

Care service inspection report

Drumbrae and Granton Support Service

Support Service Without Care at Home

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Edinburgh

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Telephone: 0131 551 5263

Type of inspection: Unannounced

Inspection completed on: 5 June 2014



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City of Edinburgh Council

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Care service number:

CS2003017510

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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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

During our inspection we observed staff interacting with service users in a warm, caring and positive way. Service users themselves spoke very positively about the support they received. It was evident that all enjoyed the companionship they experienced whilst attending the service, interacting positively with each other and with staff.

The service runs a number of activities during the day. We attended some of these, including two separate groups involved in cognitive stimulation therapy (CST) and two music groups. Service users were clearly enjoying these activities and staff were working hard to ensure that all were able to contribute and get involved as much as possible.

We saw that the service had issued questionnaires to service users seeking their views on the support they were receiving.

Both locations (Drumbrae and Granton) are based within new premises which have been purpose built to a high standard. Each venue has a safe garden area which has been attractively landscaped and is suitable for those who may have a physical disability.

What the service could do better

We noted that the registration certificate for the service included a housing support service which had been registered separately with the Care Inspectorate. We advised the service manager that the provider must submit a variation to the Care Inspectorate in order to correct the current registration certificate.

From our observations and in discussion with staff, it became evident that the staffing levels could be improved. We were also aware that there was a waiting list for the service. In part, this appeared to be linked to the fact that the service had to limit the number of service users attending each day as a result of staff numbers and the needs of those being referred. The provider must review staffing at both sites and ensure that there are sufficient numbers of staff available at all times to meet the needs of service users.

During our inspection, we became aware that some of the service's documentation could be improved, for example some areas of support plans.

What the service has done since the last inspection

As this was the first inspection since this service was registered on 5 November 2012, there were no areas of progress to be recorded.

Conclusion

It was very apparent during our inspection visits that the service users valued the support they received at both Drumbrae and Granton. A number of service users told us they would like to be able to attend more days of the week. One service user told us "this is a lovely way to spend the day" and another said "it couldn't be better". One relative of a service user told us that their relative "just loves it" and "the staff are caring and kind". We saw that staff were working hard and in a skilled and enthusiastic manner to provide appropriate and stimulating activities. They also had a good knowledge of the needs and preferences of those attending the service.

The real strength across this service was the obvious pleasure the service users gained from meeting with other service users and participating in the activities being provided, within comfortable and purpose built surroundings.

Overall, we identified significant strengths within this service, with some areas for development and improvement.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: www.careinspectorate.com.

This service was registered with the Care Inspectorate on 5 November 2012.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- 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 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Drumbrae and Granton Support Service was registered with the Care Inspectorate in November 2012 to provide a day support service for up to 44 older people - a maximum of 22 service users per day on each respective site. The service was set up by City of Edinburgh Health & Social Care Department as part of a structured programme of change in how day support was to be delivered. The emphasis was on a move away from a traditional day centre/lunch club model to a focus on reablement and promoting physical and cognitive independence.

The service is currently available to service users Monday to Friday from around 10am to 3pm, with staff in attendance from 8am to 4.30pm. A total of 62 people currently receive support at Drumbrae and 85 at Granton. Change Fund monies from Scottish Government have enabled the employment of occupational therapy staff. Their focus is on exercise and falls prevention. They have also taken the lead on introducing and auditing the benefits of Cognitive Stimulation Therapy (CST), a time limited group exercise which is intended to provide a range of mental stimulation sessions to support people living with mild to moderate dementia. The overall aim is to help maintain memory, verbal interaction and problem solving skills.

Drumbrae support service is based in a purpose built building called The Hub, which includes the local library and a coffee shop. There is car parking to the front of the building as well as a newly landscaped safe garden area. Granton support service adjoins Elizabeth McGinnis sheltered housing complex, though has a separate entrance and protected garden to the rear.

The overall aim of the Drumbrae and Granton Support Service is to prevent admission to hospital and long term care. It will do this by supporting older people to help themselves to remain socially active and able to live full and enriched lives in their own homes for as long as possible. This will include a process of on-going assessment of need and involve other agencies as appropriate.

