

## Care service inspection report

# Quarriers - Davidson / Parklands / Kelly Care Home Service Adults

Quarriers Village

Bridge of Weir

PA11 3SX

Telephone: 01505 616003

Type of inspection: Unannounced

Inspection completed on: 29 October 2014



HAPPY TO TRANSLATE

## Contents

	Page No
Summary	3
1 About the service we inspected	4
2 How we inspected this service	6
3 The inspection	12
4 Other information	32
5 Summary of grades	33
6 Inspection and grading history	33

### Service provided by:

Quarriers

### Service provider number:

SP2003000264

### Care service number:

CS2003001127

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

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

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

### We gave the service these grades

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

### What the service does well

Service users and staff appear to know each other well and staff were observed to have a nice approach when supporting people.

### What the service could do better

The provider needs to consider what measure it can put in place to respond more quickly to service users changing needs which impact not only on their quality of life but that of the people they live with.

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

The service has done a lot of work with staff to help reduce incidents of medication errors. This has included refresher training, a change to their practice around administering medication and getting staff to write a reflective log of the incident. There has been a recent reduction in errors as a result.

### Conclusion

The service is highly thought of by the people who live in it and their relatives. The provider should consider how they can resolve situations quickly where the increasing needs of one person impact on the quality of the environment for others. There were 4 recommendations made in the last inspection report; 2 of which have been met.

# 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](http://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 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.

Davidson / Parklands / Kelly registered with the Care Commission in 2006 to provide accommodation and support to a maximum of 27 adults with physical and sensory impairments, primarily epilepsy. One of the units, Parklands is registered as being able to support 1 person on a respite basis. There was no one on respite when we inspected the service. During the inspection there was a total of twenty-five people living in the service.

The service is provided from three purpose-built, single storey buildings in Quarriers Village and aims to meet individuals support needs, promoting and maintaining independence, skills and social inclusion.

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](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a high 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 was started by 2 Inspectors 23 September 2014 when they carried out an unannounced visit between the hours of 10am and 5:30pm. Further unannounced inspection visits took place 16 October between the hours of 9:30pm and 12:00am and 28 October between the hours of 9:30 am and 6:00pm by the lead Inspector. Brief feedback was given to the manager, the Operations Manager and one Team Leader at the end of the final day of the inspection.

Prior to the inspection, we sent twenty-seven Care Standards questionnaires to the service to pass out to service users and twenty-seven to their relatives or friends; of these 10 and 7 were completed and returned to us respectively. We also sent out 10 staff questionnaires, of these 4 were returned. Questionnaires give individuals the chance to contribute to the inspection and to do so anonymously if they wish.

During the inspection we had individual discussions with a range of people including:

- 8 service users
- 10 support workers
- 2 relief support workers
- 2 team leaders
- 2 unit managers
- 1 operations manager
- 1 community learning disability nurse.

We also carried out a review of a range of policies, procedures, records and other documentation, including the following:

- Care plans
- Questionnaires and the service's evaluation of them.
- Provider's participation strategy
- Information on 'If I could, I would day.'
- Local participation strategy
- Provider's aims and objectives
- Newsletters
- Medication policy

- Medication records
- Financial Review report
- The service's incident and accident book
- Service information pack
- Service's development plan
- Staff training checklist
- Staff Newsletter
- Employee Induction procedure
- Staff meetings
- Staff personnel files
- Staff supervision minutes
- Staff appraisal minutes
- Complaints folder
- Training records
- Quarriers Quality Management System
- Internal and external audits.

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

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

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

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

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

### **Fire safety issues**

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

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

#### **The requirement**

The provider must ensure that their Adult Support and Protection (ASP) Policy is followed at all times.

SSI 114 Regulation 4 (1) Welfare of Users

(a) providers shall make proper provision for the health and welfare of service users; Timescale for meeting this requirement is on receipt of this report.

#### **What the service did to meet the requirement**

The provider has issued these guidelines to senior staff and staff we spoke with were aware of this. This requirement is deemed met but we discussed with management during feedback the need to monitor notifications to ensure the appropriate form is used.

**The requirement is:** Met - Within Timescales

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

There were 4 recommendations made in the last inspection report. These were;

1: The management team should carry out an annual review of how well they have implemented Quarrier's Participation Strategy.

