Care service inspection report

Cherry Road Resource Centre
Support Service Without Care at Home
8 Cherry Road
Bonnyrigg
EH19 3ED
Telephone: 0131 561 5402

Inspected by: Donald Preston
Type of inspection: Unannounced
Inspection completed on: 3 August 2011
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Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2003017838

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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

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>3</td>
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<tr>
<td>Quality of Environment</td>
<td>4</td>
</tr>
<tr>
<td>Quality of Staffing</td>
<td>N/A</td>
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<tr>
<td>Quality of Management and Leadership</td>
<td>N/A</td>
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What the service does well

Cherry Road has an experienced staff group who know the individuals who they support very well. There are detailed service user profiles for all individuals attending the centre.

The service has maintained an ongoing programme of activities for people throughout a time when there is a lot of change planned for the service provided at this centre.

What the service could do better

The service provider should look at how they implement and monitor their Strategy for Involvement of Service Users and Carers to ensure that people have ways of saying what they think about the service and the changes that are occurring. There should be more of an involvement in the development of the service along with the day today running. They should be able to evidence that this is happening.

The service needs to ensure that all service user profiles are audited.

Preparation time and staff supervision are not being given on a regular basis at this service and this requires to be addressed in the near future in respect of the new service starting in October 2011. This will be reviewed at the next inspection of this service.
The service requires to ensure that all staffing is in place for the new services that are planned and at the time of the changes happening.

The above points will be reviewed at the next inspection of this service.

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

The centre has been redecorated throughout which included replacing flooring. The bathrooms have been fully upgraded as has what was formerly known as the "concrete room".

Plans for the change in use of the centre have progressed with some discussion having taken place in relation to future plans.

**Conclusion**

The service provides a varied programme to a large number of adults with learning disabilities who have wide-ranging needs. Changes are happening in the near future and it is very important that they are handled in a supportive manner in respect of service users, carers and staff members.

**Who did this inspection**

Donald Preston
1 About the service we inspected

Cherry Road is run by Midlothian Council and is a purpose built centre which is accessible for people with physical disabilities.

Cherry Road is a resource centre for adults with learning disabilities to access service and facilities, whether within or out with the centre.

It is situated within a housing estate in Bonnyrigg close to all local amenities and public transport links.

The use of the building is due to change in the near future and it will be a base for people with more profound disabilities- physical & learning disabilities; an older persons group; and several young people needing support.

Some people currently going to the centre will have there service changed and will be attending activities in the community across Midlothian and will have bases in their local communities.

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

Quality of Care and Support - Grade 3 - Adequate
Quality of Environment - Grade 4 - Good
Quality of Staffing - N/A
Quality of Management and Leadership - N/A

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.scswis.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
During the inspection a lot of time was spent with a large number of service users during key group times, planned activities, and breaks. Also the inspector attended a People 1st Group at the centre and gained peoples views.

Time was spent with the manager and one depute as part of the inspection.

About twelve day centre staff were spoken to who share their views on the current service and wished to discuss the future of day service in Midlothian.

A variety of documentation was looked at including staff, service users and carer’s meeting minutes. Several care files were examined which included person centred profiles and risk plans.

Also time was spent with three relatives during the visit.

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
What the service has done to meet any recommendations we made at our last inspection

1. The service provider should ensure that all individual personal plans are monitored on a regular basis and that there is evidence of this.

National Care Standard - Support Service : Standard 4.5 : Support arrangements

Action taken on recommendation : a proforma for auditing the personal profiles was devised and some files were seen to have been looked at using this. However this is not an on-going process and many files have not been monitored in this way.

This recommendation has been carried forward in this report.

2. This service provider should ensure that all individual service users have or are offered reviews on a regular basis and there is a record of this within the service.

National Care Standard - Support Service : Standard 4.5 : Support arrangements

Action taken on recommendation : All service users are currently being reviewed by the Social Work Department in respect of the service they are receiving from Midlothian Council. The service also carries out reviews of support and tries to do these with other providers if they are providing care.

This recommendation is being fully met by the provider.

3. The service provider should ensure that individuals have opportunities on a regular basis to be involved in meetings about how the service is run.

National Care Standard - Support Service : Standard 12.8 : Expressing your views

Action taken on recommendation : the service’s Members Council meets infrequently in this service. However there is a fortnightly People First meeting which is supported by an advocacy worker. In this forum issues of change are discussed as well as things affecting individuals out with the day service.

Therefore this recommendation has been partially met and will be carried forward in this report.

4. The service provider should ensure that regular opportunities occur for families / carers to be involved in discussions or consultations about the service.

National Care Standard - Support Service : Standard 1.2 : Informing and deciding
Action taken on recommendation: there are no regular forum meetings for relatives/carers to express their views. Feedback is given at individual reviews and one to one meetings.