This overall aim is intended to be delivered through the provision of:

- respect for the individual
- a welcoming atmosphere
- a personal plan detailing needs and wishes
- encouragement to learn and maintain independence
- a choice of activities
- assistance with personal care
- a lively and safe environment
- a nutritional 2 course lunch
- transport to and from the service for those who need it
- respite for unpaid carers
- support to access other community networks
- opportunities to share views about the service being provided
- encouragement to influence what happens in the service
- access to advice and advocacy services.

In response to the national agenda of enabling older people to be supported at home for longer, this service is continuing to evolve. Plans are in place to provide a time limited option called "Be Able" which will support service users for a fixed period (one day per week for up to 14 weeks). The aim of this service will be to enhance physical and cognitive well being. The local authority is planning to start this in August 2014. It is also planning to introduce a Saturday service, which is intended to provide long term support to older people living at home with dementia. The local authority intends to introduce this service in July 2014.

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection, which was the first inspection carried out since the service had been registered in 2012. This was carried out by a total of three inspectors, with two present each day. The inspection took place on Wednesday 4 June 2014 between 9.45am and 4.30pm. It continued the following day, Thursday 5 June 2014 between 9am and 4.30pm. We visited both sites, though the majority of our time was spent at the Drumbrae Support Service. We gave feedback to the Registered Manager and one of the Assistant Unit Managers at the end of our visit on 5 June 2014.

We gathered evidence from a range of sources, including:

- service users' support plans
- the service's registration certificate
- employer's liability insurance certificate
- Scottish Social Services registration certificate for the Registered Manager
- minutes of meetings - referral and resource group, staff, service users
- welcome pack
- moving on procedure
- complaints procedure
- accidents and incidents log
- staff training plan
- service users' written agreements
- brochure
- records of maintenance and repairs
- food temperature records
- paper on cognitive stimulation therapy
- audit report of cognitive stimulation therapy
- aims and objectives - day services for older people
- agency staff induction procedure
- policies: medication; safe caring and restraint
- outcome paper from questionnaires sent to service users - November 2013
- activity sheet for Granton support service
- Care Standards Questionnaires.

We also spoke with a number of service users and staff members. We assessed the environment in both locations and observed staff interacting with service users.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

We received a detailed self assessment from the service.

Taking the views of people using the care service into account

We spoke with a number of service users during our inspection visits. The feedback was unanimously positive. They liked the food and the staff and they knew the identity of their key worker.

One service user told us they attend the Drumbrae support service two days each week. They told us they enjoy the company and "it is a great place, the girls are very good and treat us well, the meals are lovely, it gets me out of the house and keeps me interested, I enjoy the activities and chatting with friends."

A second service user told us "this is a good place and I am always made to feel welcome, the staff are friendly and helpful and treat us well, I enjoy the chat and catching up with friends, the building is comfortable and welcoming, and getting the transport to and from the centre is a great benefit."

Another service user told us "I would be lost without the service."

We received a small number of completed Care Standards Questionnaires from people using the service and comments included:

"I can talk to staff about private issues".

"The cognitive stimulation therapy group has helped me build relationships with other people".

"I enjoy gardening, seeing the strawberries grow and giving them water".

Taking carers' views into account

We did not meet with any relatives during our inspection visits. We received one completed Care Standards Questionnaire from a relative of a service user which was a positive reflection of the service provided and the quality of the staff.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We saw that the service was operating to a good level in this area. We measured this by looking at a number of documents, including minutes of meetings with service users and staff as well as questionnaires that had been issued to service users about meals, the environment and staffing.

We saw that the service's information brochure included suggestions and complaints information, with contact details for making a complaint to the provider and to the Care Inspectorate.

We noted that there was a service agreement in place for each service user.

The service has an information leaflet, which includes details of the aims of the service, charges and how to make suggestions and complaints.

We sampled minutes of meetings which had taken place with service users. It was evident that meetings were being held in such a way as to capture the views of all those attending the support service. The purpose of the meetings appeared to be discussing issues and exchanging information with each service user. Agenda items included information to be passed on, staff training, health & safety, activities, outings and ideas and the quality of care standards. We saw that other items for discussion had also been recorded, including menu questionnaires, the Care Inspectorate, fire safety procedures, raffle prizes and events.

