

Care service inspection report

Antonine Court

Support Service Without Care at Home

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Drumchapel

Glasgow

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Inspected by: Jacqueline Young

Type of inspection: Unannounced

Inspection completed on: 13 May 2013



HAPPY TO TRANSLATE

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Service provided by:

Drumchapel Disabled Action 2 Limited

Service provider number:

SP2005007682

Care service number:

CS2005102929

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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

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership	5	Very Good

What the service does well

Service users spoke very highly of Antonine Court and the benefits gained from attending the centre.

Staff and management were found to be very motivated and committed to providing a good quality service to people,

What the service could do better

Six recommendations have been made in this report. These relate to the complaints procedure, improving lighting in some parts of the centre, frequency of staff supervision, the annual training plan, quality assurance guidance and a service development plan.

What the service has done since the last inspection

The service had implemented a new personal planning planning that was more person centred, and in turn encouraged more service user involvement.

We last inspected the service three years ago, and since then it has had to deal with the impact of changes to funding. This is an area that continues to be difficult for the service. However, the focus continues to be about a delivering the best possible service to people.

Conclusion

Many strengths have been highlighted in this report and local management were committed to taking forward the recommendations we have made in this report. We would suggest that the areas relating to the recommendations are included a service development plan. This will help in the monitoring and action planning of these areas.

Overall, Antonine Court was found to be providing a service that people valued and thought made a difference to their lives.

Who did this inspection

Jacqueline Young

1 About the service we inspected

Antonine Court is a day centre that is registered with the Care Inspectorate 'to provide a care service to a maximum of 20 adults with physical disability and /or complex needs'. The centre operates five days a week, from Monday to Friday, between 9am and 5pm.

The service provider is Drumchapel Disabled Action 2 Limited, who manage the service through a committee of Board members, that include service users.

The service is situated within Drumchapel (Glasgow), and is a resource and development day centre for adults. The centre was purpose built in 1993. Accommodation consisted of a reception area, computer suite, 'snoezelen' room, bathing/toilet facilities, three group/meeting rooms and space for dining. There is a car park to the front of the building, and a garden area is located at the rear of the centre.

Antonine Court client/carer charter stated that: 'The aim of all within Antonine Court is to provide and maintain a quality level of service for people with a physical disability and allow their views to be recognised and enable them to maintain their presence within the community'.

It also aims 'to offer engagement through a wide choice of enjoyable activities. These are available at different times of the day to meet your requirements and you will be able to create your own individual activities plan'.

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 - Grade 5 - Very Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 5 - Very 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.careinspectorate.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

We wrote this report following an unannounced inspection. This was carried out by Jacqueline Young (Inspector) over two days on the 17 and 18 April. We gave most of the feedback to the manager and services manager on the 18 April. We completed the feedback on the 13 May 2013 upon receipt of additional information provided by the service.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We asked the manager to give out 6 questionnaires to staff and we received 3 completed questionnaires.

During this inspection process we gathered evidence from various sources, including the following:

We spoke with:

- twelve people who use the service
- the services manager
- five support workers
- the registered manager
- a visiting health professional
- two committee members.

We looked at:

- the registration certificate and associated staffing schedule

- aims and objectives of the service
- personal planning paperwork and review records for three people
- minutes of staff meetings
- complaint/concern information
- participation information, including questionnaires and evaluations
- minutes of service user, committee and staff meetings
- records that show checks on the environment and equipment
- accident/incident reports
- employers' liability insurance certificate
- staff training information
- quality assurance information to see how the home and organisation monitor and assess aspects of the service, such as care, staffing, environment and management
- staff interactions with people using the service
- the environment. For example: Is the service clean? Is it set out well? Is it easy for people with mobility needs to move around?

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 requirements we made at our last inspection

The requirement

The provider must ensure that all safer recruitment practices reflect current good practice and relevant legislation. In order to do this:

- * staff responsible for recruitment practice and procedures must receive training from a specialist on safer recruitment.
- *Disclosures must be carried out by the provider for all new staff prior to appointment.
- *evidence of interviews must be in place for all staff appointments.

