

## Care service inspection report

### **South Lanarkshire Lifestyles - Carluke**

### Support Service Without Care at Home

St. John's Road

Carluk

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Telephone: 01555 752835

Type of inspection: Unannounced

Inspection completed on: 22 May 2014



HAPPY TO TRANSLATE

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### **Service provided by:**

South Lanarkshire Council

### **Service provider number:**

SP2003003481

### **Care service number:**

CS2009234825

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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	6	Excellent
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The service provides people with the support they need to get involved in a range of activities they enjoy during the day. They retain an experienced and motivated staff team who know the people they support well. People the service supports and, where relevant, their families have a say in the support they receive and the activities they take part in. They can also get involved in improving the service overall in a number of ways. The South Lanarkshire Lifestyles Carluke centre is a modern, spacious and well maintained building, where people using the service can access specialist facilities they require and the range of leisure facilities provided to the local community.

### What the service could do better

The service's main focus over the next year is the continued development of the day opportunities models to improve the service people receive. They plan to develop outcomes based support plans with everyone and make sure each person and their family have choices about the centre and community based activities they get involved in. They plan to work with partner agencies to widen the opportunities available to people. The service intends to work with their human resources colleagues to further develop involvement for people using the service in staff selection.

### **What the service has done since the last inspection**

The service has started to develop a day opportunities approach to service provision. They have begun to introduce outcomes based support planning, designing individual's activities planners around the outcomes the person wants to achieve. They were making sure that people using the service and their families were involved in the changes, making sure people understood there was no pressure to change their service if they did not wish to. They had worked with the Institute for Research and Innovation in Social Services (IRISS) in a "lab" experiential learning process to support this development. They had met the recommendations we made at our last inspection about support for the service user committee and about improving the quality and range of meals provided.

### **Conclusion**

We heard very positive feedback about the service from people who use the service and their families. We saw that people were enjoying the activities they were involved in and relationships with the staff supporting them were warm, relaxed and friendly. Staff showed commitment to making sure people experienced the best support possible. The staff team and managers were working hard with people using the service and their families in developing the day opportunities approach to further improve the service and the quality of life for people they support.

# 1 About the service we inspected

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](http://www.careinspectorate.com).

South Lanarkshire Lifestyles - Carluke is a support service providing day opportunities for adults with a learning disability, some of whom also have physical disabilities and/or sensory impairments. The service operates in and from the Lifestyles Centre in Carluke. They share the building with South Lanarkshire Leisure and Culture Service. The centre has a range of facilities provided by the leisure services, including a library, IT suite, dance studio/hall, snooker room, dining area and community cafe staffed by students from the Coalyard, a training project for adults with learning disabilities. The part of the building used primarily by the support service during the day includes meeting rooms, a sensory room, a cinema area, quiet room, kitchen, two well equipped personal care rooms and a laundry room. This part of the community centre is used by other groups at other times. The building is modern, accessible and spacious and has a courtyard garden area and ample parking. Around 25 people were using the service. The service offers a varied programme of both centre and community based activities. Some people used the service five days per week, while others used the service for particular activities on particular days. A few people took part in some activities supported by their personal support staff. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

### Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, 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 based on best practice or the National Care Standards.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Inspectorate.

We have not made any requirements or recommendations for improvement in this report. We have agreed areas for continued improvement with the service.

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 6 - Excellent**

**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](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 after an unannounced inspection of the service. A Care Inspectorate inspector carried out the inspection. The inspection took place on 21 and 22 May 2014. We gave feedback to the manager by email on 22 May 2014.

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

We sent 20 care standard questionnaires to the manager to distribute to people using the service and their relatives or carers. Six people using the service returned completed questionnaires and six relatives and carers returned completed questionnaires.

We also asked the manager to give out 10 questionnaires to staff and we received two completed questionnaires.

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

We spoke with

- \* people using the service
- \* the manager
- \* staff present during our inspection
- \* South Lanarkshire Council's health and safety officer
- \* the community physiotherapist.

