

Care service inspection report

Kalisgarth and Very Sheltered Housing Housing Support Service

Kalisgarth Care Centre

Pierowall

Westray

Orkney

KW17 2DG

Telephone: 01856 873535

Type of inspection: Announced (Short Notice)

Inspection completed on: 12 March 2015



HAPPY TO TRANSLATE

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Service provided by:

Orkney Islands Council

Service provider number:

SP2003001951

Care service number:

CS2005106915

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Summary

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

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

We gave the service these grades

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

What the service does well

The Kalisgarth Centre is a vital local resource which ensures older people can continue to live on their native island. The building has a unique design and combines respite care, care at home and day centre facilities. It is well-equipped and provides an attractive setting for a range of community-related activities.

The manager and her staff work well together as a team. They are committed to providing individualised care based on the support needs and personal preferences of each service user.

The centre supports seven tenants living in their own homes. Five are tenanted flats located within the centre and two others in premises on the site. All tenants are encouraged to participate in the life of the centre, including its social activities and day care service where they can enjoy a nutritious meal.

What the service could do better

The provider, Orkney Health and Care, needed to review the management and staffing arrangements within the service.

The support planning arrangements needed to be reviewed and a more coherent and standardised format adopted.

The provider should formalise its procedures for the management and administration of medication in care at home settings.

Further staff training should be provided addressing issues such as palliative care, dementia care and the administration of medication.

Staff supervision and staff appraisals should be kept up to date.

The service should continue to further develop its in-house quality assurance arrangements.

What the service has done since the last inspection

Staff within the service continue to work well together. They know the tenants very well and provide good quality care and support in a versatile setting.

The service continues to work with other local groups on the island to enable tenants to participate in activities and events in the wider community.

Conclusion

The staff team work well together and are committed to providing a good standard of care. They provide individualised support in a friendly and welcoming environment.

Tenants told us Kalisgarth provides a "real home from home" service. The "next best thing to being at home" we were told.

The service strives for continuous improvement.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at 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 needs to do more to improve, we may make a recommendations or a requirement.

- A recommendation is a statement that sets out actions the care provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.
- 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 ("the Act") and the secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Kalisgarth is a purpose-built centre with 7 self-contained flats/houses, a bedroom with en-suite which can be used for respite care, a sitting room, bathroom and office accommodation. Within the building is a large sitting/dining area and kitchen which is used for day care. The tenants can attend the day service and have their lunch with the people who attend the day service. It is located in Pierowall village on the island of Westray and provides supported accommodation and a respite care home service to meet the needs of the island community.

Kalisgarth focuses mainly on providing care for older people, but it also addresses the needs of the whole community, providing support for people with a physical or learning disability.

The aims of the service are to meet the individual assessed social care needs of service users and tenants in a professional, courteous and confidential manner. Staff will work with service users to maintain their independence and will respect their dignity and privacy at all times.

All service users are tenants of the houses and receive support services from the staff within the centre, including the option of lunch in the core building.

The Statement of Aims and Objectives states that the service supported elderly and

vulnerable people to sustain and develop their independence, by the provision of a range of services.

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 Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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

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

We inspected the service on 10, 11 and 12 March 2015. We provided feedback to the registered manager at the end of the inspection. The feedback included recommendations and areas of improvement made as a result of these visits.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

We sent two Care Standards Questionnaires to the service, to be given to people who use the service and two were returned completed. We also sent questionnaires to be completed by the staff and three were returned.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- Three tenants
- Five people who were attending day care or were tenants of Kalisgarth
- Registered manager
- Five social care assistants
- Administrator

We looked at:

- Evidence from the service's most recent self assessment
- Personal plans of people who use the service
- Formal care reviews and records
- Participation information, including Care Standards Questionnaires
- Accident and incident records
- Staff training records
- Risk assessments

- Notice boards
- Newsletters
- Health and safety records
- Activity photographs

We observed staff interacting with service users and toured the building.

We observed a musical entertainment afternoon.

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 completed self assessment document from the service provider. The service provider identified what they thought they did well, some areas for development and any changes they planned.

