

Care service inspection report

McClymont Resource Centre

Support Service Without Care at Home

Gallowhill Road

Lanark

ML11 7NZ

Telephone: 01555 666782

Inspected by: Jim Brannigan

Type of inspection: Unannounced

Inspection completed on: 8 November 2013



HAPPY TO TRANSLATE

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Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2003001348

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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 thought the manager was an excellent example to others of how to continually strive for improvement.

The Manager should maintain the very good level of care and support which is currently provided.

We thought the service was aware of the latest initiatives in care and was pro-active in taking these forward.

The service provides service users with a very welcoming, stimulating and pleasant environment. We saw that staff warmly welcomed service users, and treated them as individuals from the time that they arrived in the service.

What the service could do better

We thought that the service could demonstrate more effectively how it responds to issues raised by service users.

We thought that there was room for improvement in how meaningful activities were linked to individual life stories and some of the language and information in care plans could be improved.

The service would benefit from adopting 'reflective practice' to further support staff development.

What the service has done since the last inspection

The service was keeping up to date on the latest initiatives and had good plans going forward to implement them.

The centre continues to provide a high quality service.

Conclusion

We thought that this service was providing a very good standard of care for its service users. We saw that staff made considerable efforts to provide a stimulating, pleasant and friendly environment, while at the same time responding appropriately to service users' individual needs.

Who did this inspection

Jim Brannigan

1 About the service we inspected

McClymont Resource Centre is a support service for older people, which is owned and managed by South Lanarkshire Council. It is purpose built, and provides an attractive and comfortable environment for service users.

The service operates seven days each week, and provides a service to frail, older people and to people who have dementia. The service is registered for a maximum of 32 service users.

The service's aims are described as being the provision of a flexible, stimulating and supportive environment, which forms part of a care package designed to maintain service users in the community.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

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

We wrote this report following an unannounced inspection. This was carried out by Inspector, Jim Brannigan. The inspection took place on Thursday 7 November 2013 between 10.15 am and 16.30 pm. It continued on, Friday 8 November 2013 from 9.55 am until 16.30 pm. We gave feedback to the manager, on 8 November 2013.

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

We sent thirty care standards questionnaires to the manager to distribute to service users and relatives.

Twenty five completed questionnaires were returned before the inspection.

We received three completed questionnaires from staff.

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

We spoke with:

- twenty four service users
- the manager
- four care staff

We looked at:-

- the participation strategy, this is the service's plan for how the will involve service users'
- care plans,accidents and incidents records
- observed care staff
- complaints records
- minutes of meetings
- service user and relatives questionnaires

- risk assessments
- entries on database
- records of issues raised by service users
- staff files
- training records
- training matrix
- development/improvement plan
- staff supervision records
- employee handbook
- service user information pack
- registration certificate
- insurance certificate
- staffing schedule

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

Outstanding recommendations are commented on under the relevant Quality Themes and Statements.

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 for development and any changes they had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

We sent thirty care standards questionnaires to the manager to distribute to service users. Eight

completed questionnaires were returned before the inspection.

For this inspection, we received views from 32 of the 32 people using the service. Eight people gave their views via the care standards questionnaires and we spoke with a further twenty four people during the inspection. All respondents said they were very happy with the quality of the service. People spoke highly about the staff that supported them and all respondents said that staff treated them with respect. The majority confirmed that they knew who to speak to if they had any problems.

A number said that they did not know they could make a complaint to the Care Inspectorate. We have reported on this under quality statement 4.4.

We have included comments and views from people using the service throughout the report.

Service users made the following comments in completed Care Inspectorate Questionnaires:-

' I like it very much'.

'I am very pleased with the service and care I get at the centre all staff are very helpful and caring'.

' I do enjoy going to the centre, all the carers are so kind and friendly. Food is very good and the centre is so clean.The activities we do are very relaxing'.

'As I said its the best thing I went to is the day centre as I have met so many nice people. The staff I have no complaints whatsoever.The cook looks after us so well. The meals are great'.

'The staff are always available to talk to and discuss things.They will do research and find where and how you can get results from any questions. Most helpful'.

