

Care service inspection report

Glenwood Day Care Centre

Support Service Without Care at Home

160 Castlemilk Drive

Castlemilk

Glasgow

G45 9UE

Telephone: 0141 276 8980

Type of inspection: Unannounced

Inspection completed on: 16 September 2014



HAPPY TO TRANSLATE

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Service provided by:

Glasgow City Council

Service provider number:

SP2003003390

Care service number:

CS2003017634

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Summary

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

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

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

We received very positive feedback from people using the service. We saw that people using the service were very relaxed and comfortable, and benefitted from the care and support they received. Staff worked well with people using the service. The management team were very committed to maintaining a very good service and remained very open to discussion about ways of making improvements.

What the service could do better

The service should continue to involve service users and carers in improving the quality of the care and support provided by the service. The manager and depute should continue to encourage the staff team to record and report, when completing daily records or reports, in a manner that focusses on individual personal outcomes for the people using the service. The service should consider the formal involvement of service users in maintaining the quality of the environment within the service. The provider should research how best to involve service users and family members in the recruitment and selection of staff and the supervision and appraisal process. The service should consider the involvement of the Service User Committee and the Careers' Group with the self-assessment for future inspections.

What the service has done since the last inspection

The service has moved to a modern, purpose-built centre with its own grounds and gardens. People using the service were extremely positive about the move and their

new surroundings. The manager and the staff team have worked well to ensure the transition between services, and staff teams, has been smooth. The manager has worked to meet the requirements and recommendation made at the last inspection.

Conclusion

Overall, we found that a very good service was being provided and it was clear that people using the service benefitted from their attendance at the Centre. People who use the service were involved in processes about their support. The service offered a wide range of activities and constantly evaluated how best to support people.

1 About the service we inspected

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

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and Recommendations

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

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

This inspection was carried out at the new Glenwood Day Care Centre. The Centre was modern, purpose built with its own grounds and gardens. Day care was offered to a maximum of 30 older people.

The accommodation consisted of treatment rooms, hairdressing room, several activity rooms, large dining area and toilet facilities, with personal care changing areas. All activity rooms opened onto the garden area.

A variety of activities was offered to provide social and recreational opportunities for service users.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 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

An unannounced inspection visit was carried out by one Inspector on 15 September 2014 and continued on 16 September 2014. Feedback was given to the manager on 16 September 2014.

During the inspection visit we talked with the manager, service users and staff.

We also had a look at the environment and observed staff practices and residents' experiences.

We examined a wide range of records relating to service provision and residents' care and support, including:

- Policies and procedures
- Personal plans
- Accident and incident reports
- Minutes of meetings
- Audits
- Staff records

We took all of the above into account when we wrote this report.

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

Requirement with reference to Theme 1, Statement 3:

The provider must make sure that all service users have up to date assessments and care plans in place about their individual care and support needs. These must be written in consultation with the service user and any other relevant people and provide detailed guidance to staff. They must also make sure that all relevant records are adequately maintained.

Reviews must be carried out every six months or more often according to need.

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users.

Timescale: two months from receipt of this report.

What the service did to meet the requirement

We sampled support plans and saw that they contained up-to-date information about individual care and support needs. The plans showed the involvement of people using the service and their relatives. The records were well-maintained. We saw that reviews of support plans were being carried out every six months, or more often according to need.

The requirement is: Met - Within Timescales

The requirement

Requirement with reference to Theme 1, Statement 3:

The provider should make sure that the policy on Medication is revised to provide clear and detailed guidance to staff about their roles and responsibilities in line with best practice guidance.

The provider also needs to make sure that accountable and robust records are kept.

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users.

Timescale: within one month of receipt of this report.

What the service did to meet the requirement

We saw that improved procedures based on best practice guidance had been introduced to ensure medication was being administered safely and that records were accurate and robust. Staff had received training and audits were being undertaken by management.

The requirement is: Met - Within Timescales

The requirement

The provider must produce a service specific infection control policy.

