

Care service inspection report

Lesmahagow Neighbourhood Centre

Support Service Without Care at Home

19 Glebe Gardens

Lesmahagow

Lanark

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Type of inspection: Announced (Short Notice)

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Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2003001349

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

What the service does well

The centre offered service users a good range of ways to express their views and be involved in the planning and delivery of the service.

Support plans gave staff good detail about service users needs and preferences.

Activities were a good balance of mental stimulation, physical exercise, socialising and entertainment and staff tried to cater for everyone's interests.

In spite of some of the constraints of the environment, the centre was a friendly and welcoming place to be.

What the service could do better

The centre should consider having a 'You Said We Did' display board which brings together comments, suggestions, action and outcomes from all the different meetings forums and surveys and minutes.

The format for the activities planner could be improved and the way it is displayed could be more eye-catching. It would also be a good idea to record the 'alternative projects' on the programme, as well as the main one.

Staff should be offered a regular one to one meeting with a senior staff member when their line manager is absent for any length of time

Staff should have information and guidance about the best times of day to offer food supplements drinks.

What the service has done since the last inspection

The centre had improved some of the ways in which staff supported people with their health care needs including medication, nutrition and meaningful activities.

To capture the views of as many people as possible, managers and staff had improved some of the ways in which people get consulted and can participate in their care and support and in how the centre is run.

There were firm plans to build a new extension this summer and improve the way the centre was equipped .

The provider now offered staff a more in-depth training programme which covered health related topics.

The provider was developing ways to ensure that the centre always had enough staff to meet everyone's needs.

Work on a one page personal profile for support plans was in progress, along with work on a better risk assessment format.

Conclusion

In spite of the constraints of the environment, the centre was a friendly and welcoming place to be. And the new extension will transform the accommodation. Service users and families we heard from spoke well of the service and of the staff in particular. The centre had complied with, or was progressing, all previous requirements and recommendations. Grades take account of the amount of work done by managers and staff in the last year, some of which has led to developments across all the provider's day care services. Any new recommendations we have made are to build on the improvements that have already been made. With sustained progress over the next year, the centre is well placed to further improve grades.

1 About the service we inspected

Lesmahagow Neighbourhood Centre is a day care support service for older people. It is owned and managed by South Lanarkshire Council and is one of five similar services in the Clydesdale area. The centre is based in a council sheltered housing development in the centre of Lesmahagow. The service operates five days per week, Monday, Tuesday, Thursday, Friday, and Saturday 9:00 am to 5:00pm and provides support for up to twelve service users at any one time. The service's stated aims are to 'provide, as part of a care package, a flexible, stimulating and supportive environment, which enables service users to remain in the community.'

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 3 - Adequate

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

The inspection, which took place in June 2014, was carried out over the course of one day by one Inspector. The main focus of the inspection was to look at progress with requirements and recommendations made at the time of the last inspection. Ahead of the visit we sent questionnaires to a sample of service users/relatives and staff, and got back completed forms from service users and 6 from staff. We talked to the manager and coordinator, saw round the centre and looked at a sample of records and policies. (Please see Quality Statements for a note of what these were)

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

1. The service provider must ensure the people using this day care service are able to have regular opportunities to participate in all aspects of the service provisions.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 1.1

The requirement is: Met - Within Timescales

The requirement

The service provider must ensure medication procedure is followed.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 1.3

The requirement is: Met - Within Timescales

The requirement

The provider must manage the health and welfare of service users effectively in order to support them to achieve their potential in which their healthcare, support, and social needs can be properly identified, managed, and suitably met.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 1.3

The requirement is: Met - Within Timescales

The requirement

The service must have a system in place which provides an overview of how well it is managing service users eating, drinking, and nutritional care.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 1.3

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that staff respect the privacy and dignity of service users when they have taken unwell and the impact of other service users present at the time.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 1.3

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that people who use this service are offered a range of appropriate, purposeful, recreational, and stimulating activities. They must take into account the interests, needs and beliefs of people to enable them to fulfil their aspirations and potential.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 1.3

The requirement is: Met - Within Timescales

The requirement

Where there is a potential risk to service users, an appropriate risk assessment and plan must be developed and followed by all staff in order to reduce any further risk and/or harm.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 2.3

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that the service is suitable for achieving the aims and objectives of the care service and has adequate facilities available for each service user in order to maintain their independence.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 2.3. We have not repeated this requirement as the provider now had a firm timescale for building an extension with improved facilities

The requirement is: Not Met

The requirement

The service provider must ensure staff are appropriately trained in accordance with their roles and responsibilities and the people they provide care and support to.