Taking carers' views into account

We sent thirty care standards questionnaires to the manager to distribute to relatives. Seventeen completed questionnaires were returned before the inspection. Feedback about the service was very positive.

Seventeen relatives returned completed care standards questionnaires.

All the people who returned questionnaires said they were very happy with the quality of care and support.

A number of concerns were raised in the completed questionnaires as follows; some did not know how to complain,and some said the service doesn't ask for their opinions on how it can improve.

Relatives comments and views are included throughout the report.

Relatives made the following comments in completed Care Inspectorate Questionnaires:-

'She knows and likes all the staff personally'.

' Excellent service. Mum enjoys her time at the centre, has high praise for all the staff. The family are kept informed of activities, outings etc. and reviews are held at least on

an annual basis. It has enhanced my mums quality of life and has given her an interest and something to look forward to each week'.

'Yes we are happy with the service most of the time, other times I wish there was more activities because sometimes there's not much to do and we get really bored after a while other than that its ok'.

'Very satisfied with the care given'.

'The centre has been a lifeline for my mother. Before she began attending she was depressed and feeling very isolated and now is a completely different person, sociable, happy and content. I believe this is due to the excellent service and care provided. I feel happy and reassured that the staff have my mothers well being in mind and regularly contact me to discuss any concerns that they have with my mother's health, both physically and mentally. Overall the service the centre and staff provide is second to none'.

' I am very happy with this service'.

'Very satisfied with service. Find staff to always be personable and approachable at all times. Staff always support my carer greatly and are always willing to accommodate our needs'.

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 found that this service was performing well in the areas covered by this statement.

The care service involved the people who use the service and their relatives and carers and asked for their views in several ways. These included:

- We saw that comprehensive and detailed questionnaires were issued regularly to service users and their relatives and the responses that we saw were generally very positive;
- we saw that completed questionnaires were collated and analysed e.g. 'we are highly satisfied with the provision provided. We feel supported, informed and made welcome. The care provided is excellent'. 'we are very grateful for the support and friendship that the centre gives Mum. When I visit there is always a happy relaxed atmosphere'. 'Basically no complaints about service and is good for the client'. 'In my opinion we have no complaints about staff, food. These are all excellent'. 'Very pleased with the day care given'.
- we saw that the centre had developed a pictorial questionnaire for service users which was being rolled out;
- we saw that service users were asked their views on specific issues in questionnaires e.g. singing session, food, Xmas party, enjoyment of DVD;
- we thought the summer newsletter was excellent. It contained detailed information on various topics e.g. activities, meetings, lanimer week, pet therapy, outings, and staff training;
- we thought the questions asked in the service users and relatives questionnaire were insightful, meaningful and informative;

- Service users' meetings took place regularly, were minuted, and there was evidence of issues raised being acted upon e.g. table tennis was purchased;
- we thought that South Lanarkshire Councils (SLC) Participation and Involvement Strategy was relevant, detailed and informative;
- we saw the minutes of the local authority-wide 'Day Care Network' group, where representatives from most of the support services could raise issues of mutual interest and we saw that service users from McClymont were represented at the meeting. We saw that the following issues were raised - 'is it possible for blinds to be added to bus windows', - 'the seats on the buses are too small', - 'seat belts feel too small';
- we saw that staff were patient and understanding and supported service users time to express their views and make choices without pressure;
- we saw that the service's complaints procedure was displayed, as was a suggestions box;
- we thought that service users and carers were encouraged to express their opinions about the service;
- we saw that relatives were asked in questionnaires if they wished to be participate in the Care Inspectorate inspection;
- we saw photos of activities that service users had taken part in e.g. the Lanimers Day Celebrations, pet therapy, tenpin bowling and table tennis;
- we issued thirty Care Inspectorate Questionnaires to service users, relatives and carers who used the service prior to our inspections and twenty five were returned prior to the inspection;
- the completed Care Inspectorate questionnaires were very positive about the service they received;
- the people who use the service spoke very highly of the service they received e.g. service users said, 'Its wonderful here,lots if varied activities,it gives you a reason to get up in the morning,staff are very kind, you feel safe and secure. The bus picks us up. Nothing bad to say about the place, you meet friends and its company'.;

We thought that the service was performing at a very good level in relation to this Quality Statement.

