

Care service inspection report

Whitehill Day Centre

Support Service Without Care at Home

24 Margaret Road

Whitehill

Hamilton

ML3 0LD

Telephone: 01698 281301

Type of inspection: Unannounced

Inspection completed on: 14 April 2015



HAPPY TO TRANSLATE

Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	11
4 Other information	27
5 Summary of grades	28
6 Inspection and grading history	28

Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2006114285

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at 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	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

This is a very good service that offers lots of opportunities for service users to participate in assessing the quality of care and support offered in the centre.

There are various activities taking place with service users telling us "there is always lots going on".

The centre is bright and airy and has recently been painted. There is easy access to a lovely garden.

Staff are highly thought of by service users. They have a very good induction programme and access to further training and development.

What the service could do better

We identified some areas for improvement such as more detail being added to service user meeting minutes, staff meetings taking place more often, the introduction of a staff communication book and an independent person to chair some of the service user meetings.

We have made a recommendation that the service continue to carry out care reviews every six months.

What the service has done since the last inspection

Whitehill Day Centre had continued to offer a service that was highly appreciated by people who attended. There was a high level of satisfaction among the service user who were happy to attend and take part in the activities on offer.

The centre had been painted and was fresh and bright.

Conclusion

This is a very good service which is highly thought of by people who use it.

1 About the service we inspected

The service is part of the day care for older adults provided by South Lanarkshire Council Social Work Resources (SLC).

Whitehill Centre is located in the Whitehill area of the town of Hamilton and is part of a cluster of day care services serving a number of nearby communities under a single external manager.

The service operates from 8:30 - 4:30 seven days a week, although weekend service is provided at another of the clusters locations.

There are currently thirty older adults who use the service on a weekly basis. The service provides transport to and from the service using the providers transport arrangements. Service staff accompany the transport and provide assistance on the journey.

Access to the service is via assessment by the social work department or a single shared assessment from health colleagues.

Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Act, its regulations, or orders made under the Act, or a condition of registration.

Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

We wrote the report following an unannounced inspection. The inspection was carried out by one inspector on the 14 of April 2015 from 9am-4.30pm. Feedback was given on the 14 April.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- Certificate of Registration
- Accident log
- Incident log
- Complaints/suggestions log
- Quality Assurance Audits
- Questionnaires
- Personal plans
- Staff training records
- Staff meeting minutes
- Staff supervision notes
- Self assessment document
- Newsletter
- We spoke with five people who use the service
- We spoke with the manager, senior support worker, the co-ordinator and two support workers.

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 fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. However we did not find evidence service users or staff were involved.

Taking the views of people using the care service into account

We sent out 15 Care Inspectorate questionnaires before inspection with 14 being returned.

These asked questions such as:

"The service check with me regularly that they are meeting my needs." of the 14 returned four strongly agreed with this and ten agreed

"I am confident that staff have the skills to support me". ten strongly agreed with this and four agreed

"Staff treat me with respect." nine strongly agreed and five agreed and

"Overall, I am happy with the quality of care the service gives me." 12 strongly agreed with this and two agreed.

Some service users had added comments such as:

"Everything about the place is of high quality and I have no complaints about anything or anyone"

"All service provided is good food and staff are good, no complaints"

"I have no complaints about the service provided."

Taking carers' views into account

We did not speak with any carers during this inspection.

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 this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

The welcome pack included a brochure that told you what you could expect if you attended the centre such as meals, transport, health and safety and how you could express your views through regular meetings.

The brochure included the complaints procedure which meant that you had a copy of this if you wished to make a complaint.

If you joined the centre you were given a service user agreement. This gave details of the four week trial period you could have to help you decide if the centre was right for you. The agreement gave information about costs, monitoring and reviews and leaving the service. This meant you had the information to help you decide if you wanted to attend the centre or not.

We looked at minutes from service user meetings. At the recent meeting service users had watched a DVD from the Care Inspectorate that told them about how services are graded 1-6 depending on the quality of care and support they provided.

There were discussions around various activities and outings taking place. Service users had commented they would like some new games as some were very old. We could see from actions taken that new games were ordered.

The service had "You said, We did". These were ideas service users had for activities and how the service had met them. An example was some ladies stated they would like a pamper session for their nails as some of them could not manage this by themselves. Staff asked the entire group of service users who would like to be involved in this activity. The pamper session was organised with service users enjoying it.

Two service users attend focus group meetings. These are arranged regularly to enable service users to meet with service users from all South Lanarkshire Council day centres to discuss matters regarding their placement such as transport and activities.

Before the focus group meet service users are consulted to get their suggestions for topics they want raised at the focus group. The two service users who attend the focus group then put forward the rest of the service user's views and opinions about the service they receive. Minutes from these meetings are provided with feedback given to service users.

