

Care service inspection report

Jenny MacLachlan Centre

Support Service Without Care at Home

96 Cairneymount Road

Carluke

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Telephone: 01555 666782

Inspected by: Jim Brannigan

Type of inspection: Unannounced

Inspection completed on: 29 October 2013



HAPPY TO TRANSLATE

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Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2004085804

Contact details for the inspector who inspected this service:

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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

With her passion and commitment 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.

The service provides service users with a very welcoming, stimulating and pleasant environment. We thought that staff continued to be imaginative in their attempts to engage service users and in finding ways to improve the service. We thought that staff worked well as part of a team.

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

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 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

The Jenny MacLachlan Centre is registered to provide a support service for up to twelve people per day. Currently, fifty service users attended.

The service operates seven days a week, from 08:00 until 20:00, Monday till Friday, and 09:00 until 17:00 on Saturdays and Sundays.

The service is based in accommodation which is part of a sheltered housing complex, owned and operated by Hanover Housing Association. The support service is managed by South Lanarkshire Council and, with the exception of the kitchens, functions independently of the housing provision.

The service's aim is to offer a day care service which provides person centred care to older people who have dementia or mental health conditions, and gives support and information to their carers.

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 Monday 28 October 2013 between 10.25 am and 16.45 pm. It continued on, Tuesday 29 October 2013 from 10.00 am until 16.50 pm. We gave feedback to the manager, on 29 October 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 35 care standards questionnaires to the manager to distribute to service users and relatives.

Twenty three completed questionnaires were returned before the inspection.

We received five completed questionnaires from staff.

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

We spoke with:

- three service users
- the manager
- three care staff
- and one relative

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

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 35 care standards questionnaires to the manager to distribute to service users and relatives.

Twenty three completed questionnaires were returned before the inspection.

For this inspection, we received views from 6 of the 15 people using the service. Two people gave their views via the care standards questionnaires and we spoke with a further 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.

We received the following comments during the inspection:-

'Staff are all friendly and helpful. They are kind, considerate and I enjoy my time at the centre'.

'I am very happy with the care and friendship that I get at my day care centre from both the staff and service users'.

Taking carers' views into account

We sent 35 care standards questionnaires to the manager to distribute to service users and relatives.

Twenty three completed questionnaires were returned before the inspection.

Feedback about the service was very positive.

Twenty one 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:-

' I like this service calling in on my relative every day'.

' The centre has provided relevant care for her dementia and well being. It has helped her to remain in her own home and given her some independence. The activities, provision of hot meal and contact with others has decreased any depression and concerns over her condition. The ability to have blood tests, dental treatment and minor medical needs attended to at the centre has reduced her vulnerability to taking taxis, handling money and trusting strangers. The most the staff and centre have done is given my family piece of mind. We can trust the staff to have regular contact and deal with health issues. Cant say enough good things'.

'He attends the centre quite happily and is relaxed when he comes home. The staff are excellent and have a great range of abilities when it comes to looking after their service users'.

'The care received is of the highest quality and it would be very difficult to find any area that could be improved'.

'I find the service and facilities to be exceptional. The staff could not be commended highly enough'.

'I find the staff very supportive and adaptable. They manage my relatives health problems with care. The atmosphere is happy and cheerful with many activities on offer'.

' Social interaction is so important for a person that has dementia. The centre provided this and more. I believe this centre is the key area and critical in a dementia suffers life. Absolutely more important than drugs. The staff are first class'.

'Keep up the excellent service'.

'We cannot praise the staff highly enough. We are delighted at the care she receives. The staff put a great deal of effort into the activities they provide. They are very caring and this is much appreciated'.

'The service provided is exemplary. I never hesitate in contacting the service for support/advice. Communication between staff and myself is second to none. I cannot recommend this service and staff highly enough all I can say is the way the team work is the way it should be done'.

'The care and attention she receives from the staff has made a big difference she is a much happier and contented person. The staff are wonderful'.

'I am totally relaxed that my relative is in excellent safe hands'.

'I would know when he comes home if he was unhappy with anything and they are very happy to discuss things with me'.

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 questionnaires were issued regularly to service users and their relatives and the responses that we saw were all very positive e.g. 'care to my wife is outstanding from all staff', 'my Mum thoroughly enjoys attending the centre, the activities and the outings. The staff are brilliant';
- we saw that the centre had developed a pictorial questionnaire for service users which was being rolled out;
- We saw that the responses from service users and relatives questionnaires was collated and analysed;
- we saw that service users were asked their views on specific issues in questionnaires.e.g. movies day, choice of theme for the gala day and choice of venue for high tea;
- we saw that the lounge had different colours of chairs in response to comments made by service users;
- we thought the questions asked in the 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.purchase of a laptop and bingo machine, and the destinations for outings. We also saw that the minutes were read

out of the local authority-wide 'Network' group, where representatives from most of the support services could raise issues of mutual interest;

- we thought that South Lanarkshire Councils (SLC) Participation and Involvement Strategy was relevant, detailed and informative;
- we saw photos of the Gala Day celebrations in June 2013 where the centre won the Isa Barr Trophy for the best decorated house;
- we saw that the centre celebrated significant events throughout the year such as Halloween and Burns day as detailed in the 'Social Events' calendar for 2013;
- 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;
- the people who use the service spoke very highly of the service they received e.g. one service user said, 'I love it here, they look after you. I think the staff are wonderful, they listen to your opinion and ask you your point of view. They are very good';
- we issued thirty five Care Inspectorate Questionnaires to service users, relatives and carers who used the service prior to our inspections and twenty three were returned prior to the inspection;
- the completed Care Inspectorate questionnaires were very positive about the service they received;

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 did not see any information on how the service responded to service users who did not wish to go with the majority e.g. fifteen service users did not choose to go to McKinnon Mills for high tea.