What the service did to meet the requirement

Safer recruitment policy guidance was in place that supported current best practice and legislation. This included evidence of interviews for all new staff prior to appointment, and checks for new staff in line with the Protecting Vulnerable Groups (PVG) scheme. Staff responsible for recruitment had attended relevant training.

The requirement is: Met - Within Timescales

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

Two recommendations were made at the last inspection in June 2010. The recommendations asked that:

'The service should carry out an initial reviews after a person starts attending the centre.', and that

'The recruitment policy should be developed further to include fuller information health declarations and a statement on Notifications to the SSSC.'

We found that both recommendations had been met. Following our inspection we were sent an updated recruitment policy. Since then, the Protecting Vulnerable Groups (PVG) scheme had come into effect and this change had been reflected in the recruitment policy.

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.

All sections of the self assessment had been completed. See Statement 4 of Theme 4 for further comments.

Taking the views of people using the care service into account

We met with 12 people during our visits. This was done by a group meeting with 10 people, and by individual meetings with 2 other people.

People that we spoke to said they were very happy with the overall quality of service.

Examples of comments made by people about their view on the service are reflected throughout this report.

Taking carers' views into account

We met with the husband of a service user, who was very complimentary about the quality of support and staffing.

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

Under this statement we gathered evidence relating to participation, for example: people's involvement in their personal plans, opportunities for people to get involved in decisions about service delivery and how staff spoke to and interacted with service users. From the evidence we considered, we found very good performance.

Antonine Court was formed in 1984 by a group of disabled group people from the Drumchapel. The group considered that a centre for disabled people to meet and receive support and assistance was needed within the local area. The group fought for a centre to promote their social well being (model of care) rather than a health model. The beginnings of the centre reflect the ethos of the centre, in that is a service that was created by service users for services users. This underpins the how the involvement of service users and carers involvement in the assessing and improving the quality of the service.

We saw that the service had invited comment from service users on the quality of care, environment, staffing and management. A participation policy explained how people could get involved in influencing the service. Some of the ways included:

- * involvement in personal plans
- * review meetings
- * informal day to day discussions, this was very evident during our visit
- * regular evaluations of group work
- * information days involving both service users and carers
- * a newsletter (this had not been done for a while, but was relaunched after our visit)
- * service users and carers were on the Board of Directors, which met monthly

- * annual questionnaires that asked for people's views on the quality of service
- * annual general meetings
- * comments/suggestions/complaints forms.

Since the last inspection personal planning paperwork had changed with the aim of being more person centred. From the sample of personal plans we looked at this looked to be moving in the right direction in capturing more service user involvement. For instance, there was now a section on 'Who I Am' and 'My Support Needs Are' and this was written from the service user's perspective. It would be good to evaluate the effectiveness of changes to personal planning work as part of ongoing participation methods.

Reviews were the more structured individual forums for participation. We could see that these were happening when needed. In the last inspection report we highlighted an area for improvement about the timing of reviews for new service users. For instance, this is usually done four weeks after starting the service. We saw that this had been happening.

Regular evaluations of activities were carried out with service users, and we could see that the service responded to service users views. Reviews and annual questionnaires also invited comment from service users on aspects of staffing.

We discussed the possibility of offering service user meetings to people who attend the centre. This could be a useful forum to show people's ongoing involvement in the service's self-assessment and associated gradings. Management thought this was a good idea and said that they would explore this with service users.

People had the opportunity to have their say on changes and improvements needed to the centre's accommodation. There was evidence of the service responding to people's suggestions about the environment. For instance, people had said that a bigger sign for the centre was needed as it could be difficult to find the centre. To improve this service users had made a mosaic sign that showed the street number and name of the centre. The service had also helped another service user with a visual impairment by making the light switches to bathrooms easier to see. People would also be given the opportunity to have their say in plans to redecorate the centre which was due to take place towards the end of May.

Since our last visit a new mini-bus had been purchased for the centre. This had been identified by service users in an independent report, carried out as part of participation methods.

As the Board of Directors included service users, this automatically ensured that service users were involved in the recruitment of staff members.

