

Care service inspection report

Murray Owen Centre

Support Service Without Care at Home

1 Liddell Grove

Murray

East Kilbride

Glasgow

G75 9AD

Telephone: 01355 237951

Inspected by: Alan Paterson

Type of inspection: Unannounced

Inspection completed on: 31 July 2013



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Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2003001366

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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	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

We noted that the service was operating in an integrated community based setting.

We saw excellent school to adult service transitional arrangements in place involving all stakeholders in the service users care planning.

Service users evaluate the staff they received support from.

Service User Participation is supported by independent advocacy workers.

What the service could do better

The service would benefit from re-evaluating the controlled entry system within the service building to ensure that it does not unnecessarily restrict service user movement.

What the service has done since the last inspection

The service has added the transitional and staff evaluation practices mentioned in the previous section.

The planned refurbishment has been completed and the service building has been upgraded to a very good standard.

Conclusion

The service is continuing to develop day services for the service users which promote independence and participation.

Who did this inspection

Alan Paterson

1 About the service we inspected

The Murray Owen Centre is operated by South Lanarkshire Council and provides Community Support Services for people with a learning disability, some of whom may also have a physical disability.

The service is operational 52 weeks of the year and is currently open between 8.45 am and 3.45 pm Monday to Friday. Patterns of use are flexible dependent on the needs of the people using the service and range from one to five days a week.

The service is registered to provide day care and support for a maximum of 45 adults. A further 20 adults can also access the service on a drop in basis. The numbers using the services varies on a daily basis.

The service aims to maximise the personal and social development of service users through a programme of structured activities tailored to individual needs and choice. The service has been registered with the Care Commission since 1 April 2002. The registration of the service passed to SCSWIS in April of 2011.

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 5 - Very 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

In the course of this inspection we:

- Discussed the service with the service manager, the senior day centre officer and staff providing the service.
- We spoke with service users attending on the days of inspection
- We examined 10 service user personal plans
- Observed activities taking place
- Examined the environment activities were taking place in
- Examined service documentation including recording of staff and service user meetings, supervision and audit record

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

1. The Provider should take steps to resolve the water penetration of the centre's roof.

National Care Standards - Support services - Standard 5 - Your environment

This recommendation had been addressed and is met.

2. The service should review its current staffing schedule to ensure that staffing levels meet the needs of those attending the service.

National Care Standards - Support services - Standard 2 - Management and staffing arrangements.

This recommendation has been addressed and is met.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a comprehensive self assessment electronically.

Taking the views of people using the care service into account

Yes I like coming here

I like the gym

Taking carers' views into account

There were no carers present during inspection. We tried to contact some carers by telephone but were unsuccessful.

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

We concluded that the service was very good in this aspect of the inspection. We concluded this after:

- Discussion with service manager, senior DCO and service staff, examination of provider policies and audits, examination of service records regarding reviews and meetings, examination of service user personal plans and talking with service users present at the time of the inspection.

The service is provided by South Lanarkshire Council Social Work Resources (SLC) and as such operates under the council's participation policy which is supportive of service users, carers and families participating in the development of the services they attend.

We found that the participation policy was carried out in the centre in a variety of activities;

Service users have a key worker who carried particular responsibility for the individual's care including communication with carers and families. This helped the service maintain positive relationships which promoted good communication between the service and carers. We observed service staff communicating with parents and discussed their aims in this activity. Staff exhibited good understanding of the needs

of carers/ parents and were able to use the relationships they had developed to deliver effective support.

The service operates a service users group which advocated for service users. This group is supported by an independent advocacy worker. This supports the independence of the group and helps the service users to participate more openly and freely than if the group was run by service staff.

The service users also attend a council wide forum which offers the service users an opportunity to participate in the broader issues affecting them. This activity has an annual conference run by service users which presents issues important to the service users to service providers.

Each service user has a personal plan which details the service users support needs and the aims of the support provided. The personal plans were available for inspection and those we sampled were up to date, used pictorial communication to make them more accessible to service users and showed that the service users had participated in putting them together.

