

Care service inspection report

Full inspection

Jimmy Swinburne Resource Centre Support Service

9 Cemetery Road
Blantyre
Glasgow

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003001352

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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

The service supports older people with physical and cognitive disabilities in a welcoming, stimulating and pleasant environment. Staff worked well as part of a team engaging service users in activities of their choice, and continue to maintain close and effective links with carers and relatives.

The service is based in a quiet residential area of Blantyre in a modern purpose-built, single storey building.

Service users have access to an outside seating area with pleasant gardens.

What the service could do better

The provider should address the issues reported on at this inspection in order to sustain the grades awarded.

What the service has done since the last inspection

The provider has addressed most of the requirements and recommendations since the last inspection.

South Lanarkshire Council (SLC) were aware of Scottish Social Services Council (SSSC)

Framework for continuous learning in Social Services and were planning to develop this across all services.

The service has started 'Promoting excellence skilled dementia' training for staff. The service was planning to roll out training in 'Psychological Intervention in response to stress and distress in dementia' training for staff.

The service has developed an E-learning system for staff.

Conclusion

We thought that the service was providing a very good standard of care for its service users. We thought the outcomes for service users were very good.

We thought that staff were committed and passionate about providing care to support service users to maintain their independence and skills in a stimulating and pleasant environment and in a dignified, respectful manner.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

The Jimmy Swinburne Centre is a purpose-built day centre for 24 older people. It operates seven days a week, between the hours of 8.00 and 17.00 on weekdays and 9.00 and 17.00 at weekends. It provides a support service to 36 service users in total, 13 of whom attended on the day of the inspection visit.

The service is owned and managed by South Lanarkshire Council.

Its aims are to provide high standards of care in a homely, safe and secure environment, which does not inhibit service users' feelings of independence. It supports care in the community and prevents, or postpones, admission to long-term care. It seeks to achieve this by providing services tailored to the needs of service users, and to respond appropriately as they change.

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 Public Services Reform (Scotland) Act 2010 (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 medium 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

We compiled this report following an unannounced inspection. The inspection was carried out by two Inspectors and took place on 4 June 2015 between the hours of 9.30am and 16.30 pm. The inspection continued on 5 June 2015 between the hours of 9.30 am and 16.30 p.m. Feedback was provided to the Senior Day Care Worker on 5 June 2015.

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

- Evidence from the services most recent self assessment
- Statement of Aims and Objectives
- Managers' audits
- Minutes of meetings
- Questionnaires
- care plans
- risk assessments
- dependency levels
- Accidents and incidents
- Maintenance records
- Staff training
- Activities
- Supervision and appraisal.

We also spent time observing how staff interacted with service users and considered the general environment of the centre.

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.firescotland.gov.uk

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 fully completed self assessment document from the 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 headings that we grade them under.

The provider identified what they thought they did well, some areas for development and any changes it had planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

For this inspection we received the views of five of the 36 people using the service. Five people gave their views via the care standard inspectorate questionnaires and we spoke with a further two people using the service.

We received the following responses/comments from the returned care standard questionnaires:-

Five people indicated that they strongly agreed that they were happy with the quality of care the service provides.

One person indicated that they didn't know if they had a personal plan.

Taking carers' views into account

For this inspection we received the views of 4 of the relatives from the returned care inspectorate questionnaires.

Four people said they were happy with the quality of the service.

We received the following comments from the returned care inspectorate questionnaires:-

'The centre is a god send. We have total trust in the staff and management at the centre. I cannot commend them enough '.

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

From the evidence we were presented with we concluded that the service was performing at a very good level in areas covered by this statement.

We thought that, overall, service users and carers were supported and encouraged to express their opinions about the service. We found that the service had continued to involve the people who use the service and their carers in a variety of ways:-

The local authority has a strategy on participation, consultation and involvement, which describes how service users will be consulted on the services they receive. We could see through evidence of meetings and questionnaires that this was happening;

The service issued a newsletter regularly with information on new staff, birthdays, activities, relaxation and the pamper room, outings, planned trips, a family day and information on polling day.