Service users spoken with on the day of the visit stated that they felt able to raise

matters with staff members, and were confident that their views would be taken seriously.

Carers and service users could attend training provided to staff member if they wished to do so.

People who used the service thought the staff team were "excellent, you can have a laugh with them..they go the extra mile when they don't have to, that really says it all".

An 'open door' approach was promoted by management. Service users had a good view of management and felt comfortable to approach them with any matters, concerns or suggestions.

Service users knew they could attend the organisation's Annual General Meeting. This was open to any service user who wished to attend.

An organisational complaints procedure was in place that included stages of the process and timescales. Service users knew about the complaints procedure and said "we wouldn't have to go down that road as if there's ever anything, you just say to them and it's sorted out there and then..that's the way it should be".

Since our last visit the service had improved how it feedbacks to people when they ask for individuals views on the quality of the service. We could see that this had been done through the centre's newsletter. This year, questionnaires had been issued to services users to ask for their views on different aspects of the service. At the time of the inspection these had not yet been analysed. We suggested that the questionnaires could be aligned to the quality themes and grading that we use. This would also help when completing the self assessment which requires evidence of service user involvement. We also suggested that there was scope to make more use of six monthly reviews to evidence people's involvement in assessing the quality of the service. The manager agreed to take this forward.

The feedback we received from the questionnaires we sent to people was very positive about all aspects of the service. People we spoke to during the visit were also very positive and were keen to highlight how much they enjoyed the service. Many people told us how much they valued the centre, and that it was a "lifeline" to means of social contact and meaningful activity. People that we spoke to thought that all aspects of the service should receive an excellent or very good grade. This indicated the very high levels of service user satisfaction.

Areas for improvement

When we looked at the service's response to a complaint that had been made by a service user, we could see what action had been taken. There was also reference to the service user's satisfaction to the complaint outcome. The organisational

procedure expects that responses are provided in writing to the complainant. Whilst we have commented on positive action taken, this had not been put in writing to the complainant. Monitoring of this should be included in quality audits of the service. (See Recommendation 1).

The service said that service users opinions had been sought when completing the self-assessment submitted to us prior to the inspection visit. This was evident from the discussions we had with service users. However, information in the self-assessment needs to give the specifics of how service users and carers were involved in the self-assessment. For instance, this could been done through reviews and annual questionnaires. The findings and analysis of these processes, would then be the evidence to support the self-assessment and grades.

Best practice on service user engagement suggests that an independent person/body is also used when asking service users/representatives for their views on a service. This had been done in the past, and it we would suggest that this becomes a regular part of participation processes .

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Recommendations

1. The provider should ensure that at all times the complaints procedure is followed, Monitoring of this should be included in quality audits.

National Care Standards for Support Services, Standard 2: Management and Staffing Arrangements.

Statement 3

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

Service strengths

When we looked at how the service supported people with their health and general wellbeing, we found that this to be very good. We concluded this after we considered feedback from service users, discussions with staff and information in personal plans.

We looked at personal planning paperwork and could see that this required staff to assess, monitor and consider support and any risk. Since the last inspection there had been changes to personal planning paperwork. This included a revised assessment and more emphasis on being person centred.

The overall aim of the service was 'to offer engagement through a wide choice of enjoyable activities' to people. At the time of our visit the group programme on offer to people included:

- * cookery, computer, music and art classes
- * boccia (similar to bowls, but designed to be played by people with disabilities)
- * debating
- * glass painting
- * quiz's
- * music
- * reminiscence
- * film and theatre group
- * Active 8 (leisure and social activities for people with a physical disability)
- * Extend (provides gentle exercise to music for older people and for anyone of any age with a disability).

One to one activities were also available to people. For instance, a person who had a stroke spoke about enjoying the spa bath in the centre. Alternative therapies, such as Reiki were provided and staff who did this were trained to do so. People could access the NHS Physical Disability Team who used a room at the centre. A snoozelen room for relaxation. Visits from other health professionals, such chiropodist and opticians could be arranged by the centre if needed.