Service reviews which included all stakeholders in the discussion of the service users support were held regularly and copies of the action plans were included in the personal plans.

The service operates a carers group which meets regularly to discuss the service. We examined records of the meetings. Carers and Parents are regularly contacted by the service users key worker to update them on service matters. This ensures that the carers/ parents are afforded opportunities to participate in the service development.

The service manager audits all of the above activities and produces regular reports which are in turn audited by the providers external management to ensure that participation aims are achieved.

Areas for improvement

We concluded that the levels of participation were very good and noted that they had progressed well since the last inspection with the initiatives regarding participation in developing transitional arrangements, use of advocacy workers and evaluation of staff of particular note. We would recommend that the service continue to develop its participation in this way.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We concluded that the service was very good in this aspect of the inspection. We concluded this after:

- Sampling service users personal plans
- Discussion of service user health and wellbeing needs with the centre manager, senior DCO and key workers.
- examination of staff training records.
- examination of medication handling procedures and arrangements.

Personal plans had comprehensive information regarding the service users health needs. This identified what kind of support was needed for each individual. These included medication, management of epilepsy and moving and handling requirements. These files were kept up to date by keyworkers and audited by the senior DCO to ensure that they were being updated appropriately.

Service User medication was managed appropriately and records were clear and up to date.

The service had very good accommodation for providing personal care having recently had the facility refurbished. The accommodation is spacious which enables the support to be given safely and comfortably and is well appointed with tracking hoists and automatic doors. The provider has installed an electronic system which clearly indicates when the area is in use which ensures the privacy of service users receiving personal care.

The service provides a wide range of activities both within the service location and in the local community which supports the service users wellbeing. Activities include input from the local FE college, healthy eating, supporting health, gardening, keep fit and dance. Each service user participates in putting their individual programme together.

The service has comprehensive policies regarding health and safety within the service and risk assessments of the activities and the service users participation are carried out and we saw these in the service users personal files available for inspection.

Staff receive comprehensive training in health and safety matters and in specific support protocols for supporting the service users, for example moving and handling

and managing behaviour which challenges services. This enables them to provide support in a safe manner.

Areas for improvement

In the personal plans we examined it was not always clear exactly what was required to support a service user which required moving and handling although the protocols existed elsewhere we would recommend that a copy of these are placed in the personal plan.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should consider putting copies of detailed moving and handling requirements in personal plans. This would enable someone using the personal plan to access all the information needed to carry out the support.

National care Standards (NCS) 4 Support Services - 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

Please see comments regarding participation in section 1.1

In addition service users and carers were consulted and actively took part in planning the refurbishment of the building and were supported to visit other services to gather information on the options which they might consider for future development.

Carers are also are consulted through reviews and directly through meetings.

Areas for improvement

Please see above

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 concluded that the service was very good in this aspect of the inspection. We came to this conclusion after:

- discussion with the manager, Senior DCO and staff
- physical examination of the building
- examination of health and safety arrangements

The service has recently been refurbished to a high standard and we noted aspects of this that promotes the service users safety.

- The service buses are maintained to a high standard by the provider
- Drop off and pick up at the service is in an off street portico which ensures that service users do not have to negotiate the road outside the service.
- There is a manned reception desk which ensures that service users who should not be leaving the centre or people who should not be entering the service are prevented from doing so.
- Visitors have to sign in to the service and provide identification.
- Areas used by the service are not accessible to the general public while in use by the service.

Staff receive appropriate training regarding adult protection. This is recorded in the staff member's Personal Development Record (PDR) to ensure that it is undertaken and updated when necessary.

Areas for improvement

The service would benefit from examination of the controlled entry arrangements in the building as this may be hindering service users free access to areas of the service. (recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should examine the controlled entry arrangements within the service to ensure that this is not hindering free access to facilities to service users who can safely do so.

NCS 5 Support Services - Your Environment

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

Please see comments in the sections 1.1 and 2.1.

