SCSWIS
social care
and social work
improvement scotland

Care service inspection report

Jean Drummond Day Centre

Support Service Without Care at Home

Earl Street
Lochee
DUNDEE
DD2 3DT
Telephone: 01382 622100

Inspected by: Lorna Paton

Type of inspection: Unannounced

Inspection completed on: 24 January 2012

HAPPY TO TRANSLATE®

Contents

	Page No
Summary	3
1 About the service we inspected	4
2 How we inspected this service	5
3 The inspection	9
4 Other information	18
5 Summary of grades	19
6 Inspection and grading history	19

Service provided by:

Jean Drummond Day Care Centre

Service provider number:

SP2003003963

Care service number:

CS2003017896

Contact details for the inspector who inspected this service:

Lorna Paton
Telephone 01382 207200
Email enquiries@scswis.com

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 Environment		N/A
Quality of Staffing	5	Very Good
Quality of Management and Leadership		N/A

What the service does well

The service had very good links with other professionals such as Community Learning Disability Nurses. These links supported the service to promote and ensure the health and wellbeing of people who use the service.

What the service could do better

We have asked the service to make sure that peoples personal plans reflect the support that staff are providing to people who use the service.

What the service has done since the last inspection

We did not make any recommendations or requirements at our last inspection. The service had continued to gather the views of people to further develop the service.

Conclusion

Overall, people who use the service and their carers were very satisfied with the support they received from Jean Drummond Centre.

Who did this inspection

Lorna Paton
Lay assessor: Not applicable.

1 About the service we inspected

Social Care and Social Work Improvement Scotland (SCSWIS) is the new regulatory body for care services in Scotland. It will award grades for services based on the findings of inspections. The history of grades that services were previously awarded by the Care Commission are also available on the SCSWIS website.

This service was registered with Social Care and Social Work Improvement Scotland on 1 April 2011 and provides day care for up to 20 adults with learning disabilities. The single storey, porta-cabin style building is located in the Lochee area of Dundee and is largely open plan, with kitchen and activity areas together. Four small rooms are used for meetings and reviews. Accommodation also includes a "calm" room, reception and a staff room. The grounds surrounding the building have been attractively developed to provide space for outdoor activities and incorporates seating areas.

The brochure for the service states that: 'Our emphasis is always on maintaining the highest standards of support in a way that meets personal needs.'

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 Environment - N/A
Quality of Staffing - Grade 5 - Very Good
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

This report was written following an unannounced inspection that took place on 25 January 2012 between 10.00am and 3.00pm. This inspection was carried out by Inspector Lorna Paton.

In this inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including;

* evidence from the service's most recent self assessment
* minutes of meetings
* quality questionnaires
* staff training records
* staff supervision and appraisal records
* support plan documentation
* interviews with people who use the service, staff and a visiting health professional
* observations of how staff worked with people who used the service

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.

The Care Inspectorate 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 headings that we grade them under.

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

Taking the views of people using the care service into account

During our visit we spent time with people who use the service. People spoke very positively about the service. Specific comments included;
"I love coming here"
"I like the calm room"
"staff are very nice"

Before our inspection we asked people to complete a questionnaire. Seven were returned to us. When asked about the overall quality of the service;

* four people were very satisfied; and
* three people were satisfied

Specific comments included;
"I enjoy the service where I meet up with my friends. It is a fun and happy place"
" I enjoy attending the centre and help do my friends nail and make-up. The staff give me encouragement with this"

Taking carers' views into account

There were no carers available for us to speak with on the day of our visit.

Four carers completed and returned a questionnaire to us prior to our inspection. When asked about the overall quality of the service;

* three people were very satisfied; and
* one person was satisfied

Specific comments included;
"The centre provides a safe, caring and happy place to be"
"The staff are lovely and help everyone"
"I see a difference in (my relatives name) confidence and abilities"
"I feel the staff are very professional but approachable and have never been let down by any of them"

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

Before our inspection we asked the service to tell us how they ensured people participated in assessing and improving the quality of care. This information helped us decide what we would look at during our inspection visit.

When asked to award a grade for this statement, the service told us they were "Very Good".

During this inspection we found the service had developed a number of ways to include people in assessing and improving the quality of care. These included;

* Monthly meetings were held with people who use the service. We looked at the minutes from these meetings and found they provided a very good opportunity for people to make suggestions. We found that the service had acted upon the suggestions people had made.

* The service arranged a yearly meeting for carers. However, these meetings had not been well attended with no carers attending the meeting arranged in 2011. We spoke with the service about developing other ways to share information with carers (See Areas for Improvement).

People who use the service and their carers had been asked to complete a questionnaire about the quality of the service in July 2011. This asked people for their views on areas which included;
environment;
- level of support;
- activities;
- safety; and
- making your views known

There was very good evidence to show that the suggestions people made had been listened to.

* People who use the service were invited to the Annual General Meeting. Feedback from this meeting had also been provided for those who were unable or who did not wish to attend.

* Copies of previous inspection reports were available in the entrance hall for people to read. We also saw that people who use the service had been given feedback from the previous inspection at the monthly meetings.

* Information on how to make a complaint about the service was displayed for people to see.

* People who use the service were involved in developing their support plans.

* The service had a Board of Management which included two people who used the service. This provided people with the opportunity to make suggestions directly to the Board and receive feedback from the meetings.