Areas for improvement

The service is maintaining very good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

We saw some negative comments in the questionnaires that we saw e.g.'I am not kept up to date or have any communication with the centre'. 'I live in Yorkshire,the centre does not want to communicate with me as I am classed as too far away.

Strange an email and post works'. We did not see any information on how the service responded to the issues raised.

We saw the minutes of the local authority-wide 'Day Care Network' group, where representatives from most of the support services could raise issues of mutual interest and we saw that service users from McClymont were represented at the meeting. We saw that the following issues were raised - 'is it possible for blinds to be added to bus windows', - 'the seats on the buses are too small', - 'seat belts feel too small'; However, we did not see any information in the 'action column' of how the provider was taking these issues forward.

(see Recommendation 1)

We saw a list of people who attended service users meetings. We thought it would be helpful if the service identified which people were service users.

We saw that the manager was consulting with the external manager about 'alternative therapy' and this was ongoing. There was insufficient detail in the minute to make clear to the reader what the issues was.

(see Recommendation 2)

We thought the information that we saw on the 'You said We did' could be more detailed and informative and could be clearer about the action the service had taken in response to service user comments.

(see Recommendation 3)

We thought that comments made by staff in response to activities e.g. 'All service users enjoyed the afternoon', could be improved by giving examples and including direct quotes from service users.

We saw a 'Monthly Activities Report' from other centres, however, we did not see one for McClymont.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The provider should have clear information on how it responds to issues raised by service users and their carers in questionnaires or at meetings, e.g. action plans. (National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 8: Making Choices, Standard 12: Expressing Your Views).
2. The provider should ensure that the minutes of meetings are detailed and informative and clearly identify the service users who attended. (National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 8: Making Choices, Standard 12: Expressing Your Views).

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3. The provider should ensure that the information and action taken in the 'You said We did' is detailed, specific and clear .
(National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 8: Making Choices, Standard 12: Expressing Your Views).

Statement 3

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

Service strengths

We found this service was performing at a very good level in the areas covered by this statement. We concluded this after we:

- we saw that staff supported and encouraged service users to make informed decisions to ensure they maintained their health and wellbeing and promote their independence;
- we saw that specialised training was available for staff to support service users who had specific health and wellbeing needs e.g. epilepsy, parkinsons, multiple sclerosis, communicating with people with dementia;
- we saw that individual service users received support from health care professionals to maintain their health and well being e.g. Community Psychiatric Nurse (CPN), Community Mental Health Team;
- we thought it was good that the service had a 'meaningful activities' record in palace for every service user;
- we saw an appropriate restraint risk assessment in place for the use of bus seat belts;
- we saw a very good range of activities on offer which promoted service users health and wellbeing; e.g. word puzzles, bowls and pinball;
- we acknowledge that the service is moving towards 'outcome focussed' care plans and we look forward to evaluating their contribution to the quality of care being delivered;
- the vast majority of people responding to the Care Inspectorate Quality Standards questionnaire agreed or strongly agreed that overall they were happy with the service;
- the people who use the service spoke very highly of the service they received e.g. service users said, 'I was scared before I first came to the centre but the staff made ne feel very welcome. They are absolutely fabulous and I enjoyed my day'. 'Staff are very good. I think the food is very good. I've no complaints'.;
- we saw very good information in the care plans we looked at to support service users health and well being;

Areas for improvement

The service is maintaining very good standards and continuing to improve.

The care service should continue to monitor and maintain the standards of quality.

They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Whilst we thought it was good that the service had a 'meaningful activities' record in place for every service user the quality of information varied, some of the sections were blank, were not dated or signed and there was no date of when this would be reviewed or updated.

We thought this information could be linked to 'Life Story' and activities on offer.

We signposted the service to the British Association Occupational Therapy (BAOT) publication, 'Living well in care homes' for information and guidance.

(see Recommendation 1)

There were gaps in the care plan and risk assessment documents we saw e.g. some were not signed by all parties, some were not dated, and some had no date of review.