What the service did to meet the requirement

For more detail about what was required and what the service has done to comply please see Quality Statement 3.3

The requirement is: Met - Within Timescales

The requirement

Requirement 10

Staff supervision must continue within the timescales as set out in the supervision policy and procedure of the provider This is In order that staff remain supported and assisted in their roles and responsibilities in caring for the people in the day centre.

Requirement 11

The provider must ensure that there are appropriate numbers of staff at any time to meet the identified care and support needs of each service user attending the day care service.

Requirement 12

The provider must establish and improve the methods they use in order to include staff in determining the direction and future objectives of the service.

What the service did to meet the requirement

Action Taken on Requirement 10

For more detail about what was required and what the service has done to comply please see Quality Statement 3.3
met within timescale

Action Taken on Requirement 11

For more detail about what was required and what the service has done to comply please see Quality Statement 3.3
met within timescale

Action Taken on requirement 12

For more detail about what was required and what the service has done to comply please see comments at Quality Statement 3.3. and Quality Statement 1.1. We will look at this more fully at the next inspection.
met within timescale

The requirement is: Met - Within Timescales

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

We made nine recommendations in the last report which the service had or was progressing satisfactorily

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.

Completed in full, noting strengths and some areas for improvement. Again actual examples of outcomes would have improved the document.

Taking the views of people using the care service into account

Everyone who completed a Care Inspectorate questionnaire, or completed one on behalf of a service user, strongly agreed or agreed that overall they were happy with the quality of care and support this service gave them. Where someone commented on specific things that they thought the service did well or were less happy about, we have mentioned these in the report. Comments about the service overall included:

- my relative has dementia; the staff are very caring and supportive to my relative and to me
- staff are always available to answer questions and give advice. I cannot praise them enough
- I am very pleased with the care provided to my relative
- the staff have been very attentive to my relative's needs and sensitive to their condition

We noted that all the service users who had completed a Council survey in 2013 said they were satisfied overall with the service they received,

Taking carers' views into account

Please see views of people using the service

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

In the last report we made one detailed requirement and five recommendations about participation and graded this statement adequate. We found that this service's performance was now good in the areas covered by this statement. We concluded this after we heard from service users and relatives, spoke to the manager and coordinator and looked at survey results, minutes of various service user meetings, staff meetings, support plans, reviews and newsletters and complaints handling procedure and forms.

Participation Strategy

In the last report we said that the 'service provider must ensure that people using the service were able to have regular opportunities to participate in all aspects of service provision including their care and support plans, the environment, staffing and management and leadership'. Please see the rest of this statement for comment on what they have done to comply. The aims and objectives of the service now included a reference to participation and service user engagement. We noted that everyone who completed a Care Inspectorate questionnaire agreed that they were asked for their opinions about how the service could improve.

Consultation (Surveys, Meetings and Events etc)

The centres last satisfaction survey was very comprehensive and asked people about their personal care plans, activities, meetings, information transport, the environment, health and well-being, staffing and complaints. The manager had produced an action plan with timescales, to address any issues that were raised. Service users had regular meetings in the centre and staff had one-to-one chats with those who did not wish

to attend. They were also represented at Network Group meetings where users of support services for older people across the authority had the opportunity to discuss topics of mutual interest such as catering. In addition to this, the Council had started local focus group to encourage more participation from those who prefer smaller groups and had plans for a new carers group which they were hoping will link with other agencies such as Alzheimer's Scotland.

While there had been no recent staff vacancies service users could get involved in recruitment, meeting candidates and having their views taken into account by the interviewing panel. Service users had been involved in the selection of new seating and once the new extension is built will be consulted about decor and furnishing of the new rooms.