This recommendation has not been met and will be carried forward in this report.

5. The service provider should ensure that written agreements are in place for all service users.

National Care Standard - Support Service: Standard 3.1: Your legal rights

Action taken on recommendation: the service states that these are in place. Service user files sampled had agreements in them.

Therefore this recommendation has been fully met.

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.

The service provided a satisfactory self assessment. It gave their views on strengths within the service and some areas for development.

Taking the views of people using the care service into account

Many service users were spoken to as part of this inspection and generally they were all very positive of the support they were given and the activities they were offered.

Some of the individual comments made were as follows:

“I really like coming to Cherry Road and will miss it when I have to leave”

“Why do I have to leave Cherry Road ....... can you speak to someone about this”

“I am not a good walker so I will be staying at the centre”
"I like the things I am doing at the centre but don't know if the same things will be available when I leave"

"The centre is looking nice since it has been done up"

"The staff are really good and I get on well with my key worker"

The following are points that came from the meeting with People 1st members when talking about Cherry Road and are how they feel about things:

"I like Cherry Road and am being told I have to leave"

"We are told to talk up ....but are told what we are doing"

"Do we have to go out"

"People 1st is not in support of centres / segregated services but people that are being affected have not been well informed and the changes do not seem well planned"

"Little information is being given .. change should have been gradual and involved as many people as possible"

"For some people there is not a choice about where you are placed / activities you are doing ... it is about where you live"

It was acknowledged that for some people that the changes would be good and that the recent experience when the centre had closed had been positive for quite a lot of people although some people found this very difficult.

**Taking carers' views into account**

One set of parents were spoken to during the visit and there comments were as follows

"we are anxious at how the changes will affect our relative"

"with the change in client group and the needs of people increasing there may be less stimulation for our relative"

"the centre has been upgraded throughout but the issue of sunlight and it's effects has not been addressed as yet"
Others were spoken to during the open day and they stated “if there relative was being allowed to stay they were happy” but if having to leave “they were worried about how the changes would work”. All said that they hadn’t had much information about the changes and what it would be like for their relative and the ones that did no more had asked.
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

Overall grade awarded for this theme: 3 - Adequate

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

The service has an Involvement Strategy.

All service users have a key worker and will meet in key groups at the start of each day. This time was observed in various locations and was used to settle people into the centre, discuss their day, including any changes in their programme and dealing with any issues they may have.

Personal profiles are in place for service users along with risk plans. This process has involved service users (if possible), carers / families and any other significant people in an individual’s life.

There are annual reviews of the support plans which involve key people in a service user life which look at the support required and the aims and objectives of the activities programme.

The service has a Members Council where many issues can be discussed.

The service has held carer’s meetings and some carers had formed their own group as a way of representing the views about the changes to the day services in Midlothian.

Areas for improvement

The service should look at how it’s Involvement Strategy is implemented in practice. This is to ensure that service users and carers are as fully as possible involved in the support that is given and the development of the service in the future.

There are currently no on-going users meetings or carers forums being supported within this service.
Service users, carers and staff members spoken to feel that there has been a lack of involvement / communication at a time of big changes within the service. The comments later in this report from service users and relatives / carers also reflect how involvement and consultation is currently carried out in this service.

Management recognised with the Inspector that user involvement / consultation was not of a good standard within this service and required to be looked at. The fact that this is the situation at a time of big changes in peoples lives has also been acknowledged. This has been highlighted by comments from service users, relatives and staff members. This will be subject to a requirement in this report.

There were five recommendations at the last inspection visit, two were fully met and three have been carried forward to this report. The ones carried forward are as follows:

1. The service provider should ensure that all individual personal plans are monitored on a regular basis and there is evidence of this.

National Care Standard - Support Service : Standard 4.5 : Support arrangements

2. The service provider should ensure that individuals have opportunities on a regular basis to be involved in meetings about how the service is run.

National Care Standard - Support Service : Standard 12.8 : Expressing your views

3. The service provider should ensure that regular opportunities occur for families / carers to be involved in discussions or consultations about the service.

National Care Standard - Support Service : Standard 1.2 : Informing and deciding

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 3

**Requirements**

1. The service provider requires to review it’s Participation Strategy and look at how this is being put into practice. It must provide evidence of how it is striving to involve service users and carers in all aspects of the day to day service and in future developments.

This is in order to comply with SSI 2011/210 Regulation 4(1) A provider must (a) make proper provision for the health and safety of services users
Recommendations

1. The service provider should ensure that all individual personal plans are monitored on a regular basis and there is evidence of this.

National Care Standard - Support Service : Standard 4.5 : Support arrangements

Action taken on recommendation : a proforma for auditing the personal profiles was devised and some files where seen to have been looked at using this. However this is not an on-going process and many files have not been monitored in this way.