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users.

Timescale: within one month of receipt of this report.

What the service did to meet the requirement

The service has introduced service-specific procedures and the provider is at the governance stage of its review of Glasgow City Council's Infection Control Policy. Staff had received training in best practice for infection control.

The requirement is: Met - Within Timescales

The requirement

The provider must produce an appropriate service specific policy on the action to be taken in the event of an accident or incident occurring. This must include:

- clear guidance on the roles and responsibilities of staff members who work in the service.
- clear information on what action needs to be taken such as, notification of external managers and health and safety staff within the organisation.
- relevant accountable record keeping must be in place to provide evidence of all action taken.

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users.

Timescale: two months from receipt of this report

What the service did to meet the requirement

We saw that improved procedures based on best practice guidance had been introduced to ensure the appropriate reporting of accidents and incidents and those records were accurate and robust. Staff had received training and audits were being undertaken by management.

The requirement is: Met - Within Timescales

The requirement

The provider must make sure that falls risk assessments are carried out with individual service users who are at risk of falling and that appropriate action is taken to minimise the risk of recurrence.

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users.

Timescale: two months from receipt of this report.

What the service did to meet the requirement

We sampled support plans and saw that they contained up-to-date information about individual risk and contained risk assessments, in respect of the risk of falls. The risk assessments showed the involvement of people using the service, their relatives and relevant professionals. The records were well-maintained. We saw that reviews of risk assessments were being carried out every six months, or more often according to need.

The requirement is: Met - Within Timescales

The requirement

The provider must make sure that all staff have relevant training about their roles and responsibilities when providing direct care and support to service users.

The training must relate to the care and support needs of service users and be based on best practice guidance.

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users and Regulation 13 Staff training.

Timescale: four months from receipt of this report

What the service did to meet the requirement

We sampled staff personnel files and saw that they contained information on training that had been completed. These showed that staff had received training relevant to their roles and in areas of best practice to support people using the service. We saw that training needs were identified at supervision and had been met with the appropriate training.

The requirement is: Met - Within Timescales

The requirement

The provider must make sure that adequate monitoring and auditing systems are in place to identify gaps and inconsistencies in the service and make sure that the appropriate action is taken as necessary.

This is in order to comply with SSI 210/2011: Regulation 4(1) welfare of service users.

Timescale: two months from receipt of this report.

What the service did to meet the requirement

We saw that there was an audit process in place to monitor the proper completion of tasks. The service is monitored by means of Glasgow City Council's Quality Assurance Framework. The manager and assistant manager use service-specific audits of systems to feed into the Council's Framework.

The requirement is: Met - Within Timescales

The requirement

The provider must make sure that appropriate notifications are submitted to the Care Inspectorate.

This is in order to comply with SSI 114 Regulation 21 Notification of death, illness and other events. 2(c) any theft and 2(d) any allegation of misconduct by the provider or any person who is employed in the care service.

What the service did to meet the requirement

We spoke with manager who confirmed that she is aware of her responsibility in ensuring that appropriate notifications are submitted to the Care Inspectorate. We saw that the guidance surrounding this was prominently displayed. We examined the accidents and incidents that had occurred since the last inspection and confirmed that these did not require to be reported to the Care Inspectorate.

The requirement is: Met - Within Timescales

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

We saw that there had been some comments and suggestions made and that these had been investigated appropriately. Records were kept about action taken and feedback had been given to people making comments or suggestions.

Recommendation has been met.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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

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

Taking the views of people using the care service into account

Overall, people were very happy with the service they received.

We have included further comments and views from people using the service throughout the report.

Taking carers' views into account

Overall, the relatives we spoke with were very happy with the service their relatives received.

We have included further comments and views from relatives throughout the report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We found that the performance of the service was very good for this statement. The service used a very good range of methods to encourage service users and their relatives to participate in assessing and planning care and support. At this inspection we looked at:

- Introductory information
- Personal plans
- Records of meetings
- Results of questionnaires
- Comments and complaints
- The Glenwood Day Care Participation Strategy
- Direct discussion with people using the service, their relatives and staff.