Regular meetings took place with service users and staff discussing various topics from activities to food. There was good evidence that the service was

taking appropriate action in response to issues raised by service users such as sandwiches being made in the centre and new activities resources being ordered.

There was relevant, useful information available in various folders and on an information stand in the centre. This included useful contact details for various support groups, carers network, dementia, advocacy services and how to make a complaint. There was an information booklet providing information on all South Lanarkshire day centres.

Monthly "network" meetings were taking place. This provided a forum for service users from all local authority services to meet and discuss any areas of concern or make suggestions on how to improve the service.

Service users were asked to participate in a pre-review meeting with their key-worker to discuss any concerns they had prior to their review. This ensured that any concerns were discussed and dealt with appropriately before they became an issue to the service user.

The majority of service users had a review within the legal framework of every six months. However, the information that we saw in reviews was not detailed and informative and was not of good quality. This was discussed during the inspection and we would like to see this improve.

The majority of respondents from the survey carried out in June 2014 were very positive about the service. However, a significant number were not sure how to make a complaint to the service or to the care inspectorate. There was no information on how the service proposed to address this.

The service had introduced a 'You said we did' notice board which provided very good evidence of positive outcomes for service users such as shopping at a local bakers, purchasing soft furnishings and supporting a service user to purchase a birthday present.

Service User Agreements were in place and were signed and dated by service users.

The service had a written constitution, information was available on SLC charging policy and we saw charter of rights for older people was displayed.

We thought the information that we saw in relation to 'life story work' was excellent. We look forward to evaluating this work when it is completed and seeing how it improves outcomes for service users.

Areas for improvement

The provider should continue to develop opportunities for service users and carers to be involved in all aspects of the management and delivery of the service.

The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We reported on and made a recommendation at the last inspection in relation to how the service demonstrated the action it was taking in response to issues raised by service users.

We were satisfied that the service had improved the information on the action it has taken to address issues raised by service users. However, the service should continue to monitor how this is recorded to ensure the information is accurate and reflective of the action taken.

This recommendation was met and will be removed.

We thought the agenda from the network meetings was limited and rather restrictive. We were also disappointed to find that a service user had requested a roll and sausage on visiting the centre only to be told 'no' due to Health and Safety. We thought this could have been explained better and explored further. We believe the issue relates to staff not having the appropriate level of food hygiene (REHIS) training. We suggest that this issue is explored further to seek a resolution and the decision is communicated to service users. We were pleased to see the service had arranged to purchase a roll and sausage from a local shop in the interim.

We observed a service users getting up to clear the table and gently being asked to sit down as this was staffs job. This was not in keeping with the concept of 'making every moment count'. Service users should be encouraged to play as active a part in the service as possible with normal routine tasks such as setting the tables, clearing the dishes, making a cup of tea etc. if they wish to do so.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

From the evidence we were presented with we concluded that the service was performing at a very good level in areas covered by this statement.

Staff undertake a pre assessment of individuals before they start to use the service. This is to ensure that the service can meet their individual needs.

The care plans that we looked at all contained up to date information including relevant risk assessments, dependencies. We thought the care plans were much more person centred since the last inspection and the care plans were more streamlined. However, we continued to find some elements of the care plan written in the third person. It was good to see the service was making progress in the care plans with some work still to be done.

We thought that the information from the sample of 'My life Story' work that we saw was excellent. We look forward to seeing this work completed and evaluating how this improves outcomes for service users.

The care workers collected and assisted each service user from their house in buses provided by South Lanarkshire Council. We noted good staff interaction

and the service users appeared relaxed and comfortable, there was plenty of chat and laughter and service users were made very welcome.

On arrival service users were offered the choice of a snack and drink before choosing their preferred daily activity. The choice of activities was displayed on a notice board in the main lounge. We observed service users taking part in a quiz or reading the paper or listening to music.

We thought the activities were very well facilitated and organised by staff and we were pleased to see an impromptu sing a long taking place during the quiz. Service users told us that they enjoyed the activities and company and were able to see service users choosing whether or not to participate.