This recommendation has not been met and is repeated under Quality Theme 1 - Statement 1.

2: The management team should create a plan of action which they can take forward at a local level following the points raised within "The Keys to Life" report.

The management has created a plan some of which has been implemented some of which has still to be implemented. The recommendation has been deemed as met.



3: The management team should review each bedroom to ensure all repairs have been reported.

This has happened, a weekly checklist has been devised which senior staff have to sign off to ensure that any repairs are reported quickly. This recommendation has been met.

4: The provider should ensure that the gaps identified in the staff training analysis are filled over the coming year.

The manager told us that staff have been put forward for training where gaps have been identified; however the provider's computer system still does not give managers an overview of when all staff require to be nominated for various training courses. Which means that it is still hard for managers to identify if there are gaps in someones training.

This recommendation will be repeated under Quality Theme 3 - Statement 3 but the emphasis will be on ensuring managers can easily identify gaps in training which they can not do at present.

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

The Care inspectorate received a completed self-assessment document from the provider. The management identified what they thought the service did well, some areas for development and any changes they had planned. It could be improved by making it clear how service user and carers have been involved in the assessment process and highlighting what the outcomes for people have been from using the service.

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

Prior to the inspection we sent out twenty-seven care standard questionnaires to the service and asked them to be distributed to people who use the service. 10 were returned with 60% being positive about the overall quality of the service provided and 40% being neutral in their response.

During the inspection we had the opportunity to speak with 7 service users and spent time observing how people interacted with each other within the 3 care homes which make up the one registered service.

Everyone said that they were happy with the service that they received. Comments people made are included within the report.

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

We sent out twenty-seven care standards questionnaires to the service and asked them to distribute them to service user's relatives. 7 were returned, all of which were positive about the overall quality of the service.

Comments relatives made are included within 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: 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**

The service was very good at involving people who use the service in the assessment and development of the service which they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service
- Interviews with service users
- Service user information pack
- Participation strategy.

The service sends out questionnaires to the people who use the service. These ask relevant questions regarding the service in general and the staff who provide their care. The responses that we viewed were all positive.

People who live in the service have regular care reviews held 6 months apart which meets with the legal requirements on a care service. Relatives and care managers are invited and regularly do. 2 service users who have no family involvement are supported by an independent advocate at their reviews.

Staff we spoke with were able to offer examples of how people could influence the direction of their own service. Over the last year some of the people supported by the service have held meetings to develop their own MAP, with their families, friends and staff involved. A Map is a way of graphically illustrating what is important to someone

and identifies what their aims for the future are. They were all different, personal to the individual and outcome focused.

100% of relatives or friends who returned care standard questionnaires replied that they agreed or strongly agreed with the statement: "Their likes and dislikes have been detailed in their personal plan," and "Staff know my friend/relative's likes and dislikes and preferences and do what they can to meet them."

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "We have house meetings we talk about what we'd like for dinner and write it down"
- "They ask you what you would like to eat"
- "I went to Blackpool on holiday, it was my choice."

Comments from relatives we received in relation to this statement included:

- "I am made welcome every time I visit"
- "They keep me up-to-date with everything that is happening"
- "Very happy with the way that staff kept me informed of my relatives condition when they were in hospital."

### Areas for improvement

The service has distributed Quarriers Participation Strategy to service users and their relatives however they have not fully implemented the strategy as yet. For example they have appointed a Participation Champion; however staff we asked were unclear what this persons role was. This is a role which therefore still needs to be developed; also the management team have not yet carried out a review of how well the service has implemented the strategy. This was a recommendation in the last inspection report which is reiterated in this report. (See Recommendation 1 under this statement.)

The management team indicated within the action plan submitted following their last inspection that they would use 'Progress for Providers' self-assessment tool to help them evaluate how well they have implemented person centred approaches. This has not happened as yet.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should carry out a review of how well the participation strategy has been implemented within the service.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

2. The service should ensure that monitoring sheets within care plans state clearly why something is being monitored, for how long, and when staff would be required to take action.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

## Statement 3

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

### Service strengths

The service was adequate at ensuring service user's health and wellbeing needs are met. There were many strengths in relation to this statement but the areas for improvement noted below are the reasons that this statement was not graded higher.