We saw that the service had revised its welcome pack and information guide and that it was available to all current and new service users. The brochure contained information on the values and aims of the service and detailed the activities offered. Information on staff training and an explanation of assessment methods were included in the brochure. Prospective service users were invited to use the referral process, which included looking around the Centre and taking part in the assessment process to sample activities on offer. The brochure also had information about the complaints procedure.

We saw very good examples of person-centred planning in the care plans that we sampled. The plans were individual to each person using the service and detailed the levels of support received. The majority of the planning and support information was

written in the first person, giving staff a strong indication of the preferences and aspirations of the individual. The plans detailed what each person was able to do independently and what they needed support with. We saw that personal plans reflected the current needs of people using the service. People using the service and their family members were given the opportunity to be more involved in planning their care and support. Complaints and other information for people using the service were provided in a user-friendly format, using plain language to make the information more accessible.

We looked at seven personal plans and saw evidence that review meetings took place regularly and involved service users, their relatives and, where possible, care managers. The communication skills and needs of people using the service were taken into account at the review setting. We saw that service users' communication preferences were recorded in personal plans. We found that staff were able to adapt communication styles to meet individual needs and communication preferences. The minutes we read demonstrated that the manager and the staff team responded effectively to comments from review meetings.

We saw evidence that team meetings occurred and that the team were able to share their experiences and discuss best practice and approaches to service users. Staff discussed the support that they provided in terms of outcomes achieved for the people using the service. Staff described a range of positive outcomes that service users had identified and had been supported to achieve. We saw that service users understood and made their own informed choices regarding activities. We saw very good evidence that staff responded effectively to comments from the people receiving support.

We saw that the opinions of people using the service and their relatives were sought by means of questionnaires. The feedback received was generally extremely positive. We noted that comments made in response to questionnaires included:

"Staff couldn't be better."

"Centre is lovely."

"Staff are very kind and helpful."

"Staff are friendly and approachable."

"The facilities are excellent and my relative loves the range of activities that are offered."

"I feel strongly that this is a lifeline for my relative. It alleviates loneliness and boredom, allows her to meet people of her own generation and has given her a new lease of life."

"My relative is a lot brighter and doesn't tend to want to sleep during the day. She comes back from the Centre chattering away with what she has done that day. She is more like her old self."

We looked at the Glenwood Day Care Participation Strategy, which is the service's plan for how they involve the people using the service. We saw that there were many methods of participation, which included consultation with service users, meetings and questionnaires. The Strategy supported useful and meaningful participation, the views of service users and promoted their choices. We saw that service users were encouraged to get involved and influence the plans and decisions that could affect their life. We found that service users and relatives were keen to be involved in the interviewing process for new care staff at the service. We saw that consultation between the manager and people using the service and their relatives, regarding informal involvement in the selection and recruitment process had occurred. A set of questions for potential candidates had been devised.

The service actively promoted meeting with people using the service. Meetings were held regularly and minutes completed. The manager and staff members attended and gave feedback. The Service Users' Committee met formally once per month, had an independent agenda and was supported by the manager. The Carers' Group met regularly and were supported by the manager. We saw evidence that the service responded positively to the views of the people using the service, via the Committee, and that this had resulted in an improvement to the quality of care and support. The minutes of all meetings were displayed in large type-face on notice boards around the Centre.

We spoke to five people who use the service, who said they liked the staff and felt they got on very well with them. This was confirmed from our observations at the Centre. Service users said they had input and choice in the allocation of the staff who provided their support. This gave service users the opportunity to control the assessment of their care and support needs. They said they could talk to staff if they had any issues or needed advice and they felt that staff listened and responded. Service users said they were involved in planning their care and support and that staff discussed their personal plan with them.