The service has a policy on the administration of medication with staff supporting and encouraging service users by prompting them to take their medication if required;

We found that regular reviews took place involving service users, key workers and relatives. Each service user is assigned to a key worker who ensured that the personal plans were kept fully updated. Daily communication sheets were completed and provided a picture of each individuals progress.

Service users had a daily choice of soup, main course and desert. The meals were prepared and cooked at South Lanarkshire Head Quarters and arrived at the centre ready to be served. The staff at the centre checked and recorded the food temperatures prior to serving.

We observed lunch and found the dining area bright, spacious and well presented. We observed some very good practice during the first day of the inspection with staff sitting with service users during lunch and actively engaging and stimulating service users in conversation. One member of staff was extremely diligent in responding swiftly to prevent a service user from having a fall. Unfortunately, this was not replicated on the second day of the inspection where we observed loud music being played throughout lunch. This was eventually turned down, however, this was done without consulting service users. It was not clear what was expected of staff during lunchtime. In addition,

the circumstances surrounding the incident where a service user almost fell was not recorded.

Staff offered service users the choice from the menu or a sandwich if they didn't like what was on offer.

The atmosphere throughout the centre was friendly and relaxed .

Service users we spoke to said how much they enjoyed the food and coming to the centre.

"This is the best", " Its great here", " I love it here", "I enjoy the char".

The service had a copy of the Occupational Therapy publication 'Living well in Care Homes' which is a toolkit used to manage activities. We said at the last inspection that we look forward to seeing how this is developed to improve outcomes for service users. We did not see any evidence at this inspection of this resource being used. This was discussed during the inspection and we would encourage the service to utilise this resource.

Areas for improvement

The provider should continue to monitor and maintain the very good quality of health and wellbeing. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We said at the last inspection that the information recorded in the personal plan should provide details of each persons medication, its uses and side effects and should be incorporated into a care plan relevant to the person's health care needs.

We found in the care plans that we looked at this inspection that there was a list of medication being taken by service users and information of the side effects of the medication. We would suggest that where a service user suffers from specific condition such as epilepsy, diabetes, Parkinson's etc that there should be an 'information sheet' in the care plan with information on the condition to inform staff. We were satisfied that appropriate action has been taken to address the medication element made in the requirement at the last inspection.

We said at the last inspection that the information recorded must also include who has the legal powers to make decisions on behalf of the individual.

We found at the last inspection that on a pre review form that it was written that a service user 'has a cognitive impairment and does not have the capacity to answer questions'. We

did not see any information on whether an adults with Incapacity (AWI) Section 47 certificate was in place or whether a Power of Attorney (POA) was in place.

We found at this inspection that the service was making good progress to meet this requirement, however, there was still some work to be done.

We found some POA certificates were in place, however, it was not clear if these were invoked or not. Discussion took place with how to check if the POA certificate was live with the service users social worker or GP. We were satisfied that appropriate action has been taken to address the medication element made in the requirement at the last inspection. There was still some work to be done in relation to POA.

It was not clear from the care plans that we saw how service users with 'cognitive impairment' were to be supported to remain as independent as possible and to make their own decisions as far as they were able to do so. We look forward to seeing how 'Promoting excellence' and ' stress and distress' initiatives impact on how this is developed and managed going forward.

This requirement has not yet been fully met and will be reworded and restated.

(see Requirement 1)

We made a requirement at the last inspection in relation to reviews where we said that although regular reviews were taking place these were not happening consistently at least once in every six month period. We found at this inspection that all reviews had been completed within the legal requirement of six months with the exception of one review which was a particularly difficult and complex case which required input from multiple agencies. We suggested the service develop a system to ensure that reviews take place within the six months legal framework.

We also suggested that where a case is likely to be complex or difficult a review should still take place to outline the complexities of the issues to be discussed. The information that we saw in reviews was not detailed and informative and was not of good quality. This was discussed during the inspection and we would like to see this improve.