Areas for improvement

We found service user meeting minutes could be improved by giving more detail of the discussions that had taken place. An example we looked at was minutes that stated "staff discussed with service users regarding grading" but there was no detail of what was discussed and who had contributed or commented. This meant that service users and staff who had not attended did not have a full picture of what had been discussed and any agreements that had been made.

We found a wish list in staff meeting minutes that showed staff had spoken to service users and asked their opinion on what they would like to change in the centre. They had asked for new furniture, ornaments etc. This also noted service users were involved in choosing chairs and cushions from brochures and catalogues. However this would be better detailed in service user meeting minutes to show how they had participated in choosing new furnishings for the centre.

We would like to see someone independent chair some meetings so that service users/carers could speak to someone from outside the service. We had discussions with the management team at feedback about how this may be achieved and we will monitor for any progress at the next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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 found that this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

The service was reviewed after four weeks to ensure everything was going well and the care plan was meeting the service user's needs.

There was a pre-review form filled in before the six monthly review to give the service user an opportunity to consider if they had any issues they wanted to discuss at their review.

We looked at care plans and found "my history" had good information about the service users such as where they had lived, their family, jobs they had done and where they were now with their life. This told staff about the service user and their life and was a good way of helping staff get to know the service user and understand the uniqueness of each person using the service.

We found activities were offered daily rather than on a planned basis. Service users decided what they wanted to do each day and there were chair exercises, quizzes, dominoes and outings taking place. On the day of our inspection service users went out a trip for lunch.

Service users we spoke with told us they were happy with the activities and there was always lots to do.

Each service user had their individual "meaningful activities and activities of daily living" booklet. This told staff what type of activities service users liked to do, their choice of music such as what artists they preferred to listen to or did not like, what television shows they enjoyed and what their interests and hobbies were such as quizzes, sports, gardening and places they would like to visit. The booklet also gave the service users food and drink preferences. This gave staff ideas of what kind of

activities to offer service users to encourage them to join in.

South Lanarkshire Activity co-ordinators meetings were held monthly. Topics included resource sharing such as music therapy, musical bingo and Go for Gold. This is an event being held in the summer for care homes and day services to come together for a fun highland games such as "welly throwing" skittles and tossing the caber. There will also be music on the day.

Lunch in the centre was three courses with alternatives offered if service users did not want what was on the menu.

Service users were asked to fill in surveys to comment on the food such as what they thought of the menu choices, the presentation, was food warm enough and what they thought of the quality/quantity. They were asked for any other comments.

Comments included:

"Really happy with the choices"
"I get as much or as little as I like"
"Always nice, never had a bad meal here."

Service users we spoke with also told us the food was very good.

Tables were nicely presented with table cloths and napkins.

Areas for improvement

We looked at care plans and could see they had all been reviewed recently however for some, the previous review was a year before that.

Review meetings give everyone involved in the service the opportunity to discuss the service and if it continued to meet the service user's needs. We expect all service users to have their service reviewed every six months and we will monitor this at the next inspection.

(See Recommendation 1, under Quality Theme 1 - Statement 2)

We suggested the service would benefit from a staff communication book. This would note discussions and information from the morning handover meetings. This would mean that if staff were off they could catch up with what had been happening in their absence by reading the communication book.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. All service users care plans should be reviewed every six months.

National Care Standards, Support Services, Standard 4, Support Arrangements

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

The centre had a secure entrance which means that staff had to admit any visitors and knew who was in the centre.

Staff prompted service users to take their medication. Each service user had an ability to self-medicate assessment carried out to ensure they were able to administer safely.

We could see a monthly audit of medication was taking place. This ensured staff were prompting service users at agreed times.

Service users had an individual personal evacuation plan. This detailed how many staff were needed to safely support the service user to leave the building.

Training had been carried out in Adult Support and Protection. A survey that had been carried out asked staff "I am confident I would be supported by my manager if I was to report poor practice" all staff strongly agreed or agreed with this.

- We found accidents and incidents recorded appropriately
- Equipment was maintained to manufacturer's specifications
- There were weekly wheelchair checks
- There was a register of maintenance contracts

These contributed to keeping service users safe.

Areas for improvement

The service should continue with their very good work in this area.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

We found the centre to be fresh as it had recently been painted. It was bright and airy with different areas to sit such as the main lounge or quieter rooms. There were new comfortable chairs and service users had picked the colour of these.

Staff had all had food hygiene and moving and assisting training. This contributed to staff having the appropriate skills to support the service users.

The centre is accessible with service users able to move freely around the centre.

There was a lovely big garden with table and chairs where service users could sit if they wished. The garden was easily accessible meaning service users were able to go out there independently.

Areas for improvement

Service user meetings could be improved by asking them to comment on the environment . This would give service users another way to give their views on the environment.

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 3

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

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

The strengths for the service user and carer involvement, detailed under Quality Theme 1 - Statement 1 are the same for this statement.

