Willie Devine Specialist Centre
Support Service
Boswell Drive
Blantyre G72 0BL

Inspected by: Marie Paterson
(Care Commission Officer)
Type of inspection: Announced
Inspection completed on: 5 February 2008
Service Number: CS2003001354
Service name: Willie Devine Specialist Centre

Service address:
Boswell Drive
Blantyre G72 0BL

Provider Number: SP2003003481
Provider Name: South Lanarkshire Council

Inspected By:
Marie Paterson
Care Commission Officer

Inspection Type: Announced

Inspection Completed:
5 February 2008

Period since last inspection:
17 Months

Local Office Address:
Princes Gate,
60 Castle Street,
Hamilton,
ML3 6BU
Introduction
The Willie Devine Centre is managed by South Lanarkshire Council and provides day care for 12 older people with dementia at any one time. The service operates Monday to Sunday. The majority of service users access the service on a part time basis.

The service aims to offer a comprehensive support service aimed at supporting care in the community and preventing or postponing admission of individuals to long term care.

The centre has been registered with the Care Commission since April 1st 2002.

Basis of Report

Before the Inspection

The Annual Return
The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Evaluation Form
The service submitted a self-evaluation form as requested by the Care Commission.

Regulation Support Assessment
This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a Manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus area(s) and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection process

Staff at inspection

Marie Paterson Care Commission Officer

Evidence

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

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

· Staff training records
· Complaints Log
· Service Users Personal Plan
· Accidents and Incident recording
· Staff Training Records
Discussion took place with a range of care staff including:

- Resource Manager
- Senior Day Centre Worker
- Co-coordinator
- Day Centre Worker

Observation of staff practice.

Observation of the environment and equipment.

All of the above was taken into account during the inspection process and was reported on.

Inspection Focus Areas and associated National Care Standards for 2007/08

- Standard 2: Management and Staffing
- Focus Areas - Child / Adult Protection
- Restraint
- Staff Training
- Quality Systems

Fire Safety Issues
The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report
There were no requirements at the last inspection.

Comments on Self-Evaluation
This was completed in full by the manager and detailed strengths and areas of development for the service.

View of Service Users
Three service users spoke with the inspector during the visit and all spoke positively about the service they receive. Some comments were:

'the staff are really nice and we have a good laugh'
‘the food is good and always plenty on offer’

‘it breaks up the week and gives us something to look forward to’

**View of Carers**
There were no carers available on the day of inspection. However, there were compliments and thank you letters from carers for the support their relative received from the service.
Regulations / Principles

National Care Standards

National Care Standard Number 2: Support Services - Management and Staffing Arrangements

Strengths

The focus areas were inspected under this standard relating to staff training and protecting people.

The Provider had in place a policy on Vulnerable Adults relating to older people which was issued in 2006. This provides good guidance for staff on vulnerable adults and identification of abuse. Two members of staff had received a de brief on vulnerable adults which included the new changes in legislation. The staff spoken with demonstrated an awareness of Vulnerable Adults procedure and would take appropriate action if they become aware of any person at risk or being abused.

South Lanarkshire Council had in place a Child Protection Policy all staff demonstrated an awareness of this and the action they would take if they considered a child to be at risk. Children do visit the service but are always accompanied by an adult.

The Provider had put in place a policy on restraint which provided good guidance for staff. This was linked to best practice and based on the Mental Welfare Commission Guidance on restraint. There were plans in place for all staff to receive training on this policy.

South Lanarkshire Council had an Employee Development Policy and all staff had an employee development plan which evaluated staff performance for the job they undertake and identified training to develop staff.

The Provider had identified relevant professional training required by grades of staff to enable them to register with the Scottish Social Services Council and there was a plan in place to ensure all staff receive relevant training.

A new induction policy is in place where staff receive a structured eight week induction where they are supported by senior staff. Staff spoken with said this had enabled them to learn about the service, gain new skills and understand their role.