(see Recommendation 2)

We made a recommendation at the last inspection where we said:-

We saw that the 'meaningful activities' records had gaps in them, and thought that some of the entries, for example, 'a variety of mental or physical activities were offered to service users', were of little value in identifying which service users had taken part in which activities. If this is considered by the service to be an important way of providing appropriate activities for each service user, and evaluating the benefit each derives from those activities, then the records should be maintained in a way which identifies that.

We thought at this inspection that the way in which the service records the benefits that service users get out of activities could be improved.

Therefore, this recommendation was not met and is restated. (See Recommendation 3)

We saw a restraint risk assessment form was in place, however, it was not signed or dated, it was not authorised by the manager and there was no date of review. We also thought the use of language in the form was inappropriate e.g. cot sides.

We were advised that the service had a copy of 'Rights risks and limits to freedom'.

(see Requirement 1)

We found the food was luke warm during the inspection and one service said the food was 'not too warm'. This was brought to the attention of the manager who took immediate appropriate action to address this issue, e.g. she spoke with the kitchen and arranged for the warm food trolley to be serviced.

We suggested the staff should routinely sample the food to ensure it is warm, tasty and appetising.

We were advised that the service is planning to roll out training in 'Psychological Intervention in response to stress and distress in dementia'.

We thought the care plan was repetitive in places and we suggested that this should be reviewed to make the care plan more effective.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 3

Requirements

1. The provider must ensure that the use of restraint complies with current legislation and best practice.

This is in order to comply with SSI 2011/210 Regulation 4.(1)(c)-

A provider must-
ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances;

This is in order to comply with SSI 2002/114 Regulation 19.(3(a) Records

A provider shall keep a record of-
(a) any occasion on which restraint or control has been applied to a user, with details of the form of restraint or control, the reason why it was necessary and the name of the person authorising it;

We signposted the service to the Mental Welfare Commission publication, 'Rights, risk and limits to freedom' for information and guidance.

Timescale for meeting this requirement: within 3 month of receipt of this report.

National Care Standards Support Services Standard 2-10: Management and Staffing, Standard 4-7: Support Arrangements, Standard 10-6: Feeling Safe and Secure have been taken into account when making this requirement.

Recommendations

1. The provider should ensure that the meaningful activities record is fully completed, reviewed and updated regularly and there are clearer links between 'life story work' and the activities on offer.
(National Care Standards Support Services Standard 8: Making Choices, Standard 12: Expressing Your Views, Standard 16: Keeping Well).
2. The provider should ensure that all care plans and risk assessments are fully completed, signed and dated.
(National Care Standards Support Services Standard 4: Support Arrangements, Standard 2: Management and Staffing)
3. The provider should ensure that If the current activities records are to be used to identify and evaluate the benefits which service users derive from each activity, then the records should be maintained in a way which supports that.
(National Care Standards - Support Services; Standard 2 - Management and Staffing 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

See comments under Quality Statement 1.1

Areas for improvement

The service is maintaining very good standards and continuing to improve.
The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.
See comments under Quality Statement 1.1

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 saw various ways in which the service ensured that the environment was safe and service users were protected:-

- an appropriate certificate of employers liability insurance was displayed;
- we saw that an appropriate maintenance log was in place;
- we saw that appropriate accident and incident records were kept;
- we saw that the service had an appropriate risk assessment in place for the use of restraint;
- we saw that a 'service user agreement' was in place;
- we saw that a generic risk assessment was in place;
- we observed that the centre was safe and free from bullying, harassment and abuse;

- we thought that the service managed distressed behaviour effectively and in a way that maintains service users respect and dignity;
- we thought the centre was clean, bright, modern, well decorated and welcoming;
- we thought the premises were well maintained;
- we thought the service had sufficient staff to meet service users needs;
- the centre had a secure door entry system to protect service users from unwelcome visitors;

Areas for improvement

The service is maintaining very good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

We saw that there was no information in the repairs and maintenance log of whether a job had been completed e.g. 'electrician required' (see Recommendation 1)

