

## Care service inspection report

# Brisbane Supported Accommodation Project

## Care Home Service Adults

Brisbane House  
165 Hamilton Road  
Mount Vernon  
Glasgow  
G32 9QT  
Telephone: 0141 764 0651

Inspected by: Moira Agolini

Type of inspection: Unannounced

Inspection completed on: 29 January 2014



HAPPY TO TRANSLATE

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### **Service provided by:**

Scottish Association For Mental Health

### **Service provider number:**

SP2003000180

### **Care service number:**

CS2003000878

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

Moira Agolini

Telephone 0141 843 6840

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

# Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

## We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

## What the service does well

The service continued to show a commitment to providing support that aimed to help service users achieve their potential and improve their outcomes.

## What the service could do better

We found a significant number of discrepancies within the sampled support plans and document folders which are detailed within the report. We also identified areas for improvement in the current service audit procedures. From our discussions with some of the staff we concluded that the provider's policies and procedures and some of the aims and objectives should be re-visited in order that staff are confident in their understanding of these practice issues.

## What the service has done since the last inspection

The provider had developed links with the Scottish Recovery Network (SRN) that aimed to enhance their recovery approach. The manager had completed most staff appraisals.

## Conclusion

The staff team showed a good understanding of working with the service users to assess their needs and to make sure they were given opportunities to improve their health and wellbeing.

The variable quality of record keeping and audits made it difficult to evaluate how the manager was using these systems to support ongoing change and improvement in the service.

### **Who did this inspection**

Moira Agolini

# 1 About the service we inspected

The Brisbane Supported Accommodation Project provides a care home service for a maximum of five women with mental health problems. The Scottish Association for Mental Health (SAMH) manages the service. The service is in the East End of Glasgow and has very good transport links and access to local amenities.

The Service occupies a semi-detached property with spacious garden areas to the front and rear. The Service property has two floors with a mezzanine level in-between. Each of the service users has their own bedroom. With the exception of the bedroom on the ground floor that has an en-suite, service users share access to the bathrooms. The communal lounge and dining area and kitchen are situated on the ground floor. Internal stairs access the remaining bedrooms.

The Service states that its aim is to "provide accommodation to service users assessed as requiring, at times in their daily lives, access to high levels of support. This includes physical care, personal finances and personal and household hygiene. We also aim for service users to resettlement within the community".

The Care Commission registered the Brisbane Supported Accommodation Project on the 1st April 2002.

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

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

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 3 - Adequate**

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](http://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 one Inspector, Moira Agolini. The inspection took place on Tuesday 28th January 2014 between the hours of 10:15 am and 15:45 pm. We again visited the service on Wednesday 29th January when we spent time with people who use the service, looked further at paperwork and spoke with staff.

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

We sent nine care standards questionnaires to the manager to distribute to staff. We received eight completed questionnaires and the responses informed the inspection process.

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

We spoke with:

- three service users
- the service manager
- three support workers
- two visiting professionals.

We looked at a number of relevant documents including:

- the participation strategy which outlined how the staff team involve people in the service
- service user's participation records
- service action plan
- support plans
- review paperwork

- risk assessments
- medication folders
- minutes from service user's house meetings
- handover recordings
- communications book
- team meeting minutes
- medication folder
- nutritional policy
- maintenance records
- health and safety records
- training records
- supervision records
- staff appraisals

### **Grading the service against quality themes and statements**

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

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

### **Inspection Focus Areas (IFAs)**

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

### **Fire safety issues**

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

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development, and any changes it had planned.

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

We spoke with three people and we noted the comments from the advocacy report. We have included comments from the report elsewhere. The following are more comments from that report that are typical of the very positive feedback.

- "They (staff) watch out for us and spot things"
- "You're never lonely"
- "They (staff) want to make sure that we feel that no-one's saying anything behind your back".