We arrived at this conclusion after considering the following information:

- Care plans
- Medication policy
- Risk assessments
- Interviews with service users
- Interviews with relatives
- Medication policy
- Incidents and Accident folders
- Health and Safety Checks.

When we spoke with staff we could see that they were aware of the needs of the people that they supported. Staff have training on; moving and assistance, personal care, diabetes, colostomy care, and epilepsy. Staff told us that additional training would be sourced if a service user's support needs required it.

The service has done a lot of work with staff to reduce incidents of medication errors. This has included refresher training, a change to their practice around administering medication and getting staff to write a reflective log if an error occurs. There has been a recent reduction in errors as a result.

The service works closely with the community learning disability team and social work departments. Professionals from both these services are regularly involved in care reviews for service users.

The care plans we viewed contained some good information about service user's background including support plans for considering someone's cultural and religious beliefs.

Comments that people who live in the service told us relating to this statement included:

- "Staff come quickly when I buzz them"
- "I used to go to cookery classes; I go to computer classes now"
- "I had a party for my 60th Birthday; I was in the dining room all day"

singing songs"

- "The food is good"
- "If I'm worried about anything I'd ask the staff"
- "I went to see behind the scenes at River City 2 weeks ago"
- "Staff are good at helping me look after my health"
- "It's nice food, there's plenty of food."

The relatives that we spoke to during the inspection or who returned care standard questionnaires told us:

- "My relative enjoys living at parklands and is extremely well looked after"
- "Our daughter has not been a resident in Davidson for very long but so far we think that she is being well cared for"
- "I am happy with what I see in the care home."

### **Areas for improvement**

Several staff stated that they often had disturbed night's sleep when working on a sleep over due to noise within the building. Some stated that they were concerned about making mistakes while administering medication the following morning after a sleep-over. (see recommendation 1 under this statement.)

The management team has organised for some staff to be trained in how to physically intervene to support service users when needed. This is because staff were concerned that when they have recently had to physically redirect someone they had not had the appropriate training to do so.

Several staff and some service users told us that at times the care home could become particularly noisy and this could affect how relaxed service users felt in their home and their sleep could also be disturbed. While we saw evidence that the provider was in discussions with the multi-disciplinary team, (by which we mean social workers, psychologists, community nurses etc.) to discuss the support required to resolve this situation, at present it is having a negative effect on the well-being of some service users and has resulted in some service users making complaints to the provider.

We have previously recommended to this service that when they use forms for monitoring aspects of service users health such as food and fluid intake, weight or bowel movements that the forms should clearly state why something is being monitored, for how long it should be monitored and when staff are expected to take action. These details were missing in the monitoring forms that we sampled. (see recommendation 2 under this statement.)



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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The provider should carry out a risk assessment for staff administering medication immediately following a sleep-over shift.

## 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

The service was good at ensuring that service users participated in assessing and improving the quality of the environment. They involve service users in discussions about redecoration of communal areas and service users confirmed that they chose how their own bedrooms should be decorated. We considered the following information under this statement:

- Services questionnaires returned from families and social workers
- Service information packs
- Service's newsletters
- Care plans
- Care Review minutes
- Interviews with service users
- Interviews with staff
- Service participation policy

Care reviews were being monitored to ensure that they were taking place every six months. These meetings gave individuals the opportunity to discuss the communal environment and personal space within the homes. There was evidence that people had raised issues about their bedrooms which were followed up to the individual's satisfaction. For example in Kelly house two people had requested to have overhead hoists to be fitted into their bedrooms.

The service has a newsletter which has information about what is going on in the home and across the organisation.

People that use the service told us that they were able to go out with their key worker to choose the colour of their paint or wallpaper and the carpets for their bedrooms.

We were invited into a few bedrooms all of which had been personalised with the persons own taste and belongings.

All three of the houses which make up this service have regular service user meetings which give individuals the opportunity to discuss their; needs, concerns, future plans, level of satisfaction, décor and equipment required.

Individuals can control the temperature within their own bedrooms, one service users told us; "If I'm cold I can turn the radiator up."