Communication and Information

In the last report we said that the provider/manager needed to look at ways of providing the people who use this service with information that is important to them, in a format that is easily understood and readily accessible to everyone, especially those who had been unable to attend meetings. This applied to minutes of meetings, newsletters, inspection reports and other information on display.

Action: In response to this, the centre now had an easy to use information folder on display at the front door and had a new improved newsletter format. Information on display was current, including the last inspection report. We noted that the last report had been discussed at a service users meeting and service users had also seen the DVD about our grading system. Service users meetings were now minuted in a "you said we did format" .

In the last report we recommended that the service should implement a communication strategy, to help gauge the views of those memory impairments. In response to this the centre was exploring the use of graphic surveys and visual technology. Large print versions and audio recordings of minutes were also available. The centre also now used communication diaries as a way to let main carers know what their relative, who had a poor short-term memory, had for lunch or what activities they had taken part in.

Participation in Support Planning and Reviews

In the last report we said that the provider should make sure that service users and their representatives were involved in their support plans, with plans signed and dated as evidence that the service user and or their relative/representatives were happy with the care and support agreed. We also said that the care service should offer service users and or their representative a copy of their support plan if they wish and in a format they understand.

Action : Plans we looked at had a signed and dated agreement to content and a signature to indicate whether a copy was wanted and if so had been supplied.

Ahead of review meetings service users were asked to complete a comprehensive pre-review questionnaire.

Outcomes

In the last report we said that the service manager must provide evidence of the outcomes from service users participation. We also recommended that staff should keep a detailed record of where a resident has participated in something of their choice and include what outcome was achieved and how they felt.

Action : Evidence of outcomes was available .The centre had acquired a dart board and a pool table at the suggestion of service users and had access to a computer for anyone who wanted to type. Service user meetings took place on different days so that everyone had an opportunity to attend. In response to concerns about minibus journey times in this very rural catchment area, the use of taxis was being trialed for people who live further away. Intercentre tournaments had been organised in response to a request from members to visit other centres, make comparisons and mix with other service users. This had also had positive benefits of people meeting old neighbours and friends. Having more outcome focused support plans has led to better records of times when a resident has participated in an activity of their choice and achieved an agreed outcome.

Complaints Procedures

Complaints and compliments leaflets' were available in the centre. Everyone who completed a Care Inspectorate questionnaire said they knew about the Council's complaints procedure and knew they could complain to the Care Inspectorate. Centre staff continued to reinforce awareness at reviews and the Council had reviewed its complaints procedures guidance for staff .

Areas for improvement

Surveys and Meetings

Minutes of service users' meetings did not include comments and suggestions made by anyone who could not attend but who had shared their views with staff in a one-to-one conversation. Managers should ensure that minutes and action plans capture this information.

Consultation

The centre was developing ways to incorporate service users views about key workers into staff performance development reviews

Communication and Information

The amount of information from various forums and surveys and action plans that was in circulation could be quite overwhelming for some people. A simple, eye-catching 'You Said We Did' display board which captures all comments/ suggestions, action and outcomes might be a solution. (see recommendation 1)

While the centre did its best to keep day care information and housing information separate, this will not be possible until the centre has its new separate premises. (Please see update about this at Quality Statement 2.3)

Participation in Support Planning and Reviews

Staff had identified a need to change the format of care plan formats. They thought that they lacked evidence as to how service users had contributed to their own plan and were also not very readable, which meant that staff members covering from another centre could not just pick up a file and get an immediate feel for the person as an individual. Work on a one page personal profile was in progress.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Communication and Information

Consider having 'A You Said We Did' display board which brings together comments, suggestions, action and outcomes from all the different meetings forums and surveys. (National Care Standards Support services, Standard 12 - Expressing Your Views)

Statement 3

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

Service strengths

In the last report we made five requirements and one recommendation about health and wellbeing and graded this statement adequate. We found that this service's performance was now good in the areas covered by this statement. We concluded this after we heard from service users and relatives, spoke to the manager and coordinator and looked at support plans and reviews, medication guidance and procedures and recording forms, activities programme and minutes of various meetings.