We looked at

- \* a sample of records for people using the service
- \* records of issues raised by key groups
- \* Service User Committee minutes
- \* the service's information brochure
- \* newsletters
- \* records of carer meetings
- \* outcomes of "How good is our service?" surveys and questionnaires
- \* information on the service user forum, locality based workshops and annual

conferences

- \* individual and service activity plans
- \* Accident and Incident records
- \* records of environmental safety checks
- \* records of equipment checks
- \* records of repairs/maintenance
- \* "How good is my key worker?" information
- \* a sample of staff records, including supervision, performance development review and training
- \* staff qualifications information
- \* staff meeting records
- \* results of staff surveys
- \* monthly management reports
- \* information gathered from professional partners surveys
- \* work streams and work plans to develop the day opportunities service

We looked around the Lifestyles centre, had lunch with people using the service and staff and attended some of the activity groups.

### **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)



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

1. The service should ensure that there is regular external support for the service user client committee to help service users express their views and also ensure that minutes of meetings are distributed promptly following each meeting.

We heard that an advocacy worker from People First facilitates monthly meetings with people using the service. They do not provide minutes of meetings they hold. However the manager is working with the advocacy worker to make sure she can hear any feedback about areas the service could improve on.

This recommendation has been met.

2. The service should continue to monitor the quality and choice range of meals being provided, ensure that sufficient meal portions are available each day and have community services management meet regularly with the service user client committee.

We heard there had been meetings with the community services manager, discussing adult portion size and taste as the meals come from the attached school kitchen. We saw portions size had improved and heard that taste was better for an adult palate.

This recommendation has been met.

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

We received a fully completed self assessment document from the provider. We were satisfied with the way they had completed this with relevant information included for

each heading we grade services under. They identified what they thought the service did well, some areas for improvement and any changes they had planned. The provider told us how the people using the service were involved in improving the quality of the service.

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

Around 25 people were using the service. Six people using the service returned completed questionnaires to us, a number of them had been helped by an independent advocate to complete the questionnaire. They all agreed they were happy with the support the service gave them. Comments included,

"I am happy with my support."

We met people using the service at lunchtimes and by attending some of the groups. They were happy with the service, telling us about the activities they enjoyed doing both in and out of the centre. We saw that people using the service and staff were comfortable with each other and people told us they liked the staff who supported them.

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

Six relatives or carers returned completed questionnaires to us. They all agreed, five of the six strongly agreeing that they were happy with the support their family member received. Comments included,

"I am very happy with the care my (family member) gets from Lifestyles."

"The quality of care provided to my (family member) is excellent. The service also provides choices for my (family member) in relation to his day-to-day activities and always considers his needs. Since attending Lifestyles my (family member) has grown in confidence. He relates well to all staff members and service users."

"The service provided for our (family member) is very apt for her. The staff at the centre are more than happy to discuss any concerns we may have."

"I strongly disagree with Day Opportunities and do not wish my (family member) to be involved. My (family member) is very happy facilitating her day placement, enjoying all her activities and meeting her friends. I advocate and make decisions on her behalf as she does not have the ability to do independently. Therefore I am fully against Day Opportunities. I will not be making any changes to my (family member's) routine, thus avoiding any upset and distress for her."

The manager told us that the development of different approaches to day time support has resulted in anxiety for some carers. They have been worried that centres will close and their family member's service will be adversely affected. She has been making every effort to reassure families that there is no intention to close centres and that centre based activities will continue to be offered for those who need and want them. She continues to provide information about day opportunities developments being about increasing options for people who want this. She will continue to work with each person and their family to make sure they have the day time opportunities they need and want, both centre and community based.

### 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**

At this inspection we found the service was performing to an excellent standard in relation to this statement. We spoke to some of the people the service supports. We looked at individual's records, including support plans and reviews and the service's information brochure and newsletters. We saw information about the client committee and service users forum, the information collated from questionnaires to gather people's views and records of carers meetings. We spoke to the manager and staff present.