100% relatives or friends who returned care standard questionnaires replied that they agreed or strongly agreed with the statement: "My relative/friend can have their own personal belonging and items of furniture in their rooms if they want to," and "I am confident my relative is safe and secure in the care home."

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

### **Areas for improvement**

The management team indicated that they would continue to use questionnaires and house meetings to gather feedback on service user satisfaction with the environment.

We acknowledge there was evidence in the minutes of various meetings that both personal and communal areas of the homes were discussed with service users and their relatives. However we observed that the service user's bedrooms within the Parklands unit were less personalised and generally sparser than in the other two units; the management team should consider why this is the case and try to re-dress this.

For further strengths around participation see Quality Theme 1 - Statement 1.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

We assessed that the service was adequate at ensuring that the environment was safe and that service users were protected. We arrived at this conclusion after considering the following information;

- Written agreements
- Accident and incident forms
- Risk assessments
- Health and safety policies and practices
- Registration Certificate
- Public Liability Insurance Certificate

All staff are given health and safety training as part of their induction. Senior staff carry out health and safety audits on a regular basis. We saw these during the inspection.

The service completes personal emergency evacuation procedures for each service users this is to keep people safe in the event of a fire.

The provider operates safer recruitment practices with all staff requiring to undergo an enhanced disclosure check with newer staff having to undergo a Protection of Vulnerable Groups (PVG) check.

A sample of staff rotas demonstrated that staffing levels met and at times exceeded their minimum staffing levels as laid out in the registration certificate. The minimum staffing levels and registration certificates can be viewed at the entrance to all three buildings which make up the service.

The service takes a multi disciplinary approach to trying to ensure that service users are protected. By this we mean they link in with the social work department, community learning disability team and psychiatric and other medical services where appropriate. This was made clear from the care plans that we sampled.

Repairs are completed quickly and records are maintained. There is a system for logging and detailing repair requests that include a timescale for completion. If there is any delay in the repair being carried out then an explanation has to be recorded and an action plan submitted.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "I feel safe here."
- "I'm quite contented how it is."
- "It's great to see the countryside."

### Areas for improvement

When we carried out a check on the environment we found urine bottles lying uncovered within a couple of toilets this is an infection control risk and staff should check bathrooms regularly to ensure bottles are stored appropriately. Similarly we found incontinence pads in some bins which had not been put in bags prior to placing them in the bin. We found one shower chair within Kelly Unit which required a deep clean.

(See recommendation 1 under this statement.)

The provider should continue its rolling programme of redecoration within the home as while several rooms had been decorated since we last visited paint work in some communal areas was in need of a touch up.

The service is surrounded by some beautiful countryside yet the garden areas particularly at the back of Parklands unit looked underused, there is the possibility to make this a really nice area for service users to use.

(See recommendation 2 under this statement.)

Staff told us the quality of the meal time experience for service users was affected regularly as some staff had to concentrate on supporting individuals whose behaviour was demanding of staff attention leaving few staff to support everyone else.

(See recommendation 3 under this theme.)

Since the last inspection some service users have complained to the provider about losing sleep due to noise within the care home. While we acknowledge that the service is working with the multi-disciplinary team to try and improve this situation; currently the outcome for those who complained has not improved.

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

**Number of requirements:** 3

**Number of recommendations:** 0

### Recommendations

1. The provider should ensure that environmental audits are carried out regularly and any deficits recorded.

NCS 4 Care Homes for People with Learning Disabilities - Your Environment

"Your environment will enhance your quality of life and be a pleasant place to live."

2. The provider should consider how the garden areas could be enhanced for the benefit of service users.

NCS 4 Care Homes for People with Learning Disabilities - Your Environment

"Your environment will enhance your quality of life and be a pleasant place to live."

3. The management team should conduct a review of the meal time experience in each unit and develop an action plan for any areas for improvement identified.

NCS 4 Care Homes for People with Learning Disabilities - Your Environment

"Your environment will enhance your quality of life and be a pleasant place to live."

## 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

The service was very good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff

Questionnaires used by the service to get people's views included questions on the quality of staffing. We also saw minutes of meetings where issues about quality of staff were mentioned and discussed.

Review records showed that people who used the service could give their views about the quality of staff at review meetings. The people who use the service also had opportunities to influence staff development, for example in wheel chair training.