In addition:

We looked at a new staff member's induction training which included mandatory training such as food hygiene, first aid-emergency at work and Adult Support and Protection. We noted he had also completed training in mental health awareness, moving and assisting, dementia strategy at skilled level and brain and behaviour in dementia.

The Personal Development Record had identified what skills this staff member had gained and further training he needed.

We could see good support from the line manager as he developed in his role. An example was the new staff member was given one key client to give him time to familiarise himself with the care plan and how it is compiled.

This meant that when given more key clients he was familiar with the care plan and knew how to work with it.

We looked at staff training and found staff had completed a three day training in dementia at skilled level.

Staff we spoke with told us the training was good and they felt competent in their roles.

Team meetings are held every six or eight weeks. We could see discussions around training, health and safety, care plans and reviews. Staff were encouraged to contribute to the meeting and give their views. Formal service/team development days were held twice a year.

Areas for improvement

We discussed with the management team how the service would benefit by exploring ways to involve service users in staff Personal Development Records.

We were told by the management team that they are considering asking service users to comment on what training they feel staff would benefit from.

We will monitor this at the next inspection.

We sent out questionnaires to staff before the inspection and received five back. One of the staff had commented "I feel communication could be better, having more staff meetings to raise any concerns with the agenda. Our senior can't always be here due to staffing levels at other centres"

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

Staff all had SVQ qualifications which meant they had knowledge of the codes of practice for social care workers and the National Care Standards.

South Lanarkshire Council also have a clear code of standard for workers to follow.

We could see that service users were respected through regular consultation on the day to day running of the centre such as the activities, menus and meetings.

There had been a staff survey carried out in 2014 by South Lanarkshire Council. We looked at the results for Whitehill Day Centre. Staff who had taken part strongly agreed or agreed that they were part of a culture that promoted decency, dignity, tolerance, team work.

The question "I am asked for and am able to make suggestions to improve the service and I am able to make a positive difference to the performance of the organisation and the unit where I work".

Staff strongly agreed or agreed with this. Staff thought they had regular opportunities through supervision, PDR processes and staff meetings to be fully involved in and contribute to decisions made that affect the unit.

We observed staff working with service users and could see they treated them with respect. Staff obviously knew service users likes and dislikes and there was good chat between them.

We also observed a staff team who were supportive of each other.

We spoke with staff who were respectful of service users and other staff. We found they had good values and attitude towards service users and each other.

Areas for improvement

The management team should carry out observation of staff practice. Their performance should be noted with feedback used in supervision and appraisal. Observation of staff practice can be used to identify any training and development needs staff may have.

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 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

Personal Development Records showed that staff worked to core competencies which are job specific and reflect core values.

We found that managers had their own competencies which provided guidance on how to lead their team.

Staff success was recognised and celebrated at employee awards ceremonies. Staff were encouraged to look at their career development during their Personal Development meetings. Staff wishing to progress their career had training opportunities available such as shadowing senior staff or being given tasks to enhance their skills.

Staff had completed questionnaires that offered opportunities to give their views on the day service and also the organisation they worked for.

Regular staff briefings were taking place. These covered topics such as mental health and wellbeing policy, SSSC registration and codes of conduct. These sessions kept staff up to date with changing legislation and policies.

Areas for improvement

There are feedback forms for the core briefing sessions to note how the content was received by staff. However we found these were not being filled in.

The feedback forms would benefit from being completed as this would show what staff thought of these sessions and if they could be improved.

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

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- Spoke with service users
- Spoke with staff and management
- Looked at questionnaires
- Reviewed a sample of personal plans and other records.

In addition:

South Lanarkshire Council had carried out a customer satisfaction survey. We looked at a snapshot summary of the results. This showed that day care services continued to maintain high levels of customer satisfaction in all areas.

The survey asked service users if they had contributed to their personal plan, if they were confident that staff were aware of their health and wellbeing needs, if they were aware of the service users group at their centre and how would they rate the staff at the centre they attended. The results were very positive.

There was a monthly dependency analysis which included service user's physical needs, mental health, nutrition, personal care, activities and transport. This worked out how many staff were needed to meet service user's needs.

Quality assurance was measured through service user meetings, surveys and reviews.

Areas for improvement

The council had carried out a relative's survey for all day care services.

We could see from the results that nine relatives who use Whitehill Day Centre had taken part in this however we did not know their views as we did not see separate results for each unit. We were told this had now been done with an action plan put in place to deal with any issues raised.

The Care Inspectorate self-assessment should be outcome focused. The service should show how they involved staff and service users in the self-assessment.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

No additional information recorded.

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

6 Inspection and grading history

Date	Type	Gradings
28 Feb 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
17 Sep 2010	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
2 Dec 2009	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed

Inspection report continued

3 Feb 2009	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.

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 0345 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 or by telephoning 0345 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 رفاو تم 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: 0345 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com