The relatives that we spoke with said they felt very involved in the service. They said they were given information about their relative's care and support to keep them informed. They also described being regularly consulted. The manager and staff were clear on their roles to promote the involvement and participation of relatives and gave examples of how they worked to achieve this. The personal plans that we sampled also contained reference to the involvement of relatives. Feedback from relatives supported that they felt involved with the production of support plans. Comments received from relatives included:

"I am very pleased with the staff who look after my relative. I feel she is happy when she returns from her day care."

"I know the staff do everything to make my relative's life easier and I appreciate all they do. Without this service, life would be very difficult."

"My relative thoroughly enjoys the one day per week that he is there. He looks forward to attending and is always happy when he returns."

"I have been very impressed with the day centre and staff who are all very impressive and very good with my relative."

Overall, the involvement of people using the service and their relatives was an integral part of the day-to-day operation of the service. We commended the service for developing this approach.

Areas for improvement

The service should continue to involve service users and carers in improving the quality of the care and support provided by the service.

We discussed with the manager and depute how the findings of the processes of engagement with people using the service, could be summarised to provide evidence to identify strengths and areas for improvement. We did not see evidence of how feedback was evaluated or acted upon. The manager confirmed she will complete this process.

We also discussed how the minutes of meetings could be shared with service users with communication difficulties or visual impairments. The manager confirmed she will develop the service's approach to this area for improvement.

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 found the service was delivering quality care resulting in positive outcomes for people using the service. At this inspection we looked at personal plans, records of accidents and incidents, information on staff training and spoke with people using the service and with staff.

People using the service had very good support plans that identified a range of care needs. We were able to see that these plans reflected individual needs accurately and that staff had a good knowledge of the healthcare needs of the service users they were working with. Support assessments were regularly reviewed and updated according to current need. Some information in personal plans was written in the first person and from the service user's point of view. They contained essential information, such as "what I can do" and "what support I need from you". Risk assessments covered all aspects of the users' support plans and included reviews and updates, where required. We saw that there were risk assessments relating to identified hazards, such as moving and handling or risk of choking. These outcomes for service users were clearly stated. The personal plans were in a format that were user-friendly and took account of health and communication needs.

The service was good at making sure that where a service user had a particular medical condition then there was information about that condition in the personal plan. We found every good examples of recording of how service users' healthcare needs were being monitored. This included clear guidance to staff on any actions which needed to be taken following medical attention. We saw that there was a system in place for service user's medication to come in and go out of the service. There was a recording system for best practice within the service and there were details in individual plans in respect of possible side effects of medication.

We saw that staff included a variety of approaches to support people using the service to have healthy lifestyles. Service users who attend the service were served lunches and healthy lunch options were offered by the service. We found that where a nutritional assessment identified the need, then an eating and drinking protocol was put in place for service users. We saw, where protocols were in place, that the staff completed a risk assessment and food and fluid intake charts. We found evidence that the service used best practice information to help them with the nutritional needs of the service users.

We observed the practice of staff within the Centre and saw examples of very good, person-centred care. Staff worked well throughout the Centre and we saw that they had a great rapport with the service users. We saw that health and wellbeing changes were quickly picked up on.

We examined records of accidents and incidents and noted none were reportable to the Care Inspectorate. Accidents and incidents had been investigated by the service and other agencies were informed or involved, where necessary, with details recorded in the appropriate personal plans.

We looked at the Staff Training Schedule and Training Records and saw evidence of training received in areas such as Food Hygiene, Brain and Behaviour in Dementia, Infection Control and Adult Support and Protection. We saw that some training had been completed and some scheduled for the remainder of this year. The Training schedule highlighted training for staff to meet the needs of service users as well as providing development opportunities.

We found well-trained, skilled, knowledgeable staff, able to respond to health issues that affected people using the service. The practice of staff we observed was of a high quality and their approach was patient and respectful.