We noted that the questionnaires issued about the meals during March 2014 had been done in such a way as to enable all service users the opportunity to contribute. We saw that the responses from the survey had been collated and two comments where action was needed had been recorded.

We saw that questionnaires had been issued about the quality of staffing during November 2012. The results showed that service users thought staff were friendly, approachable, respectful and caring. Service users felt they were treated with dignity, enabled to make suggestions, ideas or complaints. They were also positive about the support and choices they had to maximise their independence.

We saw that staff meetings were being held approximately every four to eight weeks. We looked at the agenda for the staff meeting held on 7 May 2014, which included care plans, the development of the service, information to be passed on, training information and health & safety issues.

We saw that reviews of support plans were taking place.

Areas for improvement

We noted that there was no complaints log available at the Drumbrae Support Service. Whilst we were advised that the service had not received any complaints, we would suggest it is good practice to maintain a log.

Whilst it was evident that meetings were taking place with service users, we noted that the detail of what had been discussed was not well recorded and it was not evident that issues were being followed up at subsequent meetings.

We saw very little detail regarding the discussions at staff meetings, the minutes of which did not include action plans. Similarly, we noted that where actions had been recorded with respect to the responses received on the meals questionnaire, there was no evidence that the action had in fact been taken forward nor how this was being monitored. There was also no action plan put in place to address the issues arising from the questionnaire about staffing.

See recommendation 1.

We saw that the support agreement between the service users and the service did not fully meet Care Standard 3, "your legal rights". For example, there was no mention made of policies and procedures, no information about related legislation such as fire, health & safety and risk management and no reference to the registration certificate. See recommendation 2.

We noted that the current brochure did not include information about admission to the service. We were advised that the brochure is due to be up-dated. We will check this at our next inspection visit.

When we sampled support plans, we noted that review meetings were taking place. However, the review process did not appear to include input from other agencies which may be involved in supporting the service user. We have made a recommendation in Quality Statement 1.3 about service user support plans which includes the review process.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It is recommended that the service reviews the record of minutes of service user and staff meetings to ensure these are sufficiently detailed and include any issues to be addressed and the timescales for these. The service should also ensure that the actions arising from questionnaires are recorded to demonstrate these have been acted on.
National Care Standards. Support Services - Standard 12 - expressing your views.
2. It is recommended that the service reviews and up-dates the content of support agreements to ensure these clearly define the terms and conditions of the service being provided.
National Care Standards. Support Services - Standard 3 - your legal rights.

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

We saw that the service was operating to a very good level in this area. We measured this by getting involved in some of the group sessions being held. We also observed staff interactions with service users and spoke with service users about their experience of using the service. All service users we spoke with were positive in their comments about staff. One told us "the staff make a difference" and "they treat you as you would like to be treated".

We observed and took part in some of the group sessions being held during our inspection visits. One group we observed at Granton was very relaxed and everyone was involved. There was a good level of discussion and all participants were patient with each other. This group was for cognitive stimulation therapy and involved a ball game, talking about newspaper articles for that day and singing. We noted that the group was well paced, with lots of fun, humour and eye contact. Other groups being held included gardening and healthy cooking and baking.

We also observed a music group at Granton. The service users appeared very relaxed and enjoyed singing. We saw good rapport between staff and service users and there was a good level of discussion and reminiscence.

We took part in a group in Drumbrae which was also a cognitive stimulation therapy session. It was evident that all service users were enjoying this experience and there was supportive and lively interaction between service users and staff.

We observed an activity group in Drumbrae involving five service users and three staff. This included a mixture of music, charades and a quiz. We saw that the service users were encouraged to join in and there was a good level of participation. The group was well organised and staff took the time to give clear instructions to the service users about what the activity was and what to expect. There was lots of laughter and a relaxed pace.

We noted that there were six monthly meetings at which time there was discussion about what the service user would like to achieve. Staff were well aware of the overall aim of the service, which was to help the service user stay as independent as possible for as long as possible. Meetings were also being held to decide on choices of activities.

We noted several examples of staff linking appropriately with other agencies to improve outcomes for service users.

Staff told us about one service user who had been low in mood for some time and was finding it difficult to be motivated. Since attending the day support service, their well being had improved and instead of staying in bed they were up and about and being a support to another service user who had just started attending the service.