Service users are asked their views on staffing as part of the staff appraisal process.

The service continues to offer support for service users who are interested in being involved with staff interviews and induction; people are offered the opportunity to participate to varying degrees depending on their interests and abilities.

In order to encourage service user participation as a standard part of staff recruitment, Quarriers Participation strategy states that managers have to record the reason if service users are not involved in staff recruitment and report this to their head office.

100% relatives who returned care standard questionnaires replied that they agreed or strongly agreed with the statement: "I am confident that the staff have the

knowledge and skills to care for my relative/friend," and "There are enough trained and skilled staff on duty at any point in time to care for my relative."

All the people who use the service that we either spoke with or who returned care standards questionnaires were very positive about the quality of staffing within the service.

Service users that we spoke with commented in relation to this statement;

"I don't get to pick my keyworker but they ask me if I'm happy with them."

"I go over and speak with new staff."

Comments made from relatives within returned questionnaires included:

- "All the staff at Davidson seem to be very professional and good at their job."
- "They (staff) are like friends."

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

### **Areas for improvement**

The provider has a standard probationary period for new staff prior to their position being made permanent. The provider should consider how they can evidence that service user's opinions have been sought as part of this process.

See also Quality Theme 1 - Statement 1 for general areas for improvement in relation to participation.

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

**Number of requirements:** 0

**Number of recommendations:** 0



### Statement 3

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

### Service strengths

We found the service's performance in the areas covered by this statement was good. We concluded this after considering the following:

- Interviews with management/staff/service users and relatives
- Staff induction procedure
- Samples of staff supervision and appraisal minutes
- Staff meeting minutes

The provider has a range of policies and procedures which meet the expectations laid down in the National Care Standards. For example: Health and Safety, Fire Safety, Accidents and Incidents and Whistle-blowing. Staff cover these policies within their induction and periodically thereafter.

Most staff are registered with the Scottish Social Services Council (SSSC). Staff who were not yet registered had submitted their registration forms and the provider has reviewed their work roles until their registration had been completed.

Some of the staff that we spoke with told us that this is a supportive place to work, that they are regularly supervised and that they can approach management if they need to.

New staff undertake mandatory training in areas such as: Introduction to Quarriers; emergency first aid; medication administration; safer handling of people; health & safety; infection control; fire awareness; food hygiene; epilepsy and rescue medication; and adult support and protection within the first six months of starting with the service. This core training is repeated every two years.

The provider has introduced new e-learning courses on certain topics such as cook safe. Quarriers hope e-learning will offer increased training opportunities for staff.

Records showed that staff receive an annual Appraisal of their work. This involves staff discussing their performance in relation to core competencies with their line managers. Staff told us that they were able to discuss training that they would like to do at these meetings and that this then was then organised for them.

Staff we spoke to were able to give us examples of what their key clients liked and about their backgrounds, they spoke about them in a warm and respectful manner.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "Staff are fine."
- "The staff are good at helping me look after myself."

Relatives who returned care standard questionnaires were complimentary regarding staff several people commented about how welcoming staff made them feel, one relative wrote. "I can't praise the staff and project manager enough."

### **Areas for improvement**

While staff were receiving regular supervision within Parklands and Kelly House the frequency with which staff received supervision was outside the provider's minimum standard.

(See recommendation 1 under this statement.)

Several staff wrote within questionnaires that they felt unsupported by management. This was in relation to the impact that increased noise levels within Davidson Unit were having on them and service users.

The management team and the Community Learning Disability Nurse (who was visiting the service on one of the inspection days), made us aware of the multi-disciplinary work which was being undertaken to improve this situation. The management team told us that they planned to have meetings with staff in Davidson House specifically to discuss ways that they could support them and service users and find a way of reducing the noise levels within the building. We will review the progress of this work at our next inspection.

The office space within Davidson Unit is limited to the one small room; this makes it difficult for staff to be able to receive un-interrupted supervision sessions as other staff having to enter the room to access various items. (See recommendation 2 under this statement.)