We saw in the analysis sheet for carers and relatives survey 2012 that one relative said, 'not much information from the centre, would prefer if we knew bit more of what Dad does and what is planned to meet the needs of his dementia'.

We did not see any information on how the service responded to this issue.

We saw that service users raised the following concern at the meeting of 11 October 2013, 'service users stated that the length of bus journey can be too long and the bus roof can leak at times'

We did not see any information on how this issue was being taken forward.

(see Recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

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 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 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. parkinsons, 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 saw that service users completed a 'pre review form' which gave them the opportunity to raise any issues which they wanted to discuss at the review;
- one service user said in a 'pre review form', 'they could not do more of they tried, staff are like family';
- we saw that the majority of reviews took place within the required timescales of every six months, which gave service users and their relatives the opportunity to raise any issues about the service;

- we saw an appropriate restraint risk assessment in place for the use of bus seat belts;
- we saw good information in the care plans we looked at to support service users health and well being e.g. we saw clear information of the facial expression which would be seen when someone was in pain;
- we thought it was good that the service had a 'meaningful activities' record in place for every service user;
- we saw a very good range of activities on offer which promoted service users health and wellbeing; e.g. dominoes, reminiscence, daily news, quizzes, basketball and hoopla;
- 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;
- we thought the food was warm tasty and appetising;
- the people who use the service spoke very highly of the service they received e.g. one service user said, 'the staff are second to none, they are exceptional, they bend over backwards, they are unbelievable, very friendly';
- we were pleased to see the service was using ABC charts to help them manage distressed behaviour;
- 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;

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 and there was no date of when this would be reviewed or updated. e.g. 'Artists I like to listen to' was answered as 'various'.

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

(see Recommendation 1)

We looked at several 'Activity Session Plans'. We thought they focussed on what people had done and not on what they got out of the session. We anticipate that the development of 'Outcome Focussed' care plans should address this issue.

We thought it was good that the service was using ABC charts to manage distressed behaviour, however, some of the language used was not appropriate and

demonstrated an apparent lack of understanding. e.g. 'shouting at staff for no reason'.

'Reassurance was given'. It was not clear how this was done.

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

We saw vague information in care plans on how service users were to be supported e.g. 'Can become tearful staff are required to offer support and guidance to alleviate any anxiety'. There was no information in the care plan as to how this was to be done.

(see Recommendation 2)

We saw some evidence that due to staff absence service user reviews were not taking place every six months.

(see Requirement 1)

We thought the 'pre review form' could be improved by including more detail in the answers given rather than just 'yes' answers under each question.

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

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. A provider of a care service must review the personal plan at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with SSI 2011/210 Regulation 5(2)(b)(iii) - a requirement for a provider to review personal plans;

Timescale for Implementation: The provider must do this within 6 months of the publication of this report.

National Care Standards Support Services, Standard 4: Support Arrangements, has been taken into account when making this requirement.

Recommendations

1. The provider should ensure that the meaningful activities record is 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 care plans and ABC charts give specific, clear guidance on how care is to be delivered.

(National Care Standards 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

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;
- during the inspection a contractor was visiting to check the water temperature in the centre which he described as 'satisfactory';
- 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.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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 five Care Inspectorate questionnaires and five 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 did not make any comments in the Care Inspectorate questionnaires;
- from the files that we sampled we saw that staff had undertaken the following training:-
 - what is dementia

- bereavement
- challenging behaviour
- mental health awareness
- adult support and protection
- parkinsons
- brain injury
- 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;
- the majority of staff had received regular supervision and this was recorded;
- 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;
- we saw that staff had access to regular supervision. 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 all senior care staff have completed 'Psychological Intervention in response to stress and distress in dementia'. The service plans to roll out this training to all care staff.
- 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;-
'Staff are all friendly and helpful. They are kind, considerate and I enjoy my time at the centre';
'I am very happy with the care and friendship that I get at my day care centre from both the staff and service users'. Staff are exceptional, nothing is too much bother. You're not a number here, you're treated as a person. Management listen to your views and opinions'. I love it here, they look after you. I think the

staff are wonderful, they listen to your opinion and ask you for your point of view. They 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)

It was not clear how the information collated from completed staff training questionnaires was being used to evaluate, inform and improve practice.

(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 comments sections are completed 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 meaningful 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 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 service's 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 commitment 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)

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)

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
4 Oct 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
16 Nov 2009	Announced	Care and support 5 - Very Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
4 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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