The service should consider how it can widen the contributions of its various stakeholders in the process of self-evaluation and use the self assessment process in ways that lead to improved outcomes.

Taking the views of people using the care service into account

We met with three service users in the privacy of their own tenancies. They were relaxed and comfortable in their home settings and had the benefit of close support from staff if and when they needed it. One told us about life on Westray. It was clear that tenants liked to maintain their links with the wider community.

We also received two Care Standards Questionnaires (CSQs) from service users who both "agreed" that, overall, they were happy with the quality of care received at Kalisgarth. The following views were offered:

"Kalisgarth provides an excellent service. A real home from home."

"Excellent care. Next best thing to being at home."

From our observations of staff interactions we could see that service users were well supported by staff. We liked the way that all service users could take part in the wider social aspects of the centre which included attending day care and enjoying a nutritious meal.

We enjoyed a pleasant lunch with some service users and sat in on a musical entertainment session one afternoon. Those attending had a very enjoyable time together.

Taking carers' views into account

We did not meet with any relatives of tenants at Kalisgarth during our 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: 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 is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

The provider has a participation statement which outlines the various ways in which service users could contribute their views on all aspects of the service.

The service's statement of aims and objectives recognised the rights of service users to "make informed choices and to take risks". The service had also devised an 'expectations' statement which confirmed that service users would be asked for their "comments or suggestions to improve the care service" and would be "actively involved in the review of their individual care plans".

All service users were given copies of the service's complaints, comments and

compliments procedures. There had been no complaints since the previous inspection.

Care Standards Questionnaires (CSQs) had been issued to service users and feedback included comments like:

"Excellent care. Next best thing to being at home."

"Kalisgarth provides an excellent service. A real home from home."

An overall service development plan had been devised. Most of the issues for development were made on basis of both formal and informal discussions with service users. The plan highlighted the actions being taken by the service to act on the views expressed by those contributing.

In addition to daily chats and discussions regular reviews took place and these informed how future care was to be supported.

In addition to this staff could access the Orkney Health and Care IT systems to download the most up-to-date information of service user's personal circumstances and ongoing support needs.

The setting within the Kalisgarth Centre ensured that all service users were given opportunities to participate in the wider social activities on offer within the unit. Families could visit their relatives regularly and the unit had a strong ethos to maintain close ties with the wider community - all of which ensured positive outcomes for service users.

Taking all of the above into account we conclude that the service was performing to a good standard.

Areas for improvement

The service needed to link the questions contained in its questionnaires to the Care Inspectorate's quality themes. This would better evidence the views of the service's various stakeholders in relation to the quality statements being inspected - and how these were rated by those participating. It also needed to demonstrate how the results of its surveys were evaluated and what the outcomes of its service development plans were.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users
- Examined other related documentation

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Support plans were developed through discussions with service users, close relatives, if appropriate, and by taking account of the most recent social work assessment. The support plan provided essential details of the individual's health and welfare needs. We saw a very good example of a support plan with photographic cues to guide staff in the care of a service user who had a disabling arm condition.

Risk assessments were completed including about any moving and transferring issues.

In addition to daily chats and discussions regular reviews took place and these informed how future care was to be supported. Reviews covered issues of health and wellbeing and were usually reviewed at six monthly intervals.

In addition to this staff could access the Orkney Health and Care IT systems to download the most up-to-date information of service user's personal circumstances and ongoing support needs.

Service users were asked about their personal preferences and choices which were recorded. We visited three service users in their own tenancies and could see that they had been supported to develop their flats in ways that reflected their individual preferences. Where they were willing to contribute some life histories had been completed so that care staff had better understandings of service users backgrounds and personal circumstances.

The care staff at Kalisgarth aimed for service users to be supported to follow their usual daily living routines in order to minimise any disruption to their preferred lifestyles.

We noted that the service worked closely with allied healthcare professionals to ensure the health and well-being of service users. Community nurses and GPs visited regularly.

Service users within the tenancies could choose to take part in a range of activities within the centre including the twice weekly day care service. In addition the centre also encouraged other local groups to use the facility and this enabled service users at Kalisgarth to maintain their links with the wider community.