We spoke to a service user, who had a interest in writing, who was keen to get involved in helping with the newsletter for the centre. Plans to restart the newsletter were in progress, which would become an activity for service users to get involved in.

Outside speakers would attend the centre to talk about matters that service users could relate to. This had included a Personal Safety Talk from the Community Police Officer from Drumchapel Police Station. More recently, a worker from social work services had delivered a talk about Self Directed Support (SDS). SDS is a considerable

change in legislation which effects the way in which individuals access care and support - see www.selfdirectedsupportscotland.org.uk).

The centre had links with other services and organisations, that service users may use. For example, the Citizens Advice Bureau and Welfare Rights Officers.

Social events such as birthdays and festivals (i.e Easter and Christmas) were celebrated.

The centre also organised trips to the local gym where people enjoyed swimming classes. Access to other community resources were encouraged. For example, a service user spoke to us about the great enjoyment he had enjoying a recent trip to the Kings Theatre in Glasgow.

Fundraising was part of many of the social events done both by staff and service users. Part of the fundraising had helped in purchasing a new mini bus for the centre. Service users were pleased with this, as the previous bus was prone to breaking down and could not always be relied on for arranging trips out.

The centre was constantly looking for and arranging activities that would be of benefit to people. This meant that activities would change based on what people who used the service wanted or needed. Some people did say that "it would be good to have more days out and different types of things to do, but sometimes that isn't possible because of money. Think they try their best with what they've got".

People who used the service chose to attend the centre because they enjoyed their time there. Individuals said they benefited from the centre as "it gets you out of the house, the groups are good and there's good chat here, you can have a laugh as well". For many people they viewed the centre very much as a 'lifeline' for social contact. Overall, people's time at the centre was viewed as being positive on their general health and well-being.

Areas for improvement

When we looked at review minutes, it did not always show that all areas of support and risk had been considered at the time of reviews. We would ask that the process of reviews show a more joined up process. By this we mean that the minute should reflect a review of a person's actual support areas and any associated risk assessments. In addition to this, support areas should show clearer evaluation to determine the effectiveness of support being delivered. Evaluations of support areas should be done on a regular basis and in preparation for reviews. (See Recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Personal plans need to show a more joined up approach to the evaluation, review of support needs and associated risk assessments.

National Care Standards for Support Services, Standard 4: Support Arrangements

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

The performance for service user involvement under this statement was found to be very good. The evidence relating to this has been included under Quality Theme 1, Statement 1.

Areas for improvement

The areas for improvement have been included under Quality Theme 1, Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We found this service to have very good performance in the areas covered by this statement. We focused on the service's approach to the management of the physical environment and how this considered the safety of service users.

The centre had a secure door entry system that allowed staff to control who had access to the building. All people entering the centre required to sign a visitors book. This meant a current record was in place to show who was in the centre at any time.

Antonine Court was purpose built with a barrier-free environment for people who had a physical disability. The local NHS Physical Disability Team used a room in the centre, and this resource could be accessed by service users attending Antonine Court following an assessment of need.

On the days of the inspection visits the service was found to be clean and standard of good housekeeping were noted. Staff did a good job of making the internal environment as comfortable and inviting for service users.

During the inspection we noticed a leak from the glass ceiling in an activity room. We were pleased to be informed that the leak was repaired shortly after our visit. In addition to this, redecoration of the centre was due to start towards the end of May. By June 2013 it was anticipated that the refurbishment of the kitchen would be completed.

Regular health and safety checks and associated risk assessment were in place to ensure the environment was safe. For example, checks on the temperature of hot water, electrical, moving and assistance equipment and and consideration of risk showed to be in keeping with health and safety guidance.

Staff who drove the centre's mini bus were appropriately trained to do so in that they had attended MiDAS (Minibus Driver Awareness Scheme) training.

A current employers liability certificate was in place. This is required by law in the context of a employer's responsibilities to staff health and safety at work.

A system for accident and incident reporting was in place. We could see from the reports sampled that action was taken when needed.

During our visit bins in toilet and bathrooms were replaced with pedal bins. This is in keeping with best practice on infection control.