We saw that there was no overall analysis of accident and incident records. (see Recommendation 2)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The provider should ensure that the repairs and maintenance log records when jobs are completed.
(National Care Standards Support Services Standard 5: Your Environment)
2. The provider should analyse accident and incident records.
(National Care Standards Support Services Standard 2: Management and Staffing Arrangements, Standard 5: 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

See comments under Quality Statement 1.1

Areas for improvement

The service is maintaining very good standards and continuing to improve.
The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.
See comments under Quality Statement 1.1

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 found this service was performing at a very good level in the areas covered by this statement. We concluded this after we:

- we issued three Care Inspectorate questionnaires and three were returned before the inspection. The majority of staff confirmed that they were well trained, well supported in their role and that they had no unmet training needs;
- staff made the following comments in the Care Inspectorate questionnaires, 'any training needs are discussed through supervision and identified on P.D.R.';

- we saw one member of staff was currently completing a self study course in 'Best Practice in Dementia Care' from Stirling University and we were advised that part of this course would be rolled out to Day Care staff;
- from the files that we sampled we saw that staff had undertaken the following training:-
 - communicating with a person with dementia
 - epilepsy awareness
 - challenging behaviour
 - mental health awareness
 - adult support and protection
 - parkinsons
 - what is dementia
 - dementia and activities
 - moving and handling, Food hygiene - Basic first aid;
- we saw that where individual service users have specific conditions which require specialist care that staff received appropriate training. e.g.supporting people with swallowing and communication difficulties;
- we saw that care staff had the opportunity to gain an appropriate Scottish Vocational Qualification (SVQ) level II and/or III in Health and Social Care to register with SSSC;
- we saw that some copies of certificates of training course attended were kept in staff files;
- we thought that the service had a detailed and comprehensive programme of induction training for staff;
- staff were familiar with the National Care Standards and the Scottish Social Services Council (SSSC) Codes of Practice;
- staff had access to and were familiar with the services policies on Health and Safety, equal opportunities, whistleblowing, confidentiality and complaints;
- we saw that the service had a spreadsheet detailing all the training that staff had undertaken;
- the majority of staff had received regular supervision and this was recorded. We thought the template was well structured. There was information on staff strengths and areas for development;
- we saw that service had an effective annual 'Personal Development Review' (PDR)' system in place and staff had a professional development folder;
- we saw that the service had a specialised training plan in place for staff;
- we saw that staff completed training questionnaires to evaluate what they had learned;
- we were advised that the service is planning to roll out training in 'Psychological Intervention in response to stress and distress in dementia'
- the service was awarded 'Investors in People' .
- we spoke with service users during the inspection and they all spoke very highly of the staff. We received the following comments;- 'no complaints, no qualms, the service is very good, staff are very good'.

Areas for improvement

The service is maintaining very good standards and continuing to improve. The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Two staff said in returned Care Inspectorate Questionnaires that they did not have the opportunity to meet up with other staff and talk about their day to-day work. One said they did not have regular supervision with their manager and one said the service does not ask for their opinion on how it can improve.

(see Recommendation 1)

The line managers and reviewing managers comments sections were not completed in the PDR's that we sampled.

(see Recommendation 2)

It was unclear which period the specialised training plans related to as there was no date on them.

(see Recommendation 3)

It was not clear if the information collated from completed staff training questionnaires was being discussed and evaluated at supervision and PDR.

(see Recommendation 4)

We saw new completed staff training questionnaires were being used to evaluate training , and we were advised that this information would be used as part of supervision and PDR to inform and improve practice. However, this was still to be rolled out.

(see Recommendation 5)

We signposted the service to the Scottish Social Services Council (SSSC) publication, 'The Framework for Continuous Learning in Social Services' for information and guidance.

We signposted the service to the British Association Occupational Therapy (BAOT) publication, 'Living well in care homes' for information and guidance.