Support Plans /Health Care

In the last report we said that the provider must manage the health and welfare of service users effectively in order to support them to achieve their potential. So that their healthcare, support, and social needs could be properly identified, managed, and suitably met we said that these must be recorded in an appropriate detailed

support plan for each service user in order to inform the reader about the individual and their specific needs.

Action : Since the last inspection the service had, in addition to the information that was already in support plans, introduced a 'Healthcare Information Folder' which contained essential information for staff about every service users healthcare needs including any diagnosed medical conditions and involvement of health care professionals such as dietician or community nurse. Information in those we looked at was current.

In the last report we also said that the provider must ensure that staff respect the privacy and dignity of service users when they have taken unwell and the impact of other service users present at the time. We said that service users must be offered an area they can go to recuperate and have their care needs suitable met.

Action : From observation and following discussion with the manager we were satisfied that there were quieter areas where someone could go and that staff would do their best to respect the service users wishes in such an eventuality.

Medication

We noted that very few people who attended the centre needed any medication at lunch time, and that most of those who did had been assessed as able to self medicate. The centre used a very thorough assessment tool to determine whether people could safely self medicate or not. This tool took into account their social circumstances, cognitive ability; physical coordination; eyesight and safety awareness as regards the storage of medicines.

In the last report we said that service users must receive medication prescribed to them; that all prescribed medication administered must have the time given recorded and be signed for; that staff must have knowledge and understanding of what the medication they are administering or supervising is used for and possible ill effects. and that the medication procedure should include direction for staff on what to do if a service user has forgotten to bring required medication with them to the service. We also recommended that medication should be given in line with the service users' lifestyle, indicating the specified times medication is normally taken. and support plans should detail the medication prescribed and the condition it is prescribed for.

Action : Since the last inspection the provider had worked with NHS Lanarkshire to review and update day care medication procedures. The new procedures had been piloted in Lesmahagow. They were designed to give staff a clearer understanding and knowledge of their roles and responsibilities regarding how best to support service users to manage their medication. The guidance had sections on staffs roles and responsibilities in supervising service users taking their own medication, covered knowing what that medication is for and awareness of any possible ill effects that someone may experience as a result of taking that medication. The guidance also

gave advice and direction for staff on what to do if a service user has forgotten to bring their medication with them to the service.

The new administration form which required a photograph of the service users prompted staff to record the time at which any medication was given and required a signature. Health Care folders contained information about any medication the service users were taking including any known side effects.

Eating & Drinking

(i) We said that the provider 'must ensure that all service users had an up to date comprehensive eating, drinking and nutrition assessment so that all their needs and risks were appropriately identified'. We said that this assessment should include information about weight and body mass and food and fluid preferences.

Action : The provider recognised that day care staff had a role to play in noticing when someone wasn't getting enough to eat, especially someone who lived alone or did not have family. Since the last inspection it was now part of the daycare service to weigh everyone and record weight and body mass on appropriate paperwork, unless a service user did not wish that. Staff had all received training on how to go about this. If staff had concerns about someone's weight they would contact family, social worker or dietician depending on individual circumstances.

(ii) In the last report we said that 'service users eating and drinking plans should be reviewed to ensure that everyone's needs had been identified, that dietary interventions had been specified and information about them kept up to date and that care and support was being implemented, monitored and comprehensively evaluated.'

Action: Support plans we examined contained comprehensive information about what kind of things people liked to eat and drink. Where someone needed a special diet or diet to increase or maintain weight such as food fortification or dietary supplements, this was recorded and centre staff worked with community dietitians to facilitate this. We saw an example of supplements being supplied direct to the centre.

(iii) In the last report we also said that the provider 'should review the menus and implement any changes to ensure the menu met dietary needs, as well as use best practice standards to help menu plan.'

Action: The meals were now provided by a new catering firm and service users were happier with the food. Catering staff were informed of, and provided with, any special diets, such as for someone with diabetes. We noted that the catering manager had attended service user meetings to discuss and plan menus.