Areas for Development

The centre provides a service for people with dementia and staff interviewed indicated that at times they have to re direct or guide people away from an area or to a quieter area. However, no staff had received training on how to do this safely. (see requirement 1)

Personal Plans audited provided information on service users who have behaviours which challenge the service but lacked detail on the support people require. (see recommendation 1)
Dementia training was not part of the mandatory training for working in the centre despite it being a centre for people with dementia. (see recommendation 2)

National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations

Strengths

The centre has received the Charter Mark Standard for Customer Service and Excellence in recognition of the service that they provide.

The provider had developed a Quality Improvement policy, under which, identified staff were responsible for evaluating the performance of others. This process provided a framework for the continuous improvement of services.

Questionnaires on the quality of the service were issued to service users, including those who had recently started, to ensure that they had received sufficient information about the service. Carers were invited to reviews, if the service user wished, and were asked to complete a questionnaire prior to the review taking place, the questionnaire focussed on the service people receive. Service users were encouraged to complete a pre review questionnaire about the service, and to comment at the review itself. Where service users had communication difficulties, assistance would be obtained from families or from the resources of the organisation.

The Provider has in place a service users network group, where issues relating to services were raised and a response given by senior management. The Manager of the centre said that it was difficult for people to attend from the centre due to levels of dementia. The Network group also issued questionnaires about services to each service user in the local authority.

Complaints and compliments of the service were available. There were no recent complaints.

Staff provided feedback on the service both informally and at individual supervision and minuted staff meetings. Briefings between staff and senior carers took place each morning before service users arrived. Staff confirmed that there were adequate opportunities for them to provide feedback on the service to the Manager. All staff spoken with said that they found management approachable and responsive.

The Senior Day Worker responsible for the day to day running of the centre observes staff practice during group work, interaction with service users and this is discussed at supervision. The Manager of the centre visits regularly and would be updated by the senior on any issues relating to staff performance through supervision. The layout of the centre makes it easy for management to observe staff interactions with service users.

Areas for Development

The way in which complaints were recorded did not provide the opportunity to include information on the eventual outcome or the satisfaction of the complainant with it. (see recommendation 3)
The service is a specialised service for people with dementia yet there is a lack of appropriate signage for people with dementia in line with best practice and the aims and objectives of the service. (see recommendation 4)
**Enforcement**
There has been no enforcement action against this service since the last inspection.

**Other Information**
The following recommendations were made at the last inspection:

1. Doors operated with self closing devices should not be left wedged open at any time.

2. The provider should take action to ensure that the servicing of fire extinguishers is carried out within recommended timescales.

   This is now the responsibility of the fire department and will be checked in line with fire legislation. The Manager did state that all appropriate action had been taken.

3. The operation of the swing doors should be reviewed and consideration given to making them increasingly service user friendly.

   The Manager explained that this was being addressed and different options considered.

   This recommendation remains outstanding and will be repeated in this report.

4. The provider should develop their food and nutrition policy to ensure that service user’s food, fluid and nutritional care are supported by clear management guidelines.

   A new procedure is in place and meets the above.

   This recommendation had been met.

**Requirements**
1. The Provider must ensure staff receive training in behaviours which challenge the service which includes how to physically guide service users. This training should also cover the Providers restraint policy and record keeping associated with restraint.

   This is to comply with:

   SS1 2002/114 Regulation 13 - a requirement that a provider shall, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of the service and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

   Timescale for Implementation: Four Months from publication of this report.

**Recommendations**
1. Personal Plans information should be developed by the provider to identify the triggers for individual’s behaviour, what will re direct the person and what action never to take.

   National Care Standards Support Services Standard 4 Support Arrangements.

2. The Provider should provide as mandatory dementia training for all staff to meet the aims and objectives of the service.

   National Care Standards Support Services Standard 2 Management and Staffing.
3. Complaints records should be developed by the provider to include information on the outcome of the complaint, and the satisfaction, or otherwise, of the complainant.

National Care Standards Support Services; Standard 12 Expressing your views

4. The provider should develop the use of signage in line with best practice.

National Care Standards Support Services Standard 5 Your Environment

5. The operation of the swing doors should be reviewed and consideration given to making them increasingly service user friendly.

National Care Standards Support Services Standard 5 Your Environment

Marie Paterson
Care Commission Officer