remain at home without their support".

Only one person stated that they did not know about the service's or the care commission complaints procedure. We discussed this with the manager in the context of an improved information pack and the initial assessment visit.

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

We spoke with three carers who responded very positively to requested feedback about the service.

Each of them referred to the good communication between staff and those who use the service. They also referred to the efforts that go into matching carers appropriately and the flexibility of the care packages which focuses on the needs of the individual and not on staff rotas.

Comments included:

"The care has made a tremendous difference to all our lives"

"Increased quality of life, opened up opportunities for us"

"I have confidence now to be able to go out"

"We are comfortable with the people who are carers, comfortable at leaving my partner with the carers".

"Carers are great, no issues at all".

# 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 found that the service continues to perform well in the areas covered by this statement.

We came to this view after we:

- \* spoke with people who use the service and their relatives
- \* spoke with the management and staff
- \* looked at documentation
- \* examined care standard questionnaires

The care service involved the people who use the service and asked for their views in several ways. These included:

- \* questionnaires which are distributed annually and ask people about a range of issues, including the quality of the care and support provided
- \* regular review meetings
- \* regular one-to-one discussions

All those spoken with who use the service confirmed that they had an opportunity to meet with carers before the care plan began. They also stated that there was open communication with staff and management to raise issues relating to their care.

The service has also developed questionnaires for others who are associated with the organisation. Four returned questionnaires from care managers included the following comments and reflected the positive feedback overall:

"reliable and flexible"

"all staff are courteous"

"the carers are matched with a service user which allows the service user to build trust and a relationship with the carer"

There was evidence of service user involvement in the newly distributed brochure.

From discussions with people who use the service and their relatives it is clear that the staff team provide care that is individualised, flexible and offers choice.

The information pack provided details of advocacy services and how to use the complaints procedure.

It was clear that the service took action on issues which were raised by people who use the service.

### **Areas for Improvement**

The evidence gathered from the people we spoke with and from the comments in questionnaires would show that the service is meeting its aim to provide an individualised service to all. However, this is not reflected in the associated paperwork which would benefit from review.

For example, paperwork should be standardised to make sure all support plans include the relevant paperwork. A regular audit of support plans would make sure all information was updated, signed and dated where relevant.

Individual audit sheets for risk assessment, mobility assessment and reviews would enable staff to better monitor the agreed frequency of these procedures.

There should be a review and audit of the accident/incident paperwork which we believe could be improved with more detailed recording; this is particularly important when there are incidents of verbal and physical abuse. This will form a recommendation.

There is an absence of outcomes-focused planning and the care assessments in each sampled file had details of medication at point of referral and required to be updated. This will form a recommendation.

Although there was evidence that the service seeks the views of those who use the service there is no participation strategy, no action plan and no clear method of developing the service through the feedback from those views. This will form a recommendation.

Consideration should be given to the information pack being more accessible to all. For example, using visual prompts and making the contents more user-friendly.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

3

## Recommendations

1. All support plans should show more evidence of involvement by those who use the service in assessment and care planning; this should include individual goal-setting where relevant. This is to act in accordance with National Care Standards 4; Housing support services - housing support planning - Standard 4.1
2. The service should develop a participation strategy that details the aims and objectives of the service and the ways that user involvement will inform service development. A subsequent action plan should be progressed using the information gathered from all quality assurance questionnaires. This is to act in accordance with National Care Standards 8: Housing support services- expressing your views - Standard 8.3
3. The paperwork for recording accidents and incidents should be reviewed to make sure there is a better standard of recording, both of the incident and the outcome. This is to act in accordance with National Care Standards 3: Housing support services - management and staffing arrangements- Standard 3.1

## **Statement 5**

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

### **Service Strengths**

Please also refer to Quality Theme 1:- Statement 1 for further evidence of person centred values.

From the comments we received from those we spoke with it is clear that the service works hard to engage and consult people and their relatives in many aspects of care provision.

The staff we met are enthusiastic and motivated and clearly have the interests of those they support at the centre of all care planning.

There is a very good system in place that matches carers to an individual and there is an opportunity to meet with a prospective carer before the care package is put in place.

All of those spoken with confirmed that in the absence of a regular carer there is a clear procedure for staff cover; a replacement worker who is always known to the individual is arranged through an office based 'key-worker/co-ordinator' who is responsible for staff rotas.

Each person has a support plan which is reviewed as per provider guidance.

From looking at staff meeting minutes it is clear that the manager aims to keep staff updated on any developments within the support plans.

Similarly, sampled supervision notes showed evidence that workers are able to discuss individual care plans and raise any issues or concerns about the care plan.

### **Areas for Improvement**

As stated in the suggested areas for development in Quality Theme 1 Statement 1 there is a need to review the current paperwork to be more outcomes-focused and also to better reflect the individual's involvement in the care assessment and goal-setting. The recommendation for improved support plan paperwork applies to this area.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

0

**Number of Recommendations**

0

## Other Information

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### **Complaints**

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

### **Enforcements**

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

### **Additional Information**

We received fourteen care standard questionnaires from staff and it is significant to record that all of those spoke very positively about the working experience in the service.

Many of those who responded referred to good training opportunities and an approachable management team that are supportive to both staff and those they support.

### **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

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

## Inspection and Grading History

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<b>Date</b>	<b>Type</b>	<b>Gradings</b>						
5 Feb 2009	Announced	<table> <tr> <td>Care and support</td> <td>5 - Very Good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very Good</td> </tr> <tr> <td>Management and Leadership</td> <td>5 - Very Good</td> </tr> </table>	Care and support	5 - Very Good	Staffing	5 - Very Good	Management and Leadership	5 - Very Good
Care and support	5 - Very Good							
Staffing	5 - Very Good							
Management and Leadership	5 - Very Good							

## Terms we use in our report and what they mean

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**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

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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

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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](http://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 ىم وونابز رگىد روا رولکش رگىد رپ شرازگ تعاشا هى

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

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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