Areas for improvement

The manager and depute should continue to encourage the staff team to record and report, when completing daily records or care planning activities, in a manner that focusses on individual personal outcomes for the people using the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement. We have also applied the grading of five "very good" awarded in Quality Statement 1.1 to this Quality Statement.

The service is provided from a modern, purpose-built centre, with its own grounds and well-maintained gardens. We saw that the garden area was being utilised and it is a very pleasant area for service users to use.

The decoration of the Centre was in excellent order and the service users had been involved in the selection of some of the furnishings.

There are different notice boards around the Centre which identify what people using the service can do within the Centre.

Areas for improvement

The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area, they should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

The service should consider the formal involvement of service users in maintaining the quality of the environment within the service. We discussed with the manager and depute the possibility of establishing a health and safety sub-group, as part of the Service Users' committee. This could involve service users in the completion of regular checks undertaken by staff. The manager confirmed she will develop the service's approach to this area for improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We found that the performance of the service was very good in the areas covered by this statement. We decided this after speaking to the manager, staff, service users, checking records and through visual observation of the premises.

The service is registered to accommodate and provide a care service to a maximum of 30 older adults. The staffing schedule for the service was checked for the time of the inspection and found to be in order. The service had an up-to-date insurance policy.

An environmental risk assessment is in place and is regularly reviewed and updated. We noted that a designated member of staff completed a regular review of the risk assessment.

We saw that the environment met the needs of the people who use the service and it enhanced their experience, as much as possible. The service made good use of the space available, including outdoor areas. The environment provided opportunities for the service users to have independent space, or to socialise with others in the service. Everyone we met looked very relaxed and we received many positive comments about the environment from service users.

We examined maintenance records for moving and handling equipment and found them to be in order. We saw that service users had Personal Emergency Evacuation Plans within their personal plans. Staff were aware of service users' individual needs in respect of fire evacuation.

The staff were trained in non-violent crisis intervention, Adult Support and Protection and Infection Control. We examined the service's policies and procedures relating to health and safety, accident reporting, infection control and restraint.

We noted that there was a personal alarm system in place in all areas of the Centre, which provided a means for staff to seek assistance with service users, where required. There was a secure-entry system and service users and visitors signed attendance and other registers. These systems contributed to service users feeling protected from risk or harm.

Areas for improvement

The manager and depute should continue to encourage the staff team to record and report, when completing individual risk assessments for service users, in a manner that focusses on individual personal outcomes for the people using the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement. We have also applied the grading of five "very good" awarded in Quality Statement 1.1 to this Quality Statement.

We found that service users and relatives were keen to be involved in the interviewing process for new care staff at the service.

Areas for improvement

We spoke to the manager and depute and discussed how best to involve service users and family members in the recruitment and selection of staff and the supervision and appraisal process.

We discussed how the provider, Glasgow City Council, recruits and selects staff at its central headquarters, with some general input from a group of users of Council services. Successful candidates are then appointed to the service when a vacancy arises. We would like the process to be more specific to this service, with service users and family members being involved in the recruitment and selection of staff for the Centre. This would benefit the people using the service and enable them to be involved in decisions about their own needs and how these are met. See recommendation 1.

We discussed how service users and family members can provide feedback to the management team regarding staff practice and then how it could be used within the supervision and appraisal process. We would wish for the service to look at how service users can be involved with the supervision and appraisal process undertaken with the staff team. See recommendation 2.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The manager should consider how service users can be involved in the recruitment and selection of staff for the support service.

National Care Standards - Support Services - Standard 8 Making choices

2. The manager should consider how service users can provide feedback regarding individual staff practice to the management team and develop and introduce this to the supervision and appraisal process.

National Care Standards - Support Services - Standard 2 Management and staffing arrangements

Statement 3

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

Service strengths

At this inspection we had direct discussion with the Manager, the Depute Manager and social care assistants. We also looked at records regarding staff development. Staff said that they received very good support to carry out their roles and responsibilities. Staff were very positive and complimentary about the care service and added that they were committed to and enjoyed working at the Centre.

