

# Care service inspection report

## Maybank

### Care Home Service Adults

St. Catherine's Road  
Forres  
IV36 1LL

Inspected by: Karen Rose

Christine Twedde

Type of inspection: Unannounced

Inspection completed on: 12 January 2012



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### **Service provided by:**

The Richmond Fellowship Scotland Limited

### **Service provider number:**

SP2004006282

### **Care service number:**

CS2008179397

### **Contact details for the inspector who inspected this service:**

Karen Rose

Telephone 01463 227630

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	4	Good
Quality of Environment		N/A
Quality of Staffing		N/A
Quality of Management and Leadership	4	Good

### What the service does well

The service continues to work with people who use the service, their families and healthcare and social work professionals to provide a service placing people at the centre of their care.

The provider continues to offer a good level of training for staff. Staff spoken with were committed to supporting the people who use the service and made positive use of the documentation provided.

### What the service could do better

The manager and senior staff need to ensure the supervision and appraisal policy is followed and documentation used effectively to illustrate agreed objectives and training.

The manager must review the challenging behaviour policy and procedure and ensure staff are fully aware of their responsibilities and role.

The service should consider further developing the organisation's participation strategy and service brochure to provide an easy read / pictorial version to aid people's understanding of what the service provides and what they can expect from staff and what staff expect from them.

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

Since the last inspection the service has continued to develop and review the personal support and development agreements and use the information to support the people using the service.

## **Conclusion**

Maybank continues to provide a good service to the people using the service. The manager and staff work together to address the needs of people using the service working with families, healthcare and social work professionals. The manager and staff need to review practice in relation to challenging behaviour and ensure that all staff understand their roles and responsibilities in supporting people with profound learning difficulties.

## **Who did this inspection**

Karen Rose  
Christine Tweddle

# 1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (Care Inspectorate), took over the work of the Care Commission, including the registration of care services. This means from 1 April 2011 this service continued its registration under the new body, Care Inspectorate.

Maybank is registered to provide a care service to a maximum of seven adults with learning disabilities. The service is run by a voluntary organisation, The Richmond Fellowship Trust. The service is provided in a large two storey detached house set in a residential area close to local amenities. All the bedrooms are for single occupancy and have an en-suite shower and toilet.

The service has a written statement of aims and objectives; this includes the aim to "ensure that each person has a positive fulfilling life with structure, routine and clear guidance on how to live with others in their home. Maybank will offer the opportunity to progress and develop in areas of their personal living skills, community placements such as jobs, day services leading to increased participation within their community of Forres and further".

All references in this report will be to The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 ("the Regulations") (SSI 2011/210).

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - N/A**

**Quality of Staffing - N/A**

**Quality of Management and Leadership - Grade 4 - Good**

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](http://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 the 19 December 2011, commencing at 09:45am and lasting five and a quarter hours. Feedback took place on the 12 January 2012 and lasted one and quarter hours. The inspection was carried out by Inspector, Karen Rose and Inspector Chris Tweddle.

As requested by us, the service sent us an annual return. The service also sent us a self-assessment form.

We issued four Social Care and Social Work Improvement Scotland Care Standards Questionnaires to the service for distribution to people who use the service, no completed questionnaires had been returned before the inspection.

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

- Supporting evidence from the up to date self assessment
- Service brochure
- Complaints policy and procedure
- Newsletters
- Participation strategy
- Personal support and development agreements
- Accident, Incident reports and debriefing documentation
- Risk assessments
- Staff training records, supervision and appraisal documentation
- Staff minutes of meetings.

- Observation of practice and discussion with the staff, senior carer and manager and one service user
- Examination of the environment and equipment (for example, is the service clean; is it well set out and are equipment and resources clean and in good repair).

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

### **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](http://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 the headings that we grade them under.

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

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

There were three service users using the service at the time of the inspection. The inspectors spoke briefly with one person and they indicated they were supported by staff and had no complaints.

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

Carers include parents, guardians, relatives, friends and advocates. They do not include care staff. No family members were involved in the inspection visit on this occasion.

## 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: 4 - 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 this service was performing well in the area covered by this statement. We concluded this after we spoke with the staff and people using the service. We reviewed individuals' care records, staff training records and the service's policies and procedures.

The service had a service brochure including admissions policy in place; this was informative and provided information about the services provided by the organisation. The service had an admissions policy and procedure in place which stated the information to be given and made reference to trial visits. There was evidence of staff preparing for people being admitted to the service and evidence of visits to meet the person and/or liaison with professionals and families involved in the person's care.

There was evidence of a complaints policy and procedure and this was appropriate. One personal care plan seen had evidence of discussion with the service user and a pictorial complaints procedure was in the person's file and signed by the person using the service. There was evidence of written agreements and an easy read version was seen in one person's file and signed by the person using the service. There was evidence that one person was receiving independent support from an advocate and their involvement was clearly recorded within the person's personal support and development agreement (PSDA).