The people who we spoke with were largely happy. Two regarded Brisbane as their home and showed some reluctance to consider moving on. We understand that this response is natural for those who have lived in the service for some time. Similarly we heard from staff that people were given time to consider a move within a sensitive approach to planning that ensured the service user moved only when everyone involved in their care was confident that the individual would cope.



One person we spoke with told us the staff were, "great". She also told us she did not wish to live in Brisbane for "ages" and was keen to, " move on soon".

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

During this inspection we did not meet with any carers.

### 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

#### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

##### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

##### Service strengths

We found this service had a good performance in the areas covered by this statement. We concluded this after we:

- looked at the different ways that people are involved
- reviewed support plans and written evidence relating to participation
- looked at the ways in which staff helped people to make choices in their daily living
- saw the ways that people can choose to decorate/furnish their rooms and the communal areas

Feedback from service users was largely positive. One person told us that living in Brisbane was "the best thing ever" and that she, "never wanted to leave". Another told us, "I like it here and the staff are good to me".

The provider had developed many different ways to encourage participation with service users including:

- house meetings
- suggestions/comments box
- community mapping
- questionnaires/surveys
- 'My outcomes' paperwork.

From our discussions with people and our review of some of the participation records and house minutes there was good evidence that staff progressed a variety of suggestions around activities and day trips. We saw that the staff team used the

white board in the communal lounge area to advise staff of how they had followed up suggestions.

We saw evidence that the manager had sent out questionnaires to health and social care professionals and to carers asking for their comments on the service.

There were records that showed that there had been consultation with service users about key-worker choices. This showed that consideration had been given to making sure staff and service users were matched appropriately to achieve the best outcome. All of the people we spoke with told us they liked their key-worker.

The provider had secured the services of an advocacy service. We looked at the report and concluded that this was a good method of making sure service users had a forum that facilitated discussion that was independent from the service staff. Some of the comments we noted included:

- "All about us, allows us to make our own choices and decisions"
- "They ask where we want to go...show us choices on the computer".

### **Areas for improvement**

Overall we concluded that although we saw some good examples of participation there was a need for further development in this area. For example, while the provider had developed a very good participation strategy and toolkit to guide staff towards best practice we did not see evidence that this was being transferred in any meaningful way by staff.

We spoke with the manager and some of the staff about exploring ways that would improve participation and developing an acceptance that some of the current approaches were not successful. For example there was a good attendance at the house meetings but little uptake on the suggestions box and newsletter. As these methods clearly don't work for the current service user group attention should be given to those that do and staff should expand the use of these to better identify the aims of the provider.

We sampled some support plans and did not find them to be particularly person centred. Some of the paperwork had not been updated and documents had not been signed or dated. In some of the support plans there was little evidence that the paperwork had been completed with the service user, nor had it been signed off by the individual. This, we concluded, could make it difficult for new staff to provide support that is person centred, relevant and current. From our discussions with staff we felt there was an over reliance on personal knowledge. For example one staff member told us, "you see we just know about that, because we talk about X at team and service user meetings". (See Recommendation 1)

We also noted that there was no evidence that showed there was input from the service user in the self assessment and grading process. Similarly there needs to be further development in the involvement of service users in supervision, training, appraisal, management and leadership.

At our next inspection we would hope to see more service user involvement and evidence of how it actually informs service improvement in all of the quality themes.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. All support plans should reflect individual preferences and there should be clear written evidence that all service users have been given the opportunity to show their agreement with what is written.  
NCS - Care homes for people with mental health problems - Standard 6 - Support arrangements

### Statement 3

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

#### Service strengths

We found that the service had a good performance in the areas covered by this statement. We reached this decision after we:

- met with people who used the service
- spoke with the manager and with 3 support workers
- looked at support plans
- looked at recordings in relation to health issues
- spoke with visiting professionals

In the sampled support plans we looked at we saw in the recordings that staff supported people to attend medical appointments and assisted with medication and budgeting. We saw evidence that staff worked well with other agencies including social work, health and housing to make sure service users had the appropriate support.