Areas for improvement

Whilst it was evident that staff were working hard to engage with other agencies to improve outcomes for service users, we became aware that this could be quite challenging. For example, there seemed to be a need to improve communication links with others so that day support staff were not always having to chase up information. It was also apparent that other agencies did not always realise the aims and objectives of day support had changed from being less of a lunch club model and much more about reablement and maintaining life skills. Staff told us that they sometimes felt their role was undervalued by other agencies.

We will monitor how inter-agency communication and relationships have developed at our next inspection by assessing outcomes for service users.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We saw that the service was operating to a good level in this area. We measured this by observing staff interaction with service users and by looking at support plans.

We spoke with some service users as they arrived at the Drumbrae service in the morning. All agreed they enjoyed attending the support service and that the best thing about it was the companionship. They told us they felt isolated at home. Service users told us they enjoyed the food, which is transported from the nearby care home, with the menu choices being the same as those provided at the care home. Menus are on a five week cycle and so staff are able to ask service users what they would like to choose in advance.

Service users told us that in their view the service did not need to improve and that they were satisfied with the service provided. Overall, they presented as happy and relaxed and there was a good level of conversation and laughter.

We sampled support plans during our inspection. We were advised that the format of support plan documentation had changed in May of this year. This had included a shift to ensure that personal information about service users was now being recorded in a more outcome focused way. Support plans we looked at contained a good level of information about personal contacts such as next of kin, GP, etc. We also noted life histories were in place and there was detail about individual likes and dislikes. We saw a good level of information being recorded about the service users' day in detail records. Contact sheets were being used to indicate when contact had been made with a service user, though it was the detail record which recorded the content of any communication. We were unsure of the benefit of contact sheets and would suggest that the service may wish to review the use of these forms.

We noted that service users had been involved in compiling their support plans and saw that there was a good level of detail about equipment needed to support individual service users and how to meet their communication needs. We also saw that the support plan documentation in Granton was better organised with photographic identification at the front of the files and a very good level of detail in review reports. These were being recorded electronically, resulting in this information being accessible to other professionals involved with the service user's support package, such as social workers.

We sampled support plans for those service users who were assisted with the administration of medication. There are currently only a small number of service users using the support service who need to take medication during the day. We saw that a "record of prescription form" was being used to record the administration of medication and the detail record was being used to highlight any issues or concerns with medication. We also noted that medication to be administered that day was being safely stored in a locked cabinet in the office, only accessible by authorised staff.

We saw that there were daily morning meetings involving staff. These were used for ensuring that all the duties of the day were delegated. This might include the administration of medication or taking the lead on particular activities. This forum was also used to discuss any issues or concerns about service users. It was evident that these meetings were taking place and the discussion was being recorded. The outcome of this was that the service appeared well organised, with staff being clear about their individual responsibilities.

Areas for improvement

We noted that a significant number of the service users attending the Granton support service have a degree of cognitive impairment. As a result, they needed more one to one support. In Drumbrae, some service users have a significant degree of physical disability, which means that they may need two staff to assist with personal care tasks and with all transfers. It was evident that the four staff on each site were working in a supportive and enabling way with service users. However, this meant that there was a lot of pressure on staff time throughout the day, as they were involved in all tasks from collecting service users from home to serving meals and assisting with personal care. We became aware that an assessment of service users' needs had been carried out in Drumbrae, resulting in an additional member of support staff being appointed. However, it was evident that the provider needed to review staffing levels on a regular basis and as the needs of service users changed, to ensure sufficient staff were available across the whole service at all times to assist and enable service users as needed. Staff also told us it was a challenge to find sufficient time to complete care plans.

See requirement 1.

It was evident when sampling personal support plans across both sites that the level of detail and organisation of information was variable, with those for service users in Granton being more detailed and better organised.