People using the service and, where relevant, their families were fully involved in planning and reviewing their own support. The service had been working with people to look at the range of activities on offer and decide what they would like to be involved in. People using the service were supported to complete a "Have My Say" questionnaire in preparation for their review meeting.

The service was in the process of introducing a day opportunities model of support, where they would work with each person to plan day time activities, both centre and community based, to meet the personal outcomes they want and need to achieve. They aimed to provide more personalised services as a result, with people more in control of their support arrangements.

The service provided an information leaflet about the service. People using the service were involved in producing a regular newsletter about what had been happening in the service. This was circulated widely to people using the service, families and others with an interest in the service.

South Lanarkshire Council had a participation and involvement strategy in place. The service used a range of ways to find out people's views about the service. People met regularly with their key group to discuss what they were happy with, any suggestions for improvement and any concerns. Key workers kept records of any suggestions or concerns raised and, where relevant, they were passed to the service user committee. We saw that suggestions discussed by the committee were acted on. For example, there had been a number of suggestions made for outings and these had been arranged. We heard that suggestions or concerns that could not be dealt with locally could be taken to South Lanarkshire's service user forum.

At our last inspection we made a recommendation that the service should ensure there is regular external support for the service user committee and ensure the minutes of the meeting are distributed promptly. We heard that an advocacy worker from People First facilitates monthly meetings with people using the service. They do not provide minutes of meetings they hold. However the manager is working with the advocacy worker to make sure she can hear any feedback about areas the service could improve on.

The service used "How good is our service?" questionnaires to gather feedback from people using the service and their families. The questionnaires were based on the themes and statements we use at inspection. The feedback was very positive with few suggestions for improvement. Parents and carers also had the opportunity to get involved in regular carer meetings. We saw there had been increased attendance at recent meetings, with people wanting to hear and have their say about the move to a day opportunities model. We heard the manager had made every effort to reassure people that changes would not be "forced" on people and that there was no plan for centre based services to close for those who continued to need and want these.

South Lanarkshire Council had held roadshow events in different locations to inform people about the Government's "The Key to Life" strategy. Each year they hold a conference in partnership with People First. The theme of this year's conference was "The Keys to Life", with people using services presenting at the conference and people using services and their families having the opportunity to attend.

These strengths meant people using the service and their families had a range of ways they could get involved in improving the care and support the service provided. People using the service could advocate on their own behalf, had family or an independent advocate to speak up on their behalf or had other professionals involved who could act to safeguard their wellbeing. People we spoke to and their families felt they could make suggestions and raise concerns and the service would listen to them. We saw examples of where the service had made changes based on the feedback from individuals and their families.

### Areas for improvement

The service intends to build on current excellent practice. We shared that they could consider how they make sure people hear about the changes made as a result of their involvement. We suggested the newsletter may be one way of doing this. Also the records of suggestions or concerns raised by key groups could include the outcome.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

The service met people's health and well-being needs very well. To assess this statement we spoke to some of the people using the service, attended some of the groups and spent lunchtime in the dining area. We looked at a sample of individuals' records and information on the day opportunities approach being introduced. We looked at staff's training information. We spoke to the manager, staff present and the community physiotherapist.

Each person had a detailed support plan, including relevant risk assessments, in place. We saw the support arrangements were reviewed with the person and others significant in their lives at least twice per year. As noted under Quality Theme 1 Statement 1 the service was in the process of introducing an outcomes based support planning and review process, which would be used to develop the day opportunities approach. The service had worked with the Institute for Research and Innovation in Social Services (IRISS) in a "lab" experiential learning process. They had used this opportunity to work through the development of day opportunities with individuals and their families, using this to learn what works and what doesn't. We heard that this approach was already beginning to increase people's day time opportunities.