Adult Support and Protection training was provided to staff. This meant that staff working in the centre would have an awareness of the different types of harm, and what to do if they suspected anyone may come to harm. Staff we spoke with also had an awareness of the Whistleblowing policy.

Areas for improvement

As stated in previous inspection reports, vandalism remained an ongoing issue for staff in efforts to keep the garden looking attractive. At the time of our visit, a new police station was being built across from the centre and staff hoped that this would help with the problems caused by vandals.

Some of the lighting in bathrooms and toilets was found to be quite dull. The manager advised us that this would be improved, and we would ask that a timescale for this is identified. (See Recommendation 1).

We discussed the need to develop staff training on infection control. This will be referred to under Quality Statement 3.3 of this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should confirm the timescale for improving the lighting in bathrooms and toilets.

National Care Standards, Support Services, Standard 4: Your Environment

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The performance for service user involvement under this statement was found to be very good. The evidence relating to this has been included under Quality Theme 1, Statement 1.

Areas for improvement

The areas for improvement have been included under Quality Theme 1, Statement 1.

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

We considered the performance of the service to be good in the areas looked at under this statement. We looked at evidence relating to the quality of staff such as training/education, supervision/appraisal and team meetings. We also observed staff practices and spoke to staff about their work.

A system for formal staff supervision and appraisal was in place for staff and the manager. Staff said that they found supervision to be a supportive and helpful process. Individual staff members also spoke about regular informal supervision from the manager and services manager.

Team meeting minutes that we looked at showed that these usually took place on a monthly basis. Minutes of these meetings showed that work matters, staff development and service user support was discussed. We suggested that it might be better to separate out service user discussions from staff meetings for the purposes of confidentiality. This would mean that minutes of staff meetings could be shared with service users, as were minutes of committee meetings.

In addition to team meetings, the staff group would also meet each day and at least once a week to plan and discuss work matters. For instance, if a new service user had been referred to the centre this would be part of these meetings and would not wait until the next monthly team meeting.

Training was made available to staff. Examples of training that was available included fire safety, moving and assistance, food hygiene, first aid, care planning, challenging behaviour, welfare rights, social networking, adult support and protection.

Staff had an awareness of the National Care Standards that we inspect against and the Codes of Practice as issued by the Scottish Social Services Council (SSSC).

Excellent progress had been made regarding staff obtaining qualifications for registration with the SSSC, with all of the team holding an appropriate qualification. The SSSC is responsible for registering people who work in social services and regulating their education and training. The manager and services manager were already registered with the SSSC.

The manager and services manager said that they had opportunities to observe staff in practice. This approach, also known as 'observational monitoring', is in keeping with good practice on quality assurance on staff performance.

Staff we met with were positive about their work and described team working and morale as being good.

Areas for improvement

When we looked at supervision records it was not always clear how training and 'observational monitoring' was evaluated in relation to what difference it had made to staff practices and outcomes for service users. From our discussions with staff, we were told that the impact of training was discussed and that 'observational monitoring' was carried out. It would be good for the detail of this to be recorded in supervision records. There is scope to develop how minutes of supervision and team meetings are recorded to show matters arising and action planning.

Since the last inspection the manager had taken maternity leave and the services manager had been covering the service until the manager returned. We noted that the supervision arrangements for the services manager during the manager's absence could have been clearer. In the previous inspection report we suggested that the frequency of supervision was increased from a six monthly interval. This should now be taken forward. If done this would assist with progressing the above areas of improvement we have identified in relation to supervision. (See Recommendation 1) .

From the individual training records were looked at we could see that some training had been identified, but proposed dates were not always identified. It would be helpful to develop an organisational annual training plan that sets out organisational mandatory training along with service specific needs. This should include dates to assist in the planning of staff availability. The manager was aware of the need to secure updated training that was specific to individual service users, i.e. stroke awareness and reflect this with the service's annual training plan. (See Recommendation 2).