Some review records were more detailed than others. There could have been a greater degree of detail about dietary needs, risk assessments and the outcomes of reviews in respect of the assessed needs of individual service users. We looked at one care plan where the recording in the detail record stated that the service user had been assessed regarding cognitive impairment. Their support plan had not been updated to include this and it was not known if the assessment had concluded in a formal diagnosis or what additional supports were being considered. We noted that one service user had experienced a number of episodes of ill health whilst attending the support service. It was not known from their support plan how closely this was being monitored. The same service user had also been referred to and was attending the cognitive stimulation therapy group. However, as they did not have any cognitive impairment nor were they diagnosed with dementia, the reasons for referral to this group and the outcomes being sought were unclear. Overall, support plans would benefit from having an index at the front with important information highlighted. Personal history information for some service users could be more detailed and all notes must be recorded in ink as opposed to pencil.

There was no record of any service user having a third party welfare proxy. It was therefore not known if any family members or other party should be involved in decision making about the welfare of a service user. We saw that some personal plan agreement forms were unsigned and undated.

We would suggest that support plans should be reviewed to ensure the content is consistently recorded across both sites, detailed, up-to-date and any old information is appropriately archived.
See recommendation 1.

The service also needs to consider if the recording of outcomes achieved for individuals is of sufficient detail to demonstrate that it is adding to the service user's ability to remain at home, which is the main aim of the service. For example, the service could be better at evidencing the benefits and impact of the cognitive stimulation therapy sessions. The audit carried out by occupational therapy staff was a service audit as opposed to assessing the impact on individuals. We were advised that the audit process is under review and we will monitor this at our next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that there are adequate staff deployed in the service at all times to meet the assessed needs of service users.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a) which is a requirement about staffing.

Timescale: within 24 hours of the receipt of this report.

Recommendations

1. It is recommended that the service ensures support plan information is consistently recorded across both sites and includes all information needed to meet the support needs of the those attending the support service.
National Care Standards. Support Services - Standard 4 - support arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We saw evidence that appropriate risk assessments had been completed. For example, the fire risk assessment had last been completed in December 2013. We also noted that moving & handling equipment had been inspected in May 2014.

We sampled accident and incident records from 2012 through to 2014 during our inspection. We saw that these had been notified to the Care Inspectorate as required and it was evident that the manager was aware of the circumstances in which they needed to notify the regulator. Overall, there was a good level of information being recorded about incidents and accidents.

We noted that there was appropriate furniture in the service and adequate space for the safe use of moving & handling equipment.

Areas for improvement

When sampling accident and incident records, we noted that the section on the form used for recording further action required was too small to effectively detail what monitoring was to take place and by whom. We looked at an example of one report describing an incident where a service user had grabbed another by the hand and twisted it. Whilst it was noted that a risk assessment and management plan had been put in place as a result of this particular incident, there was no record of how this was to be monitored.

We noted that the written records of accidents and incidents could be better organised. There is a need to ensure that further actions required are included in each record and there are also details of specific actions to be taken forward.

We noted some gaps in the daily recordings of fridge and freezer temperatures. See recommendation 1.

We saw that there was a flip top bin in the kitchen. We would suggest that this is replaced with a pedal bin in line with good infection control practices.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the service ensures fridge and freezer temperatures are recorded daily as required for health and safety purposes.
National Care standards. Support services - standard 5.3 - your environment.

Statement 3

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

Service strengths

We saw that the service was operating to a very good level in this area. Both Drumbrae and Granton are housed in purpose built buildings which are on the one level and benefit from being disabled friendly.

The communal areas are light and airy. Toilets are easily accessible. All lighting automatically comes on when someone walks into the room.

We saw that all areas were clean, well presented and well maintained. All furniture was new and in good condition. There was also a good choice of seating. We also noted that there were enough tables and chairs in the dining room area to accommodate the maximum number of service users.

The Drumbrae centre has the added advantage of being linked to the local library where there is also a coffee shop. Both centres have disabled friendly garden areas which are filled with plants, fruit and vegetables. The Drumbrae garden had been newly completed at the time of our inspection and so had not been in regular use. The garden at Granton was well used and some assistance with landscaping and planting had been provided by the criminal justice social work team. It was evident that the service users gained a great deal of pleasure from the outside space.

Areas for improvement

The provider must ensure that the environment is maintained to this very good standard.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 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

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We saw that the service was operating to a good standard in this area. We measured this by observing staff practice and talking with staff. We also looked at staff training and supervision records.