Staff were trained in topics relevant to meeting people's health and wellbeing needs, such as managing epilepsy, first aid and moving and assisting. They had procedures in place to safely administer medication, including regular and as necessary medications. The centre had facilities for staff to be able to carry out individual's personal care safely and respectfully. Staff were knowledgeable about each person's individual needs. They were proactive in encouraging healthy lifestyles, including diet, exercise and being involved in activities meaningful for the person.

At our last inspection we made a recommendation about improving the quality and choice range of meals being provided and making sure that meal portions are sufficient. We heard there had been meetings with the community services manager, discussing adult portion size and taste as the meals come from the attached school kitchen. We saw portions size had improved and heard that taste was better for an adult palate.

The service was based in the Lifestyles community centre. This meant people could access resources based in the centre, such as the library and computer suite. They could also get involved in other groups that used the centre. A member of staff had been seconded from leisure services to work with the service in developing a range of opportunities for people to access local community based facilities.

The service works with other professionals to meet individual's health and wellbeing

needs. We saw there was regular input from the community learning disability team. Examples included weekly sessions by the physiotherapist and exercise programmes set up by the physiotherapist that staff could carry out, advice and support on communication and eating and drinking from the speech and language therapist and advice on special dietary requirements by the dietician.

The service had an effective accident and incident recording system in place. We saw this was used to monitor that each accident or incident was dealt with appropriately and trends were recognised and action taken to minimise risks.

The service and South Lanarkshire Council was active in promoting the Government's "The Keys to Life" strategy, raising awareness and involving people in how they can implement its recommendations aimed at improving the quality of life for people with learning disabilities.

These strengths meant people using the service and their families could be reassured the service was working hard to make sure they stayed as healthy and well as they could. We found many examples from talking to people and their families and in individual's records of how people were being supported with healthy, active lifestyles and with accessing health services. People who returned questionnaires to us agreed they were happy with the quality of care and support, five of the twelve who returned questionnaires strongly agreed with this. People we met during our inspection told us they enjoyed coming to the centre and the range of activities they got involved in. We saw people actively engaged in a range of activities, including card making and drama. We heard about things people were achieving as a result of the support they were receiving, such as developing skills and independence and improving confidence and self esteem.

### **Areas for improvement**

In self assessment the service said they plan to promote healthy outcomes for each person using the service, through developing outcomes focused plans and day opportunities. We shared some observations about the format of the plan that might help with that process. The manager will also need to make sure there is open and effective communication with all partner agencies, including health and social care partners and local community groups and services, to make sure the opportunities available are maximised for everyone.

While portion size and taste of meals provided had improved and people could bring packed lunches or buy lunch from the community cafe, some people continued to say that the lunches provided offered limited health options. This is an area the service continues to work with the community services manager on.



**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 6 – Excellent

### Statement 1

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

### Service strengths

The service was excellent at involving people they support and their families in improving the quality of the environment. The evidence we looked at for Quality Theme 1 Statement 1 was also relevant for this statement.

The strengths noted under Quality Theme 1 Statement 1 are also relevant to this statement.

The introduction of outcomes based plans was resulting in people considering different environments they could use, such as using local halls for groups and activities and public transport to explore the area.

The questionnaires used to gather feedback from people using the service and their carers included questions based on the statements we cover in inspection of this theme. We saw that the feedback was very positive.

People using the service discussed suggestions and concerns about the environment at key group meetings and the service user committee. We saw that these were listened to and where possible acted on.

### Areas for improvement

As noted under Quality Theme 1 Statement 1 the service intends to build on current excellent practice. They could consider keeping people informed when they were unable to make changes suggested. As well as letting people know "You said...we did..." information, they could also share, "You said...we didn't, because..." information. For example, the temperature in the building was regularly raised as a concern, either too hot or too cold. However the service was unable to control the heating separately in their part of the building. They could make sure people were informed of this and what measures they were able to put in place to reduce the concerns.