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

**Number of requirements:** 0

**Number of recommendations:** 2

### **Recommendations**

1. The management team should ensure that staff receive supervision within the expectations laid out in the provider's supervision policy.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

2. The Provider should ensure that the venue that staff are offered supervision in is a confidential environment.

NCS 5 Care Homes for People with Learning Disabilities - 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

The service was good at ensuring that service users and carers participated in assessing and improving the quality of management and leadership of the service. We considered the following information in grading this statement:

- Care Plans returned from; service users, relatives,
- Interviews with management and staff
- Corporate plans
- Returned questionnaires

Service user meetings discuss issues including service management at their residents meetings, any issues are fed back to the Project Manager and this will be acted on.

In the last year Quarriers have held consultation groups with service users entitled 'If I could, I would.' This was designed to get people to say freely what they would like to do if there were no restrictions on them. The object being to get ideas about what is important to people and what outcomes they wish to achieve from using a service. These ideas will then be taken forward in discussions about the future provision of services both within Quarriers as an organisation and between Quarriers and commissioning authorities.

The returned questionnaires which we viewed agreed or strongly agreed with the statement that 'the service checks with them regularly that it is meeting their needs.'

100% relatives who returned care standard questionnaires replied that they agreed or strongly agreed with the statement: "The service has involved me in developing the service, for example asking for ideas and feedback."

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

### Areas for improvement

The manager should consider what the outcomes have been for service users in relation to this statement and make it clear within the next self-assessment that they send to the care inspectorate.

The areas for development in Quality Theme 1 - Statement 1 remain relevant for this statement.

**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

The service has good quality assurance procedures in place which involve service users, stakeholders and staff. We considered the following information in grading this statement:

- Discussions with people who use the service
- Interviews with management and staff of the service
- Service's aims and objectives
- Compliments records
- Complaint records
- Medication audits
- Finance audits

There are regular staff meetings. The minutes that we looked at during the inspection confirm that management discuss; service audits, supervision, training and action plans during these meetings. Staff told us that they had a clear understanding that management carry out checks to ensure that they are working within the guidelines set down to them. Management ask staff to bring their written work into supervision meetings so that they can be discussed as a regular item on the supervision agenda.

Residents, Carers and Care Management are invited to assess the service on a six-monthly basis at the residents' reviews, in the reviews that we sampled all the opinions about the service were positive. Service users, as mentioned earlier in the report were being encouraged to take more of a lead in the care reviews than before.

Senior staff will check medication and financial records on a regular basis. The records that we sampled appeared to be in order and maintained in line with the provider's policies.

The service has one requirement under this statement in the last inspection report, this has been met. This was a requirement to follow the local authorities Adult Support and Protection policy at all times, which we made because the service was not notifying the local authority about potential adult protection issues using an AP1 form. Staff were made aware of the need to use the correct form and this was discussed again with the manager and operations manager during the inspection.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

"Couldn't improve anything."

"I can't think of anything I'd change."

"I'm quite happy here I can't think of anything I'd want."

### **Areas for improvement**

Management should take a more outcome focused approach to their self-assessment process next year. By this mean that they should give examples under each statement of the difference that support has made to service users and how service user participation has led to improvements within the service. Verbally the management team were able to do this; they just need to reflect this in the self- assessment.

The provider should consider how they can react more quickly to support service users changing needs when those changes have a negative effect on the person themselves and the people they live with.

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

**Number of requirements:** 0

**Number of recommendations:** 0

# 4 Other information

## Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## Enforcements

We have taken no enforcement action against this care service since the last inspection.

## Additional Information

## Action Plan

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



## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings	
9 Oct 2013	Unannounced	Care and support	Not Assessed
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	Not Assessed
10 Oct 2012	Announced (Short Notice)	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
15 Aug 2012	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	4 - Good
		Management and Leadership	3 - Adequate

## Inspection report continued

27 Jul 2011	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
1 Oct 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
2 Jun 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
4 Feb 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
31 Jul 2009	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good
12 Nov 2008	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good
2 Jun 2008	Announced	Care and support 4 - Good Environment 5 - Very 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.

### To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: [www.careinspectorate.com](http://www.careinspectorate.com) or by telephoning 0845 600 9527.

### Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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

ی.رخأ تاغل بو تاقي سن تب بل طلا دن ع رفاوتم روشن مل اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

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

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