We received two Care Standards Questionnaires (CSQs) from service users in the supported tenancies. Both indicated that they "agreed" that, overall, they were happy with the quality of care and support the service gives them.

Taking all of the above into account we concluded that the service was performing to a good standard.

Areas for improvement

Kalisgarth Centre provides a wide range of care and support services to the local community. Within the complex are tenancies for up to seven housing support/care at home service users. Also available is a one bedded respite care facility. In addition to this day care is provided two days a week.

The manager of the service combines her post with a community nursing role. Sometimes the shift patterns can impact on the continuity of a management presence within the unit. The centre has no assistant manager or senior carer to deputise in the manager's absence.

Staff told us that they held their manager in high regard but there were times, too, when they felt "vulnerable" and "isolated" in the absence of a full-time management presence within the unit.

The care staff also fulfil a variety of additional roles including domiciliary and meal preparation tasks.

The service was functioning well but some routine staff supervision and appraisals had not been kept up-to-date.

We considered there was potential for the situation to impact on the overall quality of care and support and concluded that the provider needed to review the current management and staffing arrangements within the service to ensure it was sufficiently resourced. **(See Recommendation 1)**

The supporting planning arrangements needed to be reviewed. Part of the review should include adopting a standardised care plan format with a clear index of contents. Risk assessments should adopt a more individualised and less generic

approach to ensure the personal circumstances of each service user is properly reflected in their care plans. **(See Recommendation 2)**

The provider had devised draft medication procedures but these had not yet been adopted by the care at home service. The provider needed to ensure that these were formalised and also ensure that once this was done there was no potential for confusion between the different elements and practices of the three separate services operating within Kalisgarth Centre. **(See Requirement 1)**

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must adopt the drafted medication procedures for the care at home service. In doing this the provider also needed to ensure that once formalised there was no potential for confusion between the different elements and practices of the three separate services operating within Kalisgarth Centre.

This is order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users.

Timescale: 3 months from receipt of this report.

Recommendations

1. The provider to review the current management and staffing arrangements within the service to ensure it is sufficiently resourced.

National Care Standards, Care at Home: Standard 4 - Management and Staffing Arrangements.

2. The provider to review its supporting planning arrangements. Part of the review should include adopting a standardised care plan format with a clear index of contents. Risk assessments should adopt a more individualised and less generic approach to ensure the personal circumstances of each service user is properly reflected in their care plans.

National Care Standards, Care at Home: Standard 3 - Your Personal Plan.

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 findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Areas for improvement

The service should continue to survey the views and suggestions of its various stakeholders about ways in which the quality of the service's staffing could be further improved.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Spoke with members of staff
- Observed their interactions with service users
- Examined staff training records
- Looked at staff supervision and appraisal arrangements
- Examined relevant documentation

The good grade applies to performance characterised by important strengths which have a significant positive impact.

We found that staff were sincere carers who were committed to providing good quality care and support. There was good morale within the staff group and they worked well together as a team. Staff retention within the service was good.

We met with staff and they told us they rated the quality of care within Kalisgarth as "pretty good" and "very good". They told us that communication within the team was good and that they "work out solutions for service users".

Staff had received information about the Scottish Social Services Council (SSSC). OIC supported care staff to obtain necessary qualifications in order to register with the SSSC. Some staff already had a Scottish Vocational Qualification.

Recent training had included; First Aid, Moving and Handling and Essential Food Hygiene. There was ongoing training at SVQ Level 2.

The manager provided some supervisory and staff appraisal supports. Staff found these sessions useful. Staff were encouraged to keep their skills and practice up to date by familiarising themselves with reports and research documents and by using the computer which was purchased for them.

We observed staff provide support in a discreet, sensitive and respectful manner. The Kalisgarth staff group are a versatile team working across three care settings - respite, day care and care at home - and fulfil wide-ranging duties including sleep overs.

Taking all of the above into account we concluded that the service was performing to a good standard.