We were satisfied that this requirement was now met and will be removed.

We reported on and made a recommendation at previous inspections on how dependency levels were calculated and used to inform staffing levels. We found that dependency levels were being calculated regularly and were being used to inform staffing levels in the centre. The service was using the Isaac and Neville tool to calculate dependency and inform staffing. We suggest that the service ensure that this factors in service users social and psychological needs.

We were satisfied that this recommendation was now met and will be removed.

We reported on and made a recommendation at previous inspections on how service users were able to influence the quality of food provided at the centre. We thought the quality of food provided at the centre had improved significantly since the last inspection and service users spoken with unanimously said they enjoyed the food provided.

We were satisfied that this recommendation was now met and will be removed.

We observed a service user with poorly fitting dentures and we found that the person also had a history of poor dietary intake. We noted from review records in the care plan that an appointment was to be made in February 2015 to arrange a visit from the dentist, however, this had not been arranged.

This may have had serious consequences for the service user.

This was brought to the attention of staff and we have suggested that this should be addressed as a matter of urgency.

We were slightly concerned with the way in which care plan records were kept. Daily notes were kept separately from the care plan which can lead to the care plan not being a live, meaningful document. This can increase the risk of issues not being updated in the care plan. We suggest the service review and monitor this practice to ensure this system is effective.

In a review that we looked at it said the service was going to monitor a service users weight. However, there was no evidence of how this was being done.

Grade

5 - Very Good

Requirements

Number of requirements - 1

1. The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this the service must ensure that the personal plans;

accurately reflect all the current needs of the individual;

- there is up to date information regarding the legal status of individual supported by certificates detailing who has the legal authority to make decisions on the individuals behalf;
- include AWI certificates supported by an appropriate treatment plan for the people who lack capacity to make formal decisions about their own care and support;

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI2011/210)
Regulations 4 (1)(a) Welfare of users Regulation 5(1) Personal plans

Timescale for implementation; within six months from receipt of this report.

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

See comments under Quality Statement 1.1

Areas for improvement

See comments under Quality Statement 1.1

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service Strengths

From the evidence we were presented with we concluded that the service was performing at a very good level in areas covered by this quality statement.

The services' aims and objectives state that it will;
"offer a high standard of care within a homely setting incorporating a safe and secure environment which does not inhibit service users feelings of independence";

The service is housed in a single storey purpose-built building in a quiet area of Blantyre. It is owned and maintained by South Lanarkshire Council. There was a secured entry system, doors were alarmed and a signing in book was located at reception. Staff wore identification badges. There was a ramp for wheelchair access with automatic doors to provide further assistance.

There was a large spacious reception area which was bright and welcoming, there were two lounges, and two smaller quieter lounges offering more privacy. Service users with hearing difficulties benefited from the loop system in the lounges. There was a room with hairdressing facilities, an assisted bathing area and a separate shower cubicle.

Toilets were spacious and clean with hand rails and alarm call systems in place to assist and keep service users safe. Laundry facilities were available if required.

Some service users enjoyed a relaxing bath at the centre where they had the security of staff to supervise and assist them.

There was a large open plan kitchen/ dining room with the tables well presented with table cloths, napkins and condiments.

There was an outside patio area where people could sit with patio furniture and potted plants enhancing the outlook. We thought the building was fresh and bright and decorated in neutral colours. Service users were able to mobilise independently.

We were advised that SLC were planning to resource and put up dementia friendly signage throughout the centre. Regular maintenance checks were carried out to ensure the environment was safe for people who use the service. Repairs were reported to Property Services who have responsibility for the upkeep of the building. We saw that equipment used in the service such as hoists and stand aids were serviced and maintained regularly ensuring that equipment was safe and fit for use. We thought it would be helpful if the service had an inventory of all the equipment.

We saw an up to date 'pass' certificate from environmental health.

Areas for improvement

The provider should continue to monitor and maintain the very good quality of the environment.