Activities

In the last report we said that the provider must ensure that 'people who use this service are offered a range of appropriate, purposeful, recreational, and stimulating activities and must take into account the interests, needs and beliefs of people to enable them to fulfil their aspirations and potential'.

Action and outcomes : Support plans contained information about people's interests and life history, and staff asked for suggestions for activities and outings at the various service users meetings and forums. The 'meaningful activities menu' we saw was a good mix of table games, physical exercise, arts and crafts, cognitive stimulation facilitated by a visiting CPN, social stimulation and reminiscence and some activities intended to promote emotional wellbeing. Staff based each weeks morning and afternoon programme on this menu, while trying to take account of individual interests and needs to make it as person centred as possible. Some alternative projects ran alongside the main programme to cater for more individual interests. In addition to this, outings took place to local tea dances, with some games tournaments planned between centres as well as activities that were inspired by local and national events, such as Lanimer day and the Common wealth Games. Staff also appreciated that at the same time some people were happy just to get out of the house and have some company for a while and might not want to take part in anything organised.

Staff were aware of initiatives such as 'making every moment count', 'promoting physical activity' and playlist for life. A Link senior for 'careplanning and meaningful activities' have been identified to do some development work in each locality. The centre had a choice of rooms so that different interests could be accommodated at the same time. According to recent surveys and minutes of forums service users were satisfied with the activities on offer and found them varied and stimulating.

Areas for improvement

Activities

As noted last year, the format for the activities planner could be improved and the way it is displayed could be more eye-catching. This is something that the new link worker in Clydesdale could look at. It would also be a good idea to record the 'alternative projects' on the programme as well as the main one. (see recommendation 1)

Eating and Drinking

Food supplement drinks, such as fortisip or esure, did not come with any clear information and guidance about the best times of day to offer them. (see recommendation 2)

Support Plans

As noted at Quality Statement 1.1, staff had identified a need to change the format of care plan formats. They thought they were not very readable which meant that staff

members covering from another centre could not just pick up a file and get an immediate feel for the person as an individual. Work on a one page personal profile was in progress.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. **Activities**

The format for the activities planner could be improved and the way it is displayed could be more eye-catching. Staff should record the 'alternative projects' on the programme as well as the main one. (National Care Standards , Support Services Standard 8 Making Choices)

2. **Eating and Drinking**

Staff should have clear information and guidance about the best times of day to offer food supplements drinks and incorporate this into care plans. (National Care Standards , Support Services Standard 16 - Keeping Well)

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

Please see comments at Quality Statement 1.1

Areas for improvement

Please see comments at Quality Statement 1.1

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

In the last report we made two requirements and three recommendations about the building and the facilities and graded this statement weak. Because there were definite plans for the new extension to be built this summer, we found that this service's performance was now adequate in the areas covered by this statement. We concluded this after we heard from service users and relatives, spoke to the manager and coordinator, saw round the premises and looked at plans for the new extension, minutes of various staff meetings and risk assessment paperwork.

Safety and Risk

In the last report we said that where there was a potential risk to service users, an appropriate risk assessment and plan must be developed and followed by all staff in order to reduce any further risk and/or harm. We said that where a risk was person specific, their care plan should clearly record what the risk was, what factors were considered in assessing this risk, including environmental factors, the service users understanding, how the service aim to reduce the risk and what outcomes they had achieved as a result of a suitable risk management plan.

Action : Staff had been reviewing paperwork currently in use to determine what was working and what was not, with a view to suggesting adaptations and changing the format to suit day care. We agree it would be best if risks, and action to minimise risk associated with a particular activity, were with all the other information relevant to that activity rather in a stand alone corporate document. Staff had access to a Council Health and Safety officer for advice on specific task risk assessments.

In the last report we also said that the provider must ensure the service is clutter free and equipment is stored safely in order to reduce the risk of harm to service users, and must carry out regular risk assessments of the building environment ensuring the environment is safe for the service users, staff and any visitors to the home with appropriate and timely action must be taken to address any risks identified or visible.

Action : The premises were clutter free on the day we visited, with no evidence of any items lying around in bathrooms that were likely to pose a danger to anyone and new bins now in situ that complied with infection control guidelines. We were told that staff always walked round the premises ahead of service users arriving to ensure that the environment was safe for the service users, staff and any visitors.