This recommendation has been carried forward in this report.

2. The service provider should ensure that individuals have opportunities on a regular basis to be involved in meetings about how the service is run.

National Care Standard - Support Service : Standard 12.8 : Expressing your views

Action taken on recommendation : the service’s Members Council meets infrequently in this service. However there is a fortnightly People First meeting which is supported by an advocacy worker. In this forum issues of change are discussed as well as things affecting individuals out with the day service.

Therefore this recommendation has been partially met and will be carried forward in this report.

3. The service provider should ensure that regular opportunities occur for families / carers to be involved in discussions or consultations about the service.

National Care Standard - Support Service : Standard 1.2 : Informing and deciding

Action taken on recommendation : there are no regular forum meeting for relatives / carers to express their views. Feedback is given at individual reviews and one to one meetings.

This recommendation has not been met and will be carried forward in this report.

Statement 4

We use a range of communication methods to ensure we meet the needs of service users.
Service strengths
All service users have personal profiles which have details of individuals communication needs.

Where required Speech and Language Therapists have been involved and more information on the best way to communicate with the person has been recorded.

Daily planning of activities is put up on a "white board" which has photo's pictures and symbols on it for better understanding by people.

The service has used the Speech and Language Therapist where required, an interpreter for Punjabi, and staff use Makaton signs with individuals.

The service has also used some Communication Passports for some people and memory strategies where required for some individuals.

The service users have access to a People 1st Advocacy Group which is run regularly in the centre.

Areas for improvement
The service recognises that this area is one that can be further developed on an individualised basis.

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 0
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 4 - Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths
The environment in Cherry Road has been upgraded over the last year or so by the efforts of staff members involving service users in a do-it-yourself group for two areas in the centre.

The success of this group has been not just the improved environment but also the level of user involvement, the new skills being learnt and the increased self esteem this has brought to all the individuals taking part.

Service Users Open forum is a place where individuals can talk about the environment in the centre

The service has an information leaflet which broadly reflect the service people are receiving at the Cherry Road Resource Centre

Areas for improvement
Service user meetings where discussion about the environment in the centre have not been happening in this service. There has been a lot of change within the centre but it is unclear what involvement or discussion has been had with service users in relation to this apart from telling them it was going to happen and what it would be like and that they would have to move out for the work to be completed.
(see Requirement 1 in Quality Statement 1.1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0
Number of recommendations: 0

Statement 3
The environment allows service users to have as positive a quality of life as possible.

Service strengths
The improvements to the centre have had a positive impact on the service.
It has been decorated and new floor covering throughout. The bathrooms have been upgraded and now provide better and safer areas to support people. They also provide more privacy.

The bathrooms have all the necessary aids in pace with tracking, rails, shower trolleys etc.

The service is fully accessible, has large areas and clear corridors for people to get about.

The grounds are also accessible with raised border suitable for wheelchair users, patio areas and also an enclosed area. Service users have worked in these areas alongside staff to ensure that they are suitable for people to spend time in.

The organic garden has given vegetables for the kitchen and service users have been involved with this.

An area of the garden has been clear and is now a memorial garden with seating which is another space for people to use within the centre setting.

Two areas of the service in the last year or so have been refurbished by staff and service users working together on things that were deemed safe for them to do through risk assessing the situation.

The computer room was fitted with units / work surfaces and the council have completed the electrical work in this setting which will make it able to be used in the near future.

**Areas for improvement**

The garden areas are being assessed by a sessional gardener with Artlink to look at all the indoor and outdoor garden areas.

All other areas / spaces are being looked at in relation to how best they can be used in the new service when the changes occur.

Other areas of the centre have been identified approved for further improvement which will benefit the individuals attending this centre.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 3: Quality of Staffing - NOT ASSESSED
Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED
4 Other information

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

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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 3 - Adequate</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 4</td>
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<table>
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<tr>
<th>Quality of Environment - 4 - Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 3</td>
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<tr>
<th>Quality of Staffing - Not Assessed</th>
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| Quality of Management and Leadership - Not Assessed |

6 Inspection and grading history

<table>
<thead>
<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<tbody>
<tr>
<td>3 Sep 2010</td>
<td>Announced</td>
<td>Care and support 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Environment 3 - Adequate</td>
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<tr>
<td></td>
<td></td>
<td>Staffing Not Assessed</td>
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<td></td>
<td>Management and Leadership Not Assessed</td>
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<td>12 Oct 2009</td>
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<td>Management and Leadership 4 - Good</td>
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<tr>
<td></td>
<td></td>
<td>Staffing 3 - Adequate</td>
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<tr>
<td></td>
<td></td>
<td>Management and Leadership 4 - Good</td>
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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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