Questionnaires we asked people to complete before our inspection asked if; "the service asks for my opinions about how it can improve":

* two people strongly agreed; and
* five people agreed

Areas for improvement

During our feedback, we suggested that the service may want to consider different ways to tell people who use the service and their carers how their suggestions for improvement had been acted on. The service was keen to do this. We will look at this again during our future inspections.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

Before our inspection we asked the service to tell us how they met the health and wellbeing needs of people who used the service. This information helped us decide what we would look at during our inspection visit.

When asked to award a grade for this statement, the service told us they were "Very Good".

The service had worked with a Community Learning Disability Nurse to provide various health and wellbeing sessions for people who used the service. These sessions included;

* sleep;
* healthy mouth;
* healthy eating;
* exercise;
* alcohol;
* smoking;
* mens issues; and
* womens issues

The service also, where appropriate, monitored peoples' weight. We were told that this had alerted staff to a significant weight loss in one person. This had allowed staff to share this information with health professionals so that early action could be taken.

Staff told us that they had very positive relationships with health colleagues. On the day of our visit we spoke with one visiting health professional. They told us that staff at the centre were well trained to meet the needs of people using the service. They found staff were very good at communicating any concerns they had and confirmed a positive working relationship. We saw evidence of this on the day of our visit when a concern about a person using the service was shared with an appropriate health professional.

We found that the needs of people had been regularly reviewed. These reviews had been held with the person and other people involved in their support. For example, care managers and community nurses.

The service had gathered information from the "Dundee Healthy Living Initiative". This provided people with information on various resources available throughout Dundee City.

People who use the service had been involved in some of the health training which had been provided for staff. For example, "Heartstart" training which provided people with information on signs and symptoms of a heart attack and what to do if you were concerned you or someone else were showing these signs.

The service provided a range of activities which had been developed around peoples' interests. On the day of our visit people were enjoying taking part in activities which included;
* jigsaws;
* computers;
* arts and crafts; and
* relaxation in the calm room

One person we spoke with on the day of our inspection told us how staff had supported them to achieve their goal of flying in an aeroplane. Other people had also been supported to achieve an SVQ level 1 in Administration and Hospitality.

Staff we spoke with during our inspection clearly knew and understood the needs of each person using the service.

Areas for improvement

During our inspection we looked at the personal plans of five people. We found that these plans did not always reflect the support which was being provided by staff. For example, some plans lacked specific detail or had not been updated to reflect changes. We have made a recommendation that the service further develops these plans (See recommendation 1).

Although we found risk assessments reflected current safety arrangements, we spoke with the service about recording a review of these assessments even when there had been no change. The service was keen to address this.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the service further develops their existing support plan documentation to ensure such plans fully reflect the current support received by each service user.

   National Care Standards: Support Services, Standard 4 - Support Arrangements.

Quality Theme 2: Quality of Environment - NOT ASSESSED

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

Before our inspection we asked the service to tell us how they ensured people participated in assessing and improving the quality of staffing. This information helped us decide what we would look at during our inspection visit.

When asked to award a grade for this statement, the service told us they were "Very Good".

Please refer to Quality Theme 1, Statement 1 for information which also relates to this statement.

The service had not had any changes to the staff team for a number of years. A policy had been developed to make sure that people who use the service would be involved in recruiting any new staff members in the future.

Information about staff training and qualifications was displayed within the entrance hall for people to see. People who use the service had also been involved in some of the training which staff had received, for example, Makaton training.

Each person had a Keyworker who was responsible for co-ordinating their support. People could ask for a different Keyworker at any time.

Areas for improvement

During our feedback to the staff team we suggested involving people who use the service and their carers in the yearly appraisal given to each member of staff. This would allow people to be involved in the development of staff skills. The service was keen to develop this.

Grade awarded for this statement: 5 - Very Good

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

Before our inspection we asked the service to tell us how they ensured a professional, trained and motivated workforce who operated to National Care Standards, legislation and best practice. This information helped us decide what we would look at during our inspection visit.

When asked to award a grade for this statement, the service told us they were "Very Good".

All staff who worked within the service had achieved their SVQ level 4. Both the Manager and the Deputy Manager had obtained their Registered Manager Award.

We looked at staff training records and found that staff had received training in areas which included;
* first aid;
* infection control;
* dementia;
* challenging behaviour;
* makaton;
* epilepsy; and
* vision and learning disability

Staff we spoke with felt they received appropriate training for their role. They felt that the Manager was very responsive to their training needs. We found that staff had very good knowledge about the National Care Standards and Scottish Social Services Codes of Practice.

Each staff member had received a yearly appraisal. This gave staff the opportunity to reflect on their work over the past year and identify training they may need for the year ahead.

We found the staff team to be highly motivated and dedicated to providing a high quality service.

Areas for improvement

During our inspection we looked at the records of staff supervision. These records suggested that formal supervision should take place "three to four monthly or when required". This was confirmed during our discussions with staff. However, it was evident from the written records that supervision was not taking place with this level of frequency. It was recognised that staff we spoke with felt that, as the team was very small, supervision was usually of an informal nature. We discussed this with the staff team during our feedback. The service was keen to consider this further and agree the frequency of formal supervision which would be of most benefit to staff and the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

4 Other information

Complaints

There have been no complaints about this service since the commencement of the Care Inspectorate on 1st April 2011.

Enforcements

We have taken no enforcement action against this care service since the commencement of the Care Inspectorate on 1st April 2011.

Additional Information

None.

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	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - Not Assessed	
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings	
17 Jan 2011	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
28 May 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
25 Nov 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

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

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by SCSWIS. You can get more copies of this report and others by downloading it from our website:
www.scswis.com or by telephoning 0845 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

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

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

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

Telephone: 0845 600 9527
Email: enquiries@scswis.com
Web: www.scswis.com