We found that the service maintained a range of very good methods to support staff. These included:

- Induction Programme
- Regular individual, one-to-one supervision
- Staff appraisal system
- Regular team meetings
- A range of training opportunities
- Analysis and evaluation of staff training

People using the service and relatives gave positive descriptions of their contact with staff. We saw staff interacting with service users and observed that they promoted choice, dignity and respect and demonstrated effective communication. We saw that the staff were professional and motivated in their approach.

We looked at six staff personnel files and saw that these and other office-based systems, were well organised to support staff. We saw evidence of staff training and that it matched the needs of the people using the service, as well as personal development opportunities.

We saw evidence that team meetings occurred and members of staff were able to raise issues or concerns and have these addressed. Action points were identified and some were reported upon at the next team meeting. There was evidence that staff were able to participate and shape the service.

There was a relaxed atmosphere throughout the service during this inspection.

Areas for improvement

We spoke with the manager and depute and discussed where a staff meeting minute relates to a specific issue that is identified within the National Care Standards, then the specific standard should be referenced within the staff meeting minute. The manager confirmed she will develop the service's approach to this area for improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement. We have also applied the grading of five "very good" awarded in Quality Statement 1.1 to this Quality Statement.

Areas for improvement

We would wish the service to continue to maintain its commitment to the participation process and how this links into the quality assurance systems, see Statement 4.4.

The manager and assistant manager should continue to develop the system for checking the proper completion of records, by means of the checklists and audits already in place.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

At this inspection we found that the performance of the service was very good for this statement. We found a wide range of systems in place, models of participation and opportunities to involve individuals in quality assurance. These included regular questionnaires and action points from the Service Users' meeting, Service User's Committee and the Carers' Group. We saw that the service was proactive in the involvement of people using the service and their relatives in the self-improvement agenda and provided support to make this happen. The service made their premises available at any time to the Carers' Group. We examined the Quality Assurance policy, and minutes of meetings.

We found examples of very good communication throughout the service and that the manager had a visible open-door policy and acted upon consultation.

We saw that a number of regular audits were carried out, such as care file audits.

We noted that the Carers' Group met regularly. The Group drew up a Charter which clearly stated their aims and objectives and how they would work with the management team.

Glasgow City Council has a Quality Assurance Framework to implement a performance information framework across the Council. The aim of this framework was the co-ordination of self-evaluation and audit activity within the service area. This created an opportunity for the manager to use this quality assurance process to monitor how the service is performing.

Areas for improvement

We saw that the manager had not yet compiled the results of recent questionnaires. We discussed with the manager and depute how actions from these could be included in an annual report for 2014. The report could mark the first full year of the service at the new centre and, in respect of actions from questionnaires, be detailed, with clear demarcation of tasks required, staff responsible for the tasks and the timescale for completion of the tasks. We spoke about how the annual report could be produced in the form of a yearbook, perhaps in a pictorial format, with the full participation of people using the service in its compilation.

We saw that there was an audit process in place to monitor the proper completion of tasks. The manager should maintain and develop the use of the Council's Quality Assurance Framework. The manager and assistant manager should maintain and develop the use of service-specific audits of systems to feed into the Council's Framework.

The service should consider the involvement of the Service User Committee and the Carers' Group with the self-assessment for future inspections.

The manager confirmed she will develop the service's approach to these areas for improvement.

We discussed how the Service Users' Committee and the Carers' Group could be more involved in the quality assurance processes and the way the Centre runs.

We spoke of how the Group could review these processes, with an independent facilitator or advocate, and compile a Quality Assurance Report. See recommendation 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should look to involve people using the service and other stakeholders in its quality assurance processes.

National Care Standards - Support Services - Standard 8 Making choices

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

None.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
25 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
16 Jun 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
19 Aug 2009	Announced	Care and support 5 - Very Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

Inspection report continued

9 Jul 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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

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Telephone: 0345 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com