We observed staff working in a very person centred way. They told us they felt supported by the service manager. For example, they told us about a service user with a diagnosis of Parkinsons. The staff had been enabled to access training delivered by the NHS on Parkinsons and have been able to use this training to support the service user to become more mobile.

Staff told us they had received supervision on a six weekly basis and were involved in team meetings each morning.

Staff at Granton told us they felt they were part of a good, tight team where there was good communication, especially at the morning meetings.

We noted that staff had access to a range of training. For example, learning about Parkinsons, moving & handling, cognitive stimulation therapy and Scottish Vocational Qualifications (SVQ).

We could see from staff supervision files that the manager was being proactive in responding to practice issues.

Areas for improvement

We sampled staff training records. We noted that the list available to the service manager, which is produced centrally, included staff from other services as well as those who had left the service. There was no date or record as to when this information had been produced. Training records did indicate some start, end and renewal dates for training undertaken. However, the majority of records available did not show a refresher or renewal date, which suggested the possibility that some training could be out of date. We also noted that staff files did not reflect the training they had carried out. We discussed this with the service manager and it was agreed that training records needed to be more localised to ensure that all information was accurate and up-to-date. Training records should also included a training plan which indicated training yet to be undertaken linked to the needs of the service. It was evident that the service had not yet implemented dementia training to the standard recommended by the Care Inspectorate.

See recommendation 1.

We sampled staff supervision files. We noted that some records would benefit from being archived. We also saw that some supervision records were more detailed than others and it was not always clear if actions identified were being followed up at the next session.

See recommendation 2.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It is recommended that the service reviews all staff training records to ensure that these accurately record training completed and training due to be carried out or refreshed. The service should also consider supporting staff to access dementia training which meets the standard set by "Promoting Excellence".
National Care Standards. Support Services - Standard 2 - management and staffing arrangements.
2. It is recommended that the service reviews staff supervision records and ensures these are sufficiently detailed and identify how actions have been followed up. All supervision files should contain up-to-date information only.
National Care Standards. 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

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

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 saw that the service was operating to a good level in this area. We measured this by observing staff and service user interaction, talking to service users and staff and looking at records held within the service.

It was evident that the outcomes for service users were very positive, with examples of staff working with other agencies to improve the quality of life of service users who, for the majority of their week, are at home. The relationships and rapport between service users and support staff demonstrated a good understanding of need and a strong desire to maximise the potential and quality of life of service users.

We saw that some audit processes were taking place. For example, we saw that the occupational therapy staff had undertaken an evaluation of the cognitive stimulation therapy work being carried out. We also noted from a staff supervision file that they had audited a support plan of a service user for whom they were the key worker.

Areas for improvement

We noted from the service's records that we had not received any notifications between August 2013 and February 2014. We sampled accident and incident records during our inspection and noted that some should have been notified to us. See requirement 1.

Whilst staff were recording a good level of detail in the incident records, these could be better organised and more user friendly. This may have been linked to the space on the form being too small to detail the type of monitoring put in place and specific actions being taken. We would suggest that the service review its documentation to ensure it supports adequate recording of incidents and actions being taken and how these are being monitored. We will check this at our next inspection.

Given our findings recorded in Quality Statement 1.1, we would suggest that the service should review quality assurance systems and processes. For example, whilst it was evident occupational therapy staff had carried out an audit of the cognitive stimulation therapy groups, this could have looked at the impact on the abilities of service users to maintain their independence. This would meet current expectations in terms of measuring outcomes for individuals and the impact on their quality of life.

It would also be useful to the service to audit all support plans and staff training and supervision records to ensure these are being managed consistently across both sites and are sufficiently detailed and up-to-date.

See recommendation 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that it submits notifications to the Care Inspectorate as required.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about welfare of service users.

Timescale: within 24 hours of the receipt of this report.

Recommendations

1. It is recommended that the service reviews quality assurance systems and processes in order to more effectively monitor the outcomes from therapeutic approaches as well as improve the quality of the service in response to feedback. National Care Standards. Support Services - Standard 12 - expressing your views.

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 2	5 - Very Good
Statement 3	4 - Good
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	5 - Very Good
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
19 Jan 2011	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
30 Jun 2009	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
7 Aug 2008		Care and support 5 - Very Good

Inspection report continued

		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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

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