Whilst staff were aware of what constituted good practice in areas of their work, this was not always related within the context of recognised best practice. We suggested that it would be good to develop a 'best practice' resource so that staff could easily access this. It may also be helpful to have 'best practice' to become a standard agenda item on staff forums such as staff meetings or supervision. This would enhance the existing culture for new learning and education.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The frequency of individual staff supervision should be increased. In addition the provider should ensure that adequate supervision arrangements are in place for the services manager in the manager's absence.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements

2. The annual training plan should be developed to show organisational mandatory training, and training that is specific to service user needs.

National Care Standards, Support Services, Standard 2: Management and Staffing Arrangements

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

The performance for service user involvement under this statement was found to be very good. The evidence relating to this has been included under Quality Theme 1, Statement 1.

Areas for improvement

The areas for improvement have been included under Quality Theme 1, Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We considered the performance of the service to be good in the areas of quality monitoring, audit and associated reporting.

The centre had clear aims and objectives in place that explained it's purpose and remit of service delivery. A website for the service was available, and the manager said that plans were in place to update parts of it.

A business plan was in place that contained information on the objectives for the service and organisation.

Team meetings, supervision/appraisals and participation processes were in place to assess and monitor the quality of staff performance.

Local management checked the quality of personal plans and audits were carried out on the environment. We could see from these processes that actions were taken when needed.

The manager would submit information from any audits and other aspects of service provision to the Board of Directors on a monthly basis. Minutes from board meetings were provided to service users and the staff team. Other forums such as Information Days and newsletters could be used to give and receive information and feedback to service users.

The service also completed reports to Glasgow City Council's commissioning department as part of external monitoring processes.

Service users and staff held a positive view of the management of the service. Comment reflected a style of management that was very much about supporting staff and providing a quality service to people.

Areas for improvement

Whilst we could see that the service was responsive to feedback from service users, staff and other stakeholders (i.e care managers), and that quality assurance systems were in place. There needed to be more structure to quality assurance. This could be done by developing a comprehensive quality assurance policy and tool should that will show how the service is monitored and evaluated. The policy should include information on:

- * responsibilities for quality assurance
- * local and organisational audit approaches

- * what happens with the findings of audits
- * staff training on quality assurance
- * external stakeholders involvement in the service's quality assurance processes.

Audit tools should also be developed where necessary. For example, we have said that management checked the quality of personal plans. However, there was no audit framework for this. Therefore this could be left to individual interpretation of what constituted a good personal plan. Having such frameworks in place would allow for shared understanding, consistency and show the action needed and follow-up monitoring processes. (See Recommendation 1)

The service needs to develop a continuous development plan to show quality improvement. This should include feedback from service users, staff and relevant others. It should also include findings from management monitoring, such as audits and staff performance processes. The development plan should be regularly reviewed, amended and added to. (See Recommendation 2)

We found that information within the service's self assessment tended to detail systems. We discussed that there ought to be more of a focus on outcomes. We highlighted the need for future self assessments to more clearly capture the process of how grades are reached by involving service users and other stakeholders. We also discussed that the self assessment was part of quality assurance and ought to reflect continuous improvement. By this we mean that work on the self assessment should be done on an ongoing basis, and not just for the purposes of inspection activity.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. Quality assurance guidance should be developed that will explain how all aspects of the service are monitored and evaluated.

National Care Standards for Support Services, Standard 2: Management and Staffing Arrangements.

2. A service development plan should be compiled that will outline the short and long term objectives that are specific to Antonine Court.

National Care Standards for Support Services, Standard 2: Management and Staffing Arrangements.

4 Other information

Complaints

In June 2011, we upheld part of a complaint that related to the provider's complaints policy and procedure. Following this we found that the complaint procedure had been completely reviewed by the provider and was found to be in keeping with best practice in terms of language, and the information given to the user.

Therefore, no further action was required by the service in respect of this complaint.

Enforcements

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

Additional Information

No additional information recorded.

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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme 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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
14 Jun 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
9 Jul 2009	Announced	Care and support 6 - Excellent Environment 5 - Very Good Staffing 4 - Good Management and Leadership 6 - Excellent
27 Oct 2008	Announced	Care and support 5 - Very Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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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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ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

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

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