Areas for improvement

We met individually with staff members and they told us that sometimes in the absence of the manager - who also fulfilled a local community nursing role - they could, at times, feel "vulnerable" and "isolated". These feelings were compounded as the unit did not have an assistant manager or senior carer to deputise in the manager's absence.

We noted, too, that staff could sometimes be stretched in the various roles they performed which combined that of a carer, and the undertaking of domiciliary and meal preparation tasks.

In Quality Statement 1.3 of this report we have raised a recommendation for the provider to review the management and staffing arrangements within the unit to ensure it is sufficiently resourced to meet the aims and objectives of the service and to avoid any potential for the current arrangements to adversely impact on the overall quality of care and support.

The service was functioning well but some routine staff supervision and appraisals had not been kept up-to-date. More could be done to ensure that staff supervision and staff appraisal arrangements did not fall behind schedule.

The provider should continue to monitor and maintain the current good standards. The provider should also take account of the issues identified in this inspection report and ensure it is rigorous in identifying any areas for improvement and identifying action plans to address these.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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 findings in this quality statement are similar to those reported on in Quality Statement 1.1.

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- The participation policy of the service
- Considered the results of questionnaires collected from stakeholders
- Sampled minutes of service users' meetings
- Sampled support plans, review documents and daily recordings for individual service users
- Spoke with service users

The good grade applies to performance characterised by important strengths which have a significant positive impact.

Areas for improvement

The service should continue to survey the views and suggestions of its various stakeholders about ways in which the quality of the service's management and leadership could be further improved.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The service is performing to a good standard in respect of this Quality Statement.

We came to this conclusion after we looked at a range of the service's practices including:

- Support plans
- Staffing arrangements
- Quality assurance arrangements
- Other relevant documentation

The good grade applies to performance characterised by important strengths which have a significant positive impact.

The Kalisgarth Centre is a vital local resource which ensures older people can continue to live on their native island. The building has a unique design and combines respite care, care at home and day centre facilities. It is well-equipped and provides an attractive setting for a range of community-related activities.

The service provides good quality care. Its staff are versatile, knowledgeable and provided support in a sensitive, discreet and respectful manner.

Staff teamwork is good, as is morale within the unit.

The manager and her staff work well together as a team. They are committed to providing individualised care based on the support needs and personal preferences of each service user.

The care at home service is valued by service users and their families. Those contributing to our inspection told us it is "an excellent service".

The service strives for continuous improvement. The manager was developing an audit tool based on the National Care Standards. This had been effective in identifying actions for improvement. A service development plan had been devised and was being implemented.

Taking all of the above into account we concluded the service was performing to a good standard.

Areas for improvement

We have raised a recommendation in Quality Statement 1.3 of this inspection report for the provider to review the management and staffing arrangements within the unit to ensure it is sufficiently resourced to meet the aims and objectives of the service and to avoid any potential for the current arrangements to adversely impact on the overall quality of care and support. We previously raised concerns about this issue in

our inspection report of March 2014. The provider will need to devise an action plan to satisfactorily address this issue.

The provider needed to further develop its quality assurance arrangements by ensuring it used robust quality audits to monitor and maintain the current good standards. The provider should ensure it is rigorous in identifying any areas for improvement and identifying action plans to address these. **(See Recommendation 1)**

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider to further develop its quality assurance arrangements by ensuring it used robust quality audits to monitor and maintain the current good standards. The provider should ensure it is rigorous in identifying any areas for improvement and identifying action plans to address these.

National Care Standards, Care at Home: Standard 4 - Management and Staffing Arrangements.

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

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

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
27 Mar 2014	Announced (Short Notice)	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
15 Nov 2012	Unannounced	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
9 Dec 2011	Unannounced	Care and support 3 - Adequate Staffing 3 - Adequate Management and Leadership Not Assessed
21 Jan 2011	Announced	Care and support 4 - Good Staffing Not Assessed Management and Leadership 4 - Good
8 Jan 2010	Announced	Care and support 4 - Good Staffing 4 - Good

Inspection report continued

		Management and Leadership	Not Assessed
13 Jan 2009	Announced (short notice)	Care and support	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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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।

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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

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