We saw that there was a review system in place. Pre-review paperwork offered the service user a chance to reflect on their progress or relapse before meeting with staff.

We saw that the staff provided opportunities to be involved in daytime activities including walking. For example, some of the service users had participated in a sponsored walk to raise funds for the provider. Staff provided other activities to enable people to feel valued and useful including an initiative where the service users can take turns to shop for and prepare a shared meal. We liked this activity which offered an opportunity to develop or maintain skills that could be usefully transferred to a community placement.

Each service user had detailed medication records which follow best practice guidance. We looked at records and cross referenced changes that had been made in the medication sheets. These had been completed well and showed a good understanding of the system. The low number of medication errors also showed us that staff were confident using the system.

We heard of three service users who had been supported to move on to more independent living. This was a result of good joint working and systems in place that helped people to take their time when choosing when and where to move to. From speaking with staff and the manager we concluded that there was a culture within the service of fully involving service users in the discussions and planning of the move. The manager told us of a good practice that involved people who had moved from the service giving advice and support to those who planned to move from the service.

We spoke with two visiting professionals who spoke highly of the service and told us that communication with staff was good and they were skilled at seeking advice that would ultimately improve the outcomes for people.

We looked at training records for staff and saw that there were good opportunities to develop the relevant skills and knowledge needed to support people with a range of needs.

There was evidence that staff explored different ways to encourage improved health and wellbeing. For example, there was a 'Healthy Eating' folder that included very useful guidance on how to improve diet and exercise routines. We also noted the workshops that had been arranged to advise service users on particular health issues such as smoking cessation and oral health.

### **Areas for improvement**

We have referred to the absence of a person centred approach in support plans in Quality Theme 1 Statement 1 and would reiterate our comments for the areas covered in this statement. Although we heard of good outcomes through feedback from professionals and service users, the absence of clear written guidance on how to support an individual was seen as an area for development and we refer to this in more detail in Quality Theme 3 Statement 3 and Quality Theme 4 Statement 4.

We also noted the comments made in the manager's self assessment in which she told us of the joint work being done with the Scottish Recovery Network. We viewed this as a very positive opportunity for staff and it linked well with the training around outcomes. In our discussions with staff we did not get a sense that this training had yet impacted on their practice or in their recordings as key-workers. This was discussed with the manager and with the staff group and identified as an area that should be re-visited to make sure all staff are confident in the aims and objectives of the provider. This also links with the repeated recommendations noted below.

We spoke to the manager about the standard of the recordings in the handover sheets. While we acknowledged the use of the communications book that staff used to update themselves on developments we did feel that the provider's form was not being used appropriately. The poor recordings in what we regarded as a useful tool for all staff reflected an absence of understanding of the purpose of the document. (See Recommendation 1)

At the last inspection we made two recommendations about clearer identification of personal goal setting. In the sampled plans we looked at we concluded there remained some work to be done in this area. For example, the use of the 'My outcomes' paperwork which we were told was optional did not appear to inform any other area of the plan, nor was there a clear indication if the scoring had improved or deteriorated. We suggested that if the paperwork is used then in order to chart any

progress or otherwise there needs to be a follow up to assess whether goals are achieved and, if not, why not. This recommendation is therefore repeated. (See Recommendation 2)

The second recommendation from last year's inspection referred to risk assessments more clearly evidencing the views of the service user. As we specifically raised that with staff as a gap in support planning this recommendation will be repeated as we saw no evidence of improved practice in this area. (See Recommendation 3)

We noted from one of the sampled support plans we looked at that a service user would have benefited from nutritional planning in line with the provider's guidance we looked at during inspection. The absence of good nutritional planning for one of the service users showed us that there should be more development, to include staff training, in this area. We would also like to see more use of the provider's 'Food diary and Exercise Log' which we thought was a very good tool for service users and staff. (See Recommendation 4)