**Grade awarded for this statement:** 6 - Excellent

**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 the service to be excellent at making sure the environment was safe for the people living there. Some of the information we looked at to assess Quality Theme 1 Statement 3 was also relevant to this statement. We looked around the centre and looked at records of health and safety checks and equipment maintenance. We spoke to the manager and South Lanarkshire Council's health and safety officer.

The strengths noted under Quality Theme 1 Statement 3 in relation to individual's risk assessments, safe medication administration procedures and staff training are also relevant to this statement. Each person had an evacuation plan in place, detailing the support they would need to leave the building in the event of fire.

South Lanarkshire Council had safe recruitment procedures in place, including checks to make sure staff are safe to work with vulnerable adults. They also have adult support and protection procedures in place and staff had opportunities to refresh their knowledge in these procedures.

The building is relatively new and designed to be accessible. It is spacious to allow individuals with mobility issues to move around safely and has well equipped personal care areas, including tracking hoist equipment, to enable personal care to be carried out safely.

The service carried out regular fire safety checks and evacuation practice. They had systems in place to regularly check equipment, with maintenance contracts in place for specialist equipment. We saw the service had systems in place for reporting and following up any repairs. The centre was cleaned regularly, including cleaning of shower heads to minimise legionella risks. The service worked with colleagues in South Lanarkshire Council's leisure services, who have overall responsibility for the safety and security of the building.

We saw that the council's health and safety officer carried out an annual audit of the procedures in place. We spoke to the officer who was completing the audit on the day of our visit. She told us that the service had all the systems and procedures required in place and there were no areas for improvement identified from the audit. They also told us the service was proactive and contacted them for advice when required.

These strengths meant that people using the service and their families could feel reassured that the service was working hard to make sure the environment was free from hazards and they were kept safe.

### Areas for improvement

The service intends to maintain and build on excellent practice, maintaining all safety checks and making sure any repairs or improvements are carried out in good time. We noted that some issues with the flooring in the personal care areas had been identified a few months previously. The service could look at agreeing timescales for completion of non-urgent repairs.

**Grade awarded for this statement:** 6 - Excellent

**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

The service was very good at involving people they support and their families in improving the quality of staffing in the service. The evidence we looked at for Quality Theme 1 Statement 1 was also relevant for this statement.

The strengths noted under Quality Theme 1 Statement 1 are also relevant to this statement.

The questionnaires used to gather feedback from people using the service and their families included questions based on the statements we cover in inspection of this theme. We saw that the feedback was very positive.

The service had included questions people using the service wanted to ask at interviews to select new staff.

The staff competencies used in reviewing staff's performance and key worker objectives used in planning staff's development were focused on the needs of the people the service supported. The service had used "How good is my keyworker?" questionnaires to gather people's views about individual staff's practice for use as part of performance review. The service's training programme had been structured based on the needs and issues people using the service commonly experience. Staff had learning opportunities relevant to particular needs of individuals they support.

These strengths meant people using the service and their families had a range of ways they could get involved in improving staffing in the service.

### Areas for improvement

The areas for improvement noted under Quality Theme 1 Statement 1 are also relevant to this statement.

The service intends to work with colleagues in human resources to plan how people using the service could be more actively involved in the selection of new staff.

The "How good is my keyworker?" questionnaires had not been completed before staff's performance review meetings this year. The service could make sure they use this system to make sure performance reviews include 360 degree feedback.

**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 the service's performance to be excellent in making sure people received support from staff who had the skills, knowledge and experience required. To assess this we took into account the views of people using the service and their families. We looked at a sample of staff records, the training plans and records, information on staff qualifications and some staff meeting records. We also looked at questionnaires staff returned to us and spoke to the manager and staff present. We took part in some of the activities and saw staff work with people.

We found the service had effective system in place to support staff's professional development, including regular 1:1 supervision meetings, annual performance review and professional development plans. The service had regular staff meetings, where staff were kept informed about service developments, could put forward ideas and suggestions and shared practice.