A participation leaflet was available that illustrated how things were managed and what areas the person could participate in. Evidence was seen in one file of the participation leaflet and staff were asked to discuss this with the person using the service.

A newsletter was seen for the organisation and this provided information on the organisation as a whole and made reference to questionnaires issued. Discussion

with the manager indicated that responses are made available to families and people using the service. Discussion with the senior on the day of inspection indicated that service questionnaires / audits have been undertaken with staff and people using the service and results were fed back by the service intranet.

There was evidence of participation by individuals in care reviews, care planning and care programme reviews, there was evidence of family involvement and a range of healthcare and social work professionals.

Meetings were held with relatives and there was evidence of discussion regarding individual's care.

Discussion with staff indicated that they were willing to hold meetings with families and encouraged families to be involved in decision making processes. There was evidence that relatives were able to take part in core team meetings and CPA meetings. Diaries were completed for parents weekly to illustrate support provided.

There was evidence of the use of pictorial information being used to aid and support communication with people using the service. There was evidence of support from the speech and language therapist to assist staff with use of Makaton. Discussion with staff indicated that staff practised new signs at handover and that some had been personalised for individuals using the service. There was evidence of CLDT / psychiatry involvement to aid communication and signing to support and enable individual's communication. Discussion with the senior indicated that a DVD had been developed and assisted staff with using signing and communication with people who use the service. This enabled individuals to participate as fully as possible in making decisions about their care and the service being provided.

### **Areas for improvement**

Though the service provided a service brochure, this is not specific to Maybank and the service should develop an easy read / pictorial version to aid people's understanding of what the service provides and what they can expect from staff and what staff expect from them.

There was no evidence seen of how participation by the person using the service, their family or representative, or staff has led to service improvements. The service should ensure that changes to service provision as results of feedback is recorded and improvements to outcomes for people using the service are clearly identified. The service may wish to consider how they can share information about the service with families, people who use the service and other interested stakeholders, by further developing the newsletter and making this more specific to Maybank.

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**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 5

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

### Service strengths

We found this service was performing well in the area covered by this statement. We concluded this after we spoke with the staff and people using the service. We reviewed individuals care records, staff training records and the service's policies and procedures.

Each service user can have up to three folders as their personal support and development agreements (PSDA), sections five and six contain the working document. These contained information pertinent to the individual including important people; Adults with Incapacity part 5 treatment certificates and care plan. PSDA's contained information that gave staff an indicator of a good day, a bad day, hobbies, goals, how staff could support the person and how they like to spend their day. These were informative and gave a clear insight into the person. There was evidence of choices and of the person being supported to be involved in decision making. The staff made use of signing and pictures to assist communication. There was evidence of a range of specialist help including community learning disability team, occupational therapy, psychiatry, chiropody, NHS 24, GP, Speech and language therapy and the dentist.

The service had a managing individual risk policy that promoted a positive view on taking risks and made reference to a person centred approach. There was evidence of risk assessments for the individual person that related to aspects of their daily life and how they could be supported to minimise risk and take part in activities within and outside the service. Risk assessment documentation made reference to service user capacity, communication and support needs, sharing of information, historical or significant information. Current risks were identified with preventative and protective measures along with a management plan.

Communication needs were addressed and there was evidence of continual input from the speech and language therapist. Positive use was made of signage, use of care maps and social stories for outings for the service user all supported a person centred approach to care.

There was evidence of support relating to challenging behaviour and all plans seen were written from decreasing opportunities for challenging behaviour to start. CALM plans were in place where appropriate. The use of colour coded charts illustrated a reduction in the incidents of restraint and CALM interventions for one person. This promoted a positive culture towards the person and the management of his care.

There was evidence of multi-disciplinary team approaches to care and reviews of care. CPA meetings were held six weekly. Support plans' notes and general daily notes were completed by staff and illustrated the support provided. Each file seen had indicator of high risk alerts at the start of the folder that gave staff an indicator of where to look for further information.

There was evidence of the senior auditing care plans and pointing staff towards further development.

Evidence of monthly reviews of care by staff were seen. Staff meetings evidenced discussion of care in relation to individual people and illustrated staff involvement in problem solving.

### **Areas for improvement**

The manager should review PSDA files and ensure that documentation is completed fully and signed by staff as per organisation policy and procedure as this was not always happening.

Though reviews of care illustrated some changes to care this was not always transferred to the support plan. Staff need to ensure that changes are made to support plans after review and where appropriate or information may become lost.

Some service users had written agreements within their PSAD, however one person did not and staff should ensure that all people using the service have a written agreement in their files.

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

**Number of requirements:** 0

**Number of recommendations:** 0

**Quality Theme 2: Quality of Environment - NOT ASSESSED**

**Quality Theme 3: Quality of Staffing - NOT ASSESSED**

## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

#### Service strengths

We found this service was performing well in the area covered by this statement. We concluded this after we spoke with the staff and people using the service. We reviewed individuals' care records, staff training records and the service's policies and procedures.