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

**Number of requirements:** 0

**Number of recommendations:** 4

### Recommendations

1. Staff should complete handover sheets as per provider guidance. The form should be completed fully and should reflect a more detailed report of each service user's needs and any developments. If a recording cannot be made there should be an accompanying explanation. Service users should also be given the opportunity to sign off any recordings.  
NCS - Care homes for people with mental health problems - Standard 8 - Expressing your views and Standard 6 - Support arrangements
2. The service should further develop the care plans for service users to explicitly identify personalised short, medium and long term goals. This will assist service users and staff to effectively review progress and achievement of aims.  
NCS - Care homes for people with mental health problems - Standard 8 - Making choices
3. Risk assessments should be reviewed to more explicitly include the views of the service user when assessing and reviewing risk factors.  
NCS - Care homes for people with mental health problems - Standard 8 - Making choices and Standard 11 - Expressing your views
4. On admission staff should follow the provider's current guidance and prepare an appropriate nutritional plan for those service users who need additional support with a healthy eating routine. Reviews of the plan should take place as agreed at

the time of the assessment. The provider should consider developing a more formal policy to ensure a standardised approach to nutrition.

NCS - Care homes for people with mental health problems - Standard 13 - Eating well



## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

Please refer to the strengths noted under Quality Theme 1 Statement 1 which are also relevant to the areas covered in this statement.

### Areas for improvement

Please refer to the areas for improvement under Quality Theme 1 Statement 1.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

We found that the service had a good performance in the areas covered by this statement. We reached this decision after we:

- looked at occupancy agreements
- looked at evacuation plans
- looked at risk assessments
- examined maintenance records
- spoke with service users
- spoke with staff.

Monthly safety checks were done with the service user and staff. This was an opportunity to generate discussion around home and personal safety and fire awareness.

There was a robust accident and incident procedure in place that allowed senior management to monitor actions and timescales.

Health and safety forms part of the core agenda at staff meetings. We saw good records of discussions that showed a commitment to making sure the service user's health and safety was a priority.

We saw evidence of annual maintenance checks on all electrical appliances. Appropriate records were in place to demonstrate other maintenance checks.

Most of the service users we spoke with stated they felt safe. There was a secure entry system to the home and visitors were required to sign in upon entry and when leaving. This ensured that only people meant to be in the home were admitted and everyone could be accounted for in the event of an emergency.

#### Areas for improvement

There was an issue around security which we discussed with the manager. She had agreed to look into this and will continue to encourage service users to be mindful of the arrangements within the care home that aim to maximise everyone's safety.

We noted that one of the personal evacuation plans had not been updated. Another had just recently been completed, although the service user had been resident for a number of weeks. We refer to this in Quality Theme 4 Statement 4 as it was indicative of an overall issue with auditing which we found was not as thorough as we would have expected given the provider's good quality assurance and audit processes.

We noted some of the checks in the health and safety folders were not always up to date and showed gaps in recording. We were told at the feedback meeting of some of the reasons for these omissions but overall we found the standard of recording, auditing and filing not particularly good. Some of the evidence we were shown had not been updated and we found a service user's Health, Safety and Wellbeing form in a folder that we were told related only to office and communal areas. From the evidence offered it appeared that the last 'How are your surroundings' questionnaire was dated March 2012. We were told by staff that there were more current questionnaires but they were not in the folder we looked at. We also noted that the last audit for the office and/or communal areas was October 2013 despite the form stating it should be completed monthly. A health and safety audit sheet was not properly completed. The last form we saw was dated 2.9.13 and only two areas had written entries.

We were reassured that the poor record keeping did not immediately compromise anyone's safety but regarded it serious enough to warrant a review of all support plans and audit procedures to make sure staff are updating plans that show the current assessed needs of the service users. This extended to the audits for personal plans as well as some of the organisation's folders. Although we saw that health and safety was properly discussed in team meetings this was not always reflected in the record keeping. We spoke with the manager and staff team about this and there was an admission that systems could be improved.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

Please refer to the strengths noted in Quality Theme 1 Statement 1 which are also relevant to the areas covered by this statement.