As noted under Quality Theme 1 Statement 3 and Quality Theme 2 Statement 2, staff had learning and development opportunities relevant to meeting the needs of the people using the service and keeping the environment safe and free from hazards. We saw that learning and development was planned within a framework of foundation (mandatory), consolidation, advanced and specialised training. Each member of staff had a training plan which recorded required training and when it was planned. We saw this was reviewed at 1:1 meetings to make sure staff were receiving the agreed training. The staff team had qualifications that were relevant for their role and the service aimed to support staff to achieve qualifications that would support their career development. The manager was registered with the Scottish Social Services Council.

As noted under Quality Theme 1 Statement 3, the service had worked with the Institute for Research and Innovation in Social Services (IRISS) in a "lab" experiential learning process. Staff had been involved in this process, providing them with opportunities to develop skills and confidence in using an outcomes based approach and developing day opportunities arrangements.

The service had used questionnaires to seek staff's views about the support they received for continuous professional development. The feedback from staff was very positive. Staff who returned questionnaires to us said they had regular 1:1 supervision and opportunities to meet up with colleagues and that they had the skills and knowledge to support people using the service and did not have any training needs that were not being met by the service. Staff we met were enthusiastic and clearly enjoying their job. We saw them work skilfully and respectfully with the people they



support.

We saw that questionnaires returned from professional partners included very positive comments about staff's knowledge and understanding of individual's support needs, including communication.

These strengths meant that people using the service and their families could be reassured that the service worked hard to make sure staff delivering their support were safe and competent to do so. People the service supports and relatives who returned questionnaires to us agreed, eight of the twelve strongly agreeing, that staff had the skills to support them. They agreed, nine of the 12 strongly agreeing, that staff treated them with respect. People we met during our inspection spoke highly of the staff. Those who used nonverbal communication were clearly comfortable and relaxed with staff.

### **Areas for improvement**

The service plans to build on current excellent practice, particularly in supporting staff with the development of outcomes based support and the day opportunities model.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

### Service strengths

The service was very good at involving people they support in improving the quality of management and leadership in the service. The evidence we looked at for Quality Theme 1, 2 and 3 Statement 1 was also relevant for this statement.

The strengths noted under Quality Theme 1, 2 and 3 Statement 1 are also relevant to this statement.

The questionnaires used to gather feedback from people using the service and their families included questions based on the statements we cover in inspection of this theme. The questionnaires also asked people to grade the service for each of the themes and statements, providing feedback to inform the service's self assessment.

The service user client committee decided how to spend any money raised through donations or card sales to benefit the service and people using it. They had agreed to spend money on things like lap top equipment, materials for use in the centre, outings and small gifts for people, such as flowers when someone was bereaved.

The manager was available to discuss any suggestions or concerns with the service user committee and met with carers at the carer group meetings. This meant people using the service and their families had direct contact with the manager of the service.

The "lab" experiential learning process with the Institute for Research and Innovation in Social Services (IRISS) had involved individuals using the service, their families, staff and the managers working together in developing the outcomes based approach to day opportunities.

These strengths meant people the service supports and their families had a range of ways they could get involved in improving the management and leadership in the service.

### Areas for improvement

The areas for improvement noted under Quality Theme 1, 2 and 3 Statement 1 are also relevant to this statement.

We acknowledged there are challenges in developing the sharing of power in decision making about service development. The service is continuing to work with people using the service and their families in the introduction of the day opportunities models of service delivery. They could consider how they involve people using the service and their families in the planning process they intend to have with staff (see Quality Theme 4 Statement 4) so their ideas and suggestions can be included.

The conference focusing on "The Keys for Life" strategy will provide an opportunity to involve people in decisions about how services develop to achieve the recommendations of the strategy.

The service could develop opportunities for people using the service and their families to contribute to managers' performance review and in the selection of new managers.