Health and Safety

In the last report we said that the service provider should suitably and timeously address actions recommended in the health and safety report and fire risk assessment. This should be recorded in a suitable action plan with dates of when this was completed and by whom. The manager was able to evidence that this was being done.

Storage

In the last report we said that the provider should ensure there were suitable and secure storage facilities available to service users if they need this. Lockers had been purchased and installed and were now available for service users to securely store their medication.

Signage

In the last report we said that the provider should ensure there was suitable signage to inform service users and direct them to areas of the building. Some pictorial signs were now in place and to assist visitors there were improved street signs.

Areas for improvement

Accommodation and Facilities

In the last report we said that the provider must ensure that the service was suitable for achieving the aims and objectives of the care service, and has adequate facilities available for each service user in order to maintain their independence.

Action: A timescale had now been agreed for building a new extension with work scheduled to start in August 2014 and we had sight of plans. The new extension, once

built, will end the longstanding problems associated with sharing office and communal space with sheltered housing. At the same time, new accessible toilet and shower facilities were going to be built. Plans also included improvements to the outside space. The work will involve a decant to another centre for the duration and manager will notify us of arrangements. We noted that some furnishings, in particular seating, had been renewed since last time

Signage

The paper sign for the centre was still displayed on the window. We were satisfied that this will change once the new extension was finished and the centre can have its own separate sign.

Grade awarded for this statement: 3 - Adequate

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 see comments at Quality Statement 1.1

Areas for improvement

Please see comments at Quality Statement 1.1

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

In the last report we made three requirements about staffing and graded this statement adequate. We found that this service's performance was now good in the areas covered by this statement. We concluded this after we heard from service users and relatives, spoke to the manager and coordinator and looked at training records, dementia strategy implementation plan, medication competency checklist, social care induction plan, social care leadership programme, minutes of staff meetings and PDR records.

Training and Development

In the last report we said that the service provider must ensure staff are appropriately trained in accordance with their roles and responsibilities and the people they provide care and support to. We said that this would include training in medication, infection control, and nutrition. We said that the service provider must develop a training analysis and appropriate training plan, which was reflective of the care and support needs of each service user and supported staff in their roles and responsibilities and

development and training needs. We also said that the service must formally assess staff competency levels as part of a regular formal assessment of their practice, in order to identify where staff may want or need further training or assistance.

Action : Since the last inspection NHS and Council trainers have delivered staff training in the use of the new medication procedures and in nutrition related topics such as the use of MUST tools, food fortification and hydration. Staff have also been given training to increase their understanding of conditions such as Parkinson's and Multiple Sclerosis. Staff had also started infection control training. We noted that the Council had a detailed 'Dementia Strategy Implementation Plan' for all of its care services, including daycare, with a programme in place to deliver dementia training as part of Promoting Excellence. The Council had developed a checklist of medication competency criteria against which staff were assessed. Staff had to meet all of these before they could administer medication. Newsletters now contained some information for families about the kind training staff received.

The six staff who completed a Care Inspectorate questionnaire confirmed having an induction, agreed that they had been provided with opportunities to access training in the last 12 months, agreed that the training had helped them with their job and most agreed they had no unmet training needs directly related to their job (one person ticked don't know).

In the last report, we said that the provider must improve the methods they use in order to include staff in determining the direction and future objectives of the service, and that staff should have opportunities to bring new ideas and learning to the service and influence the way the service is run. The provider had identified some senior staff as link persons for development work around specific tasks/ areas, such as training, dementia, falls, careplanning, meaningful activities, health and safety, health and nutrition. The provider was also running a social care leadership programme. Four out of the six staff who sent back a Care Inspectorate questionnaire agreed that the service asked for their opinions on how it can improve (one left this blank and one ticked not applicable). We will look at this again at the next inspection.

Support , Supervision and Appraisal

In the last report we said that staff supervision 'must continue within the timescales as set out in the supervision policy and procedure of the provider'. We said that staff 'must have an opportunity to discuss their training and development opportunities and any other issues in confidence'.