Evidence in this quality statement relates to evidence found in quality statement 1.1.

The service had a range of policies and procedures in place that evidenced the importance of participation and there was evidence of policies being shared with people using the service. Some of these had been translated into easy read versions including the complaints policy and procedure.

#### Areas for improvement

There was a large range of policies and procedures in place to underpin service provision. However they were not easy to read, the senior staff member indicated that they would be adapted for those who wished to read them. The organisation should develop easy read policies and procedures for people using the service and for their families.

The organisation must ensure that staff receive training in relation to participation and the delivery of the organisation's participation strategy, there was no evidence within the staff files reviewed that training had been provided.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

#### Service strengths

We found this service was performing well in the area covered by this statement. We concluded this after we spoke with the staff and people using the service. We

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reviewed individual's staff meetings minutes, staff training records and the service's policies and procedures.

There was evidence of management meetings and discussion regarding learning and development, quality, individual's needs and staff needs. There was evidence of discussion relating to the PSDA files. There was evidence of core / team meetings and evidence of people's needs being discussed and other household issues. The organisation had a range of training opportunities available to staff including leadership, supervision skills and management development. There was evidence of staff being supported to access training and of planned training for 2012. Staff spoken with felt supported and were able to raise concerns with their peers and senior staff.

The service had a development policy that made reference to supervision, appraisal and the development of an individual learning plan for each staff member. There was evidence of the service implementing a supervision and appraisal process and this was used to identify and address staff development needs. The service supervision and appraisal policy linked to staff performance and staff learning and development. Staff received monthly supervision if full time and bi-monthly if part time. The policy also stated that staff should receive fortnightly supervision during their induction period.

Three staff files were seen, one for each senior with responsibility for supervision. These contained a variety of supervision notes and meetings that linked to staff training and development. The organisation had supervision documentation in place, these sign-posted supervisors to review agreed actions from previous supervision, record things that had gone well and achieved objectives. There was space for agreed objectives, new and carried forward, general comments and space to identify the next meeting date.

### **Areas for improvement**

Some staff meeting minutes had agreed outcomes and some did not. Some minutes were signed off by staff and some not. The service needs to ensure agreed procedures relating to recording of meetings, outcomes and signing was followed by all staff to promote consistency.

The service must ensure that they are following their supervision and appraisal policy as this does not appear to be happening consistently. Though the development policy made reference to each staff member having an individual learning plan this did not appear to be happening consistently. There was no evidence of discussion about training attended and outcomes in supervision records or how training affected or altered practice. The service needs to apply the policy consistently for all staff and ensure that the supervision documentation is used effectively as at present there is a variety of approaches to supervision and recording outcomes.

Issues identified by different staff during supervision related to communication

between staff, consistency of practice and individual attitudes and values. The service needs to ensure areas identified during supervision are followed up and reference is made to these at future supervision. There was no reference to discussion as a staff team about issues raised and how these could be addressed. The service needs to ensure that issues are addressed both at supervision and in team meetings to ensure the service develops and promotes positive outcomes for people using the service.

On the day of inspection an incident occurred that resulted in CALM being applied and restraint with at least two lots of PRN medication being given. The outcome was not favourable for the person using the service and had occurred because of lack of communication between staff. This was discussed fully with the senior on duty and with the manager at feedback. The incident form and debriefing documentation had been completed fully and enabled staff to reflect on the incident. Discussion with the manager took place in relation to the service reviewing their approach as staff intervention may have assisted in escalating the incident on the day.

It is required that the service reviews the management of challenging behaviour including restraint policies and procedures and staff understanding of its implementation.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The service must review the management of challenging behaviour including the restraint policy and procedure, including staff understanding of its implementation.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1) Welfare of users and  
National Care Standards for Care Homes for People with Learning Disabilities  
Standard 5.10 Management and staffing arrangement.

Timescale: Within one month of publication of the report.

## 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

There was communal CCTV in use at the time of the inspection, but this was not being used in individuals' bedrooms. Discussion with the senior indicated that only the manager had access to the pass code to re-enable the CCTV. The service remains in discussion with the Mental Welfare Commission and the Local Authority over the use of CCTV.

### 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

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 5	5 - Very Good
<b>Quality of Environment - Not Assessed</b>	
<b>Quality of Staffing - Not Assessed</b>	
<b>Quality of Management and Leadership - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good

## 6 Inspection and grading history

Date	Type	Gradings	
10 Dec 2010	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
10 Jun 2010	Announced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed
25 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and Leadership	4 - Good
11 Sep 2009	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate

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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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## Translations and alternative formats

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

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Telephone: 0845 600 9527

Email: [enquiries@scswis.com](mailto:enquiries@scswis.com)

Web: [www.scswis.com](http://www.scswis.com)