We saw some comments on questionnaires returned by families that they found it difficult to answer the questions about management and leadership. The questions were based on the statements we cover in inspection, for example involving the workforce in the future objectives of the service, promoting leadership values and having quality assurance systems in place. People felt unable to comment because they did not know about these areas. The service could consider how people could be better informed about these areas so that they could comment on how well the service is performing. They could also ask families and carers what they would expect from excellent management and leadership and develop questions to check if people are experiencing that.

**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

At this inspection we found the performance of the service was very good for this statement. The information we looked at to assess the quality of care and support, the quality of environment and the quality of staffing was relevant to this statement. We looked at the monthly management reports. We spoke to the manager and staff present.

The strengths relating to service user participation noted under Quality Theme 1, 2, 3 and 4 Statement 1 are relevant to this statement. These provide opportunities for people the service supports and their families to influence the quality of service they receive.

The strengths noted under Quality Theme 2 Statement 2 in relation to having a safe environment are relevant to this statement. These strengths meant people using the service and their families could feel reassured that the service was working hard to make sure the environment was free from hazards and they were kept safe.

The strengths noted under Quality Theme 3 Statement 3 in relation to having a professional, trained and motivated workforce contribute to assuring the quality of the service people receive, providing reassurance that staff who are delivering their support are safe and competent to do so.

As well as using questionnaires to gather people using the service, their carers and staff's views about the service, they also used questionnaires to get feedback from professional partners. We saw the service had received very positive comments about the service, including about the open and positive style of management.

The service completed spot check audits of individual's file records. They identified any actions required to make sure the records were accurate and up to date. They also completed monthly management reports. These included information on a range of activities relevant to assuring the quality of the service, such as involvement activities, staffing details, building and maintenance information and progress with development plans. These reports allowed the manager and senior manager to monitor the quality of the service.

The challenge and support team was a team of managers who carried out bi-annual audits of services other than the service they managed. This provided opportunities for "external" audit of the service and for the manager to visit other services and see examples of good practice.

The manager showed us a range of work plans and work streams she was working on with other South Lanarkshire Lifestyles managers and the member of staff on secondment from leisure services. These outlined the action plans towards developing the day opportunities services.

As noted under Quality Theme 1 Statement 3, the service and South Lanarkshire council was active in promoting the Government's "The Keys to Life" strategy, raising awareness and involving people in how they can implement its recommendations aimed at improving the quality of life for people with learning disabilities.

The service continued to work well with us in our role as regulator. They continue to provide us with information when we require it and notify us of events they must tell

us about. We had to complete this inspection in a short timescale. The manager was very helpful in making sure we could access all the information we needed and meet all the people we needed to talk to.

These quality assurance systems and processes meant people using the service and their families could feel the service is working hard to make sure their service continues to improve.

### **Areas for improvement**

The areas for improvement relating to service user participation noted under Quality Theme 1, 2, 3 and 4 Statement 1 are relevant to this statement, increasing opportunities for people using the service and their families to influence the quality of service they receive.

The areas for improvement noted under Quality Theme 2 Statement 2 in relation to having a safe environment will reassure people the service is continuing to work hard to make sure they are kept safe.

The areas for improvement noted under Quality Theme 3 Statement 3 in relation to having a professional, trained and motivated workforce will contribute to continuing to improve the quality of the service, reassuring people that the service is continuing to improve how they support staff's professional development.

As noted under Quality Theme 1 Statement 3 the service is continuing to develop outcomes focused plans and day opportunities. They plan to work with the staff team to agree a development plan, involving everyone in progressing this work. This should mean that quality of the service continues to improve. The service could also consider how they could involve people using the service and their families in this planning process, so their ideas and suggestions can be included.

The service could consider how information could be collated from reviews of outcomes plans to measure how well the service is doing in supporting people to achieve their planned outcomes. This could help them to plan continuous improvement of the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

# 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

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
<b>Quality of Environment - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 2	6 - Excellent
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	6 - Excellent
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
10 Nov 2010	Announced	Care and support      5 - Very Good Environment          5 - Very Good Staffing                5 - Very Good Management and Leadership   5 - Very 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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