### Areas for improvement

Please refer to the areas for improvement in Quality Theme 1 Statement 1.

**Grade awarded for this statement:** 4 - 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 the service to have a good performance in the areas covered by this statement. We concluded this after we:

- spoke to and received feedback from people who use the service and staff members
- examined support plans/training records/supervision records
- looked at minutes of staff meetings
- observed how staff interacted with service users

Staff we met presented as enthusiastic and motivated. They showed a good level of understanding of the care needs of the people they worked with. We observed respectful relationships between staff and service users.

There was an annual training programme in place. We saw that staff had opportunities to refresh mandatory training such as moving and assisting and food hygiene.

Most of the staff were qualified to the level required for registration with Scottish Social Services Council (SSSC).

The staff team minutes we looked at showed that there were good opportunities to discuss areas of practice development, particularly around service user involvement. The staff we spoke with told us they got benefit from staff meetings as it was a good forum to share ideas and discuss service and provider developments.

Staff supervision and appraisals were found by staff to be supportive and useful for personal development. Staff also told us that the manager was supportive and approachable and that helped to develop confidence in their role as support worker. We looked at some of the supervision minutes and saw they were of a good standard with opportunities for reflective practice and discussion around training and development needs.

The manager had identified strengths amongst her staff and given additional responsibilities as areas of personal development. For example there was a participation champion and a health and safety champion.

### Areas for improvement

We noted that in the sampled supervision minutes we looked at the supervision monitoring form showed that sometimes the aimed supervision agreement had not been met. We spoke to the manager about this and suggested that the form be audited to make sure there is a corresponding record of each completed supervision

and those that are cancelled. There were a number of discrepancies, for example the monitoring form in one file showed that only 5 supervisions had apparently taken place in 16 months; in another we noted that despite an agreement to meet every 6 - 8 weeks the form did not reflect that. We acknowledged that the supervisions may have taken place but with the absence of corresponding minutes and unclear recording in the monitoring form this was another audit process that we felt was not meeting the aims of the provider.

During our inspection we meet with staff and took account of the feedback given in our questionnaires. When we meet with staff we ask about training and assess their understanding of policies and procedures and in particular the care standards which inform practice. Some of the staff we interviewed showed an absence of understanding about some of the provider's policies and of the National Care Standards. This suggested to us that there would be benefit for all of the staff team to re-visit some of the key policies using the provider's worksheets to assess their knowledge and to see how they use the care standards in their role as a support worker. (See Recommendation 1)

Given the very good links we were told about with the Scottish Recovery Network we were disappointed also with the lack of understanding shown about recovery in mental health. As we have stated elsewhere there was no evidence that this additional learning had impacted on practice. This may also be a development opportunity and the manager may wish to consider using the team meetings to further discuss the importance of recovery in the aim for improved outcomes.

We discussed with staff the poor office accommodation and questioned if the absence of a quiet area had any impact on their ability to complete paperwork, filing and auditing. It was agreed that the lack of space presented challenges and workers often felt the busy environment made it difficult to concentrate. We would concur with that as we witnessed how busy the office was particularly when there were more than two staff looking for an area to work. We also had concerns that the bed was used as a workspace and concluded that could contribute to back problems. We understand the financial limitations for the provider in improving the office area and have discussed with the manager the arrangement for protected time that should be used by staff and which may provide a solution to the current problem.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The manager should develop opportunities for staff to improve their knowledge and understanding of the provider's policies and procedures. A similar opportunity

should be made with regard to the National Care Standards with associated assessments to make sure staff feel confident and skilled with how they inform practice.

NCS - Care homes for people with mental health problems - Standard 5 - Management and staffing problems

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### 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 refer to the strengths noted in Quality Theme 1 Statement 1 which are also relevant to the areas covered in this statement.