In addition

The service formally asked the service users to evaluate their key worker and staff providing support. This information is included in the staff Personal Development Record. We were told that this had been a source of some anxiety to staff but had overall been a positive experience. Service users had been very positive about their support and we examined the original documents confirming this.

Service users also meet prospective candidates during recruitment and their views are taken into consideration when staff are selected.

Areas for improvement

The service should look at developing the role of service users in the recruitment of staff with a view to affording service users a guaranteed role in the recruitment of staff.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should examine its practices regarding the involvement of service users in the recruitment of staff with a view to extending and formalising the roles service users play.

NCS 8 Support Services - Making Choices

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We concluded that the service was very good in this aspect of the inspection. We concluded this after; examination of staff records, supervision records, staff meeting records, discussion with staff, senior DCO, Manager and observation of staff practice.

The provider operates safe recruitment and retention practices which include.

- Person Specifications including qualifications, skills and experience for posts advertised
- Equal opportunities policies
- Competitive Interview
- Two references taken up before appointment
- Protection of Vulnerable (PVG) checks completed before commencing employment
- Inductions including compulsory training and shadowing
- Personal Development aims and activities established
- Regular Supervision
- staff appraisal

These activities are mandated by the provider through the SLC recruitment policies and are overseen by the providers external Human Resources department. These represent 'Best Practice' in recruitment and ensure that the staff recruited are fit for the job and remain so.

Staff held the right qualifications for their role and were registered with the Scottish Social Services Council (SSSC) where appropriate.

In the course of the inspection we observed good communication between staff and service users and staff and parents/ carers. This included promoting participation through offering choices, understanding and effectively communicating with service users who were difficult to understand and interpreting the communication of service users through their behaviour. This is evidence of good understanding of service users and their support needs which is gained through positive relationships with them.

We examined staff personal supervision records which showed that supervision is regular and focussed on staff development and appraisal. Copies of the service users evaluation of staff were included in the staff members PDR.

Regular staff meetings were taking place. These were planned in advance, had clear agendas and were recorded.

The provider supports and promotes staff participation in training. Training plans for the coming year were available for inspection.

We also discussed the issues regarding service users coming to the service with their own carers. We were reassured that the service was monitoring that the support workers were appropriately checked. This was achieved through communication with the supplying agency and the service monitored the support workers whilst in the service.

Areas for improvement

We would recommend that the service examine its response to support workers who might be employed directly by the service user or their representative and not through an agency under the new Self Directed Support Initiative.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

Please see comments on participation in section 1.1, 2.1 and 3.1

Areas for improvement

Please see above.

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 concluded that the service was very good in this aspect of the inspection. We concluded this after examination of the services audit procedures, examination of records, the information regarding the service's participation activities given in sections 1.1, 2.1, 3.1 and 4.1 of this report, service users personal plans and review records.

The service commits a substantial amount of resources to ensuring through audit that it is meeting its aims and objectives.

Service Users and carers are regularly sent questionnaires asking for their views on the service as well as the service hosting service user and carer meetings. Results of these questionnaires are compiled by the service management and used to inform service development.

Staff are afforded opportunity to comment through regular staff meetings and personal supervision. These meetings are recorded and examination of them shows that staff are commenting on the service development and contributing ideas. How these ideas are used can be seen in the records of the meetings over time.

Other stakeholders contribute to audits through attendance at the annual review. These include health professionals and social workers.

The audit procedures are mandated by the provider and checked by the service management. Audits are sent for external scrutiny. Issues arising are discussed at the provider's quality groups which are made up from the managers of all of the providers services of this kind.

Areas for improvement

We noted that some of the audit exercises were very time consuming especially those which had a 100% sample required and would suggest that these are looked at under a cost/ benefit analysis.

We noted that not all service users had had their support reviewed twice annually. The service should ensure that they do.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that all service user's support plans are reviewed at least twice annually.

NCS 4 Support Services - Support Arrangements

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

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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very 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	
3 Aug 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
22 Oct 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
7 May 2008	Announced	Care and support	4 - 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 بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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