We signposted the service to Social Services Knowledge Scotland www.ssks.org.uk for information and guidance.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 5

Recommendations

1. The provider should ensure that all staff have the opportunity to attend staff meetings, have regular supervision and are asked for their opinion on how the service can improve.
(National Care Standards Support Services Standard 2: Management and Staffing Arrangements).
2. The provider should ensure that line managers and reviewing managers complete the comments sections in the PDR's.
(National Care Standards Support Services Standard 2: Management and Staffing Arrangements).
3. The provider should ensure that the specialised training plans are clearly dated.
(National Care Standards Support Services Standard 2: Management and Staffing Arrangements).
4. The provider should ensure that the information collated from staff training questionnaires is discussed at supervision and PDR.
(National Care Standards Support Services Standard 2: Management and Staffing Arrangements).
5. The provider should ensure that the information collated from staff training questionnaires is used to inform and improve practice.
(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

See comments under Quality Statement 1.1

Areas for improvement

The service is maintaining very good standards and continuing to improve.
The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.
See comments under Quality Statement 1.1

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 found this service was performing at a very good level in the areas covered by this statement. We concluded this after we saw:

- we thought the service was up to date with Scottish government initiatives to improve care for people with dementia e.g. Scotlands National Dementia Strategy, Promoting Excellence, Charter of rights;
- we thought the service had excellent plans going forward as detailed in the 'Adult and Older Peoples Service Plan 2013-2014 as to how it was going to support and develop the national dementia strategy e.g. dementia champion, promoting excellence training for staff, memory boards, talking mats and clear tools to assess progress;

- we saw that the service was actively involved in the 'Going for Gold' Initiative which promotes meaning full activities for people with dementia;
- we saw that the service had an audit tool to evaluate and assess how it was meeting the 'standards of care for people with dementia';
- we thought the manager was very proactive in developing the service by researching and accessing the latest initiatives e.g. Stress and distress training, the Newcastle model etc;
- we saw that weekly audit checks were carried out and recorded and appropriate risk assessments were in place for outings;
- we saw that management meetings were held regularly;
- we saw that a detailed and comprehensive 'Centre Audit Report' was completed on a monthly basis which identified any issues and action being taken;
- we saw that the service gathered information from people who use the service to help improve the service;
- we saw South Lanarkshire Council's Code of Conduct for employees dated September 2011;
- we saw that the service had achieved the 'Customer Service Excellence' award;
- the service holds an award for investors in people (IIP);
- the service was aware of the services responsibility to report to Scottish Social Services Council (SSSC) any staff dismissed on the grounds of misconduct;
- the service was aware that the service must provide SSSC information it may require about members of staff;
- we saw that the service had copies of the Care Inspectorate Notification Guidance and the service knew of their responsibility to notify the Care Inspectorate of matters of misconduct including theft;
- we thought the notifications we received were detailed and informative;
- we saw that the service did an analysis of service users dependency levels;
- the manager was proactive and demonstrated a strong committment to developing and improving the service;

Areas for improvement

The service is maintaining very good standards and continuing to improve.

The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

A number of people said in the returned Care Inspectorate questionnaires that they did not know they could make a complaint to the Care Inspectorate.

(see Requirement 1)

It was not clear how the analysis of service users dependency levels informed staffing levels.

(see Recommendation 1)

The South Lanarkshire Council's Code of Conduct for employees did not include information on whistleblowing, adult support and protection and SSSC codes of practice.

(see Recommendation 2)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that all service users, their relatives and carers are made aware that they can raise a complaint directly with the Care Inspectorate.
This is in order to comply with SSI 2011/210 Regulation 18.(1)(2)(3)(4)(5)(6)(a)(b)(7)(8) Complaints.

Timescale for meeting this requirement: within 3 months of receipt of this report.
National care standards support services Standard 12: Expressing Your Views has been taken into account when making this requirement.

Recommendations

1. The provider should demonstrate how the analysis of the dependency level of service users informs staffing levels.
(National Care Standards Support Services Standard 2: Management and Staffing Arrangements).
2. The provider should review and update South Lanarkshire Council's Code of Conduct for employees to include information on whistleblowing, adult support and protection and SSSC codes of practice.
(National Care Standards Support Services Standard 2: Management and Staffing 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

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
28 Oct 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
14 Oct 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 Nov 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate 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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