### Areas for improvement

Please refer to the areas for improvement in Quality Theme 1 Statement 1

**Grade awarded for this statement:** 4 - 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 the service performance to be adequate in the areas covered under this statement. We came to this decision after we:

- spoke to staff and service users
- examined quality assurance processes such as audits, staff supervision, staff meeting minutes and participation methods.

The provider had systems and processes in place to assess the quality of care, staffing and environment and aspects of management and leadership. For example, staff performance systems including supervision, appraisal, team meetings and audits on staff practice such as medication, personal planning and health risk areas. This aimed to alert managers to any potential problems and take remedial steps if necessary.

There was an annual peer audit system in place where staff assess each others services. This showed a continued commitment to improvement and a good way to share good practice and identify areas for improvement.

As noted in Quality Theme 1 Statement 1 the provider engaged the service of an advocacy service which also showed a commitment to improvement through independent facilitation.

The provider had many different methods of getting feedback from service users, including 'How well are we doing' and 'How are your surroundings'. Service users were also encouraged to offer feedback through key-worker and review meetings. We saw evidence that the manager had extended these processes to carers and professionals.

The manager had developed a service plan that identified actions to improve service delivery. These included actions around participation, training and audits. The provider also had an operational service management report that detailed the objectives for 2013 - 2014. This offered managers clear guidance of the aims and objectives of the provider and their role in achieving those.

### **Areas for improvement**

We have referred to a personal evacuation plan that had not been updated. As the information was essential to ensure the individual's safety and that of staff and other service users we discussed with the manager and the key-worker the need for vigilance when reviewing and updating these plans. (See Requirement 1)

We have made reference to the audit and filing procedures of the service. This was a common theme throughout our sampled evidence and we had detailed discussions about the need for improvements in this area. We found filing to be particularly poor in some folders with documents misplaced and others without dates and signatures. We also noted in the medical folder the medication profile sheet and the MAR sheet did not always correspond. We were told the profile form was a policy directive and had to be completed. It is therefore essential that these records correspond and again suggested the need for improved record keeping and auditing. (See Recommendation 1)

We also expressed some concern at the audit/review sheets that recorded, "no change". As this comment was seen in several plans and often covered a significant period we questioned where this lay within the provider's aim for an outcomes and recovery approach to planning. There was an absence of evidence as to how this had been decided and how service users were involved in the process. This links with the repeated recommendation about goal setting.

The manager should more clearly evidence how staff are involved in the self assessment and grading process as in our discussions staff did not appear to have knowledge of the self assessment process and told us they had not been involved in grading the service.

Overall we concluded that there was scope to develop the current quality assurance policy guidance to include clarity over how service users and other stakeholders views influenced the strategic direction of the service. Future inspections should be able to more clearly evaluate how well the statement of intentions have been put into practice by the manager and show a clearer response mechanism to service users and others views. This evidence should show how all feedback actually informs the self assessment and service development and how service users in particular are empowered to influence all areas.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. All service users must have an updated personal evacuation plan that offers clear and current guidance to staff in the event of an emergency. These plans need to be updated as required and record any changes that are relevant to the health and safety of the individual. They must also reflect the complex needs of any individual particularly those whose behaviour presents significant risk.

The Social Care and Social Work Improvement Scotland (Requirements) Regulations 2011 (SSI 2011/210), regulation (4) (1) (a)

Welfare of users

2. (1) A provider must -

(b) make proper provision for the health, welfare and safety of service users.

Timescale - Immediately

### **Recommendations**

1. The manager and staff team should develop improved systems to make sure record keeping, filing and associated audits reflect the aims and objectives of the provider and those of the service.

NCS - Care homes for people with mental health problems - Standard 5 -  
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

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

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 3	4 - Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
28 Feb 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
25 Nov 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
29 Jun 2010	Announced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership Not Assessed

## Inspection report continued

25 Mar 2010	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good
22 Jul 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 2 - Weak Management and Leadership 4 - Good
24 Mar 2009	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
13 Jun 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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

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

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Telephone: 0845 600 9527

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

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