Action : We looked at a sample of individual performance and development records. These were up to date except in instances where the supervising senior staff member had been absent. Five out of the six staff who sent back a Care Inspectorate

questionnaire agreed that they had regular supervision with their manager, confirmed opportunities to meet with other staff, and considered they had the necessary materials and equipment for their job (one person ticked not applicable/ left this question blank) and everyone said they felt safe at work.

Staffing Levels

In the last report we said that the provider must ensure that there are appropriate numbers of staff at any time to meet the care and support needs of each service user, and offer them a range of appropriate, purposeful, recreational, and stimulating activities. We also said that a copy of the staffing schedule must be displayed along with the registration certificate as detailed on the certificate of registration.

Action: Since the last inspection the manager had introduced a dependency level tool to measure one to one time spent in individual aspects of care. This was intended to allow staff to monitor the needs of individual service users, as well as to be able to make comparisons on a month by month basis. By giving management an overview of individual needs they can then plan ahead and adjust day-to-day staffing accordingly. We were told that, at the moment, calculations indicated that three staff on duty, or at times four, continued to meet needs. The manager told us that they were documenting time requirements related to specific mental health needs, such as anxiety or diagnosed dementia, to assist in measuring trends. We will look at this again at the next inspection.

Subsequent to the inspection it was clarified that this day care service had never had, and did not require, a staffing schedule.

Views of service users and main carers

Everyone who completed a Care Inspectorate survey agreed that staff had the skills and experience to meet their needs, and agreed that staff treated them with respect. Everyone said that they knew the names of the staff who supported them.

Areas for improvement

Supervision and Appraisal

When a senior worker is absent for any length of time arrangements should be made to ensure that staff do not have to wait too long for their next PDR. (see recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should have a contingency plan in place so that staff continue to have a regular one to one meeting with a senior staff member when their line manager is absent for any length of time.(National Care Standard, Support Services, Standard 2 - Management and Staffing Arrangements).

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

Please see comments at Quality Statement 1.1

Areas for improvement

Please see comments at Quality Statement 1.1

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 that this service's performance was good in the areas covered by this statement. We concluded this after we spoke to the manager and looked at the quarterly centre audit report, monthly unit report and medication audit form.

The Council has a Quality Improvement Policy and did a range of things to monitor the quality of its care services.

Consultations

Consultations took place involving residents and relatives and staff. Health professionals and social work personnel who were in regular contact with the centre were also able to complete a survey which asked for their feedback about the centre.

The centre was going to survey visiting professional in a more planned way, in order to get a better response.

Audits.

The manager had carried out a detailed and comprehensive audit in April 2014, which included staff training and development, premises and equipment related matters, such as health and safety, cleaning, catering, staffing, incident/ accident reporting, careplans, risk assessments, transport, activities; service user participation and finances. The audit included action plan with timescales. Where staff were involved in the administration of a service user's medication, they were now expected to do a spot check or monthly audit. Centre staff also did a monthly report for the manager about similar matters. Health and safety and fire audits were carried out annually by the local authority. Findings from visits by external agencies like Environmental Services also informed quality.

Corporate

Corporate Quality Assurance tools included Challenge and Support Teams (CAST), which evaluate different areas of practice in social work across departments and a performance management tool, which the Council used to monitor progress with meeting targets such as for reviews and staff development.

Complaints

Staff kept a monthly in-house log of all concerns and complaints. This was intended to help the centre keep track of areas of concern, and use any information about trends as part of overall quality assurance.

Areas for improvement

Audits

The quarterly audit format would be improved by having an additional column so that 'findings' and 'action' could be recorded separately. A record of who was responsible for any action, as well as timescales, would further improve accountability. (see recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Audits

The quarterly audit format would be improved by having an additional column so that

'findings' and 'action' could be recorded separately. A record of who was responsible for any action, as well as timescales, would further improve accountability. (National Care Standard, 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 - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Environment - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
3 May 2013	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
10 May 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
11 Jun 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

Inspection report continued

29 Jul 2008		Care and support 4 - Good Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

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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