The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

The service uses property services to maintain the safety of the premises and information on how this was done was recorded in the property services folder. The information recorded was technical. From the information, we were presented with we were unable to determine if the checks being carried out were satisfactory to ensure the safety of people who use the service. For example, there was no overview of how PAT testing was being recorded, legionella records were technical, there was no record of the temperature of hot water outlets used by people who use the service. We suggest the service reviews how it presents evidence to ensure it is clear and understandable.

We made a recommendation at the last inspection that the alarm cords that we saw in the communal toilets were not at the correct height to ensure the safety of service users. We found at this inspection that this had been addressed.

This recommendation has been met and will be removed.

Grade

5 – Very Good

Number of requirements – 0

Number of recommendations – 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

See comments under Quality Statement 1.1

Areas for improvement

See comments under Quality Statement 1.1

Grade

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

From the evidence we were presented with on the day of inspection we concluded that the service was performing at a good level in areas covered by this statement.

It was really good to see some excellent practice from some of the staff and we would encourage the service to strive to ensure that all staff meet this very high standard.

It was really good to see that some staff had started 'Promoting excellence' and plans were in place for staff to receive training in 'Psychological Intervention in response to stress and distress in dementia'.

We found that the service had an E-learning resource available for staff and we found some evidence of some staff had accessed the training available on-line.

We were advised that Seniors had completed 'Best Practice In Dementia Care' from Stirling University.

Staff had access to the "People Connect" and "Whats New" website which provides them with access to South Lanarkshire Councils' information website. This provides up to date information and allows staff to request further training. Training can also be requested at supervision or directly to management;

We were advised that SLC were aware of Scottish Social Services Council (SSSC) Framework for continuous learning in Social Services and were planning to develop this across all services. We look forward to seeing how this influences practice.

Training was organised from the training department at SLC Council headquarters and staff receive notification of dates and times to attend.

We saw that a contract of supervision was in place to be completed every 6-8 weeks and we found that supervision was taking place regularly.

We saw that staff had a 'Personal Development Review' (PDR) in place.

Staff said that there are plenty of opportunities to attend training. Some recent training included 'promoting excellence' adult support and protection, moving and handling.

Staff had access to a range of relevant mandatory and non-mandatory training such as adult support and protection, 'Promoting excellence dementia skilled', first aid, moving and handling, food hygiene and passenger assistance. We also found specialised training such as 'seating matters'. However this was not reflected in the individual record of training that we were shown.

The resource manager was registered with the Scottish Social Services Council (SSSC) with the majority of staff having gained an Scottish Vocational Qualification (SVQ) level 2 or 3 in health and social care.

Staff meetings take place regularly within the centre giving staff the opportunity to raise any issues and keep up to date with the service. Staff told us these helped them to feel valued and involved in the running of the service;

Staff we spoke with told us it was a nice place to work, they were confident in management and the service users were well looked after.

It was good to see the service had introduced 'development days' for staff to cascade training.

Areas for improvement

The provider should continue to monitor and maintain the very good quality of staffing.

The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

We reported on and made two recommendations at the last inspection in relation to 'Personal Development Review' (PDR) and supervision. We will continue to monitor progress going forward as the service develops and implements the SSSC Framework for Continuous Learning, therefore, both recommendations are repeated.
(see Recommendation 1 and 2)

The way in which staff training and development was evidenced needs to improve if grades are to be maintained.

Staff did not always have an up to date training record or a training plan. The information we saw in supervisions and Performance Development and Review (PDR) would not support staff to maintain their registration with Scottish Social Services Council (SSSC).

The provider should review the system of Performance Development and Review (PDR) to ensure it is fit for purpose going forward, the content is reflective and supports staff to maintain their registration with the Scottish Social Services Council (SSSC).

We signposted the service to the Scottish Social Services Council (SSSC) publication, 'The Framework for Continuous Learning in Social Services' for information and guidance. We signposted the service to 'Reflective Writing Guidance notes for students' April 2001 www.shef.ac.uk/uni/projects for information and guidance.

It would be helpful if the unit had a training matrix to show all the training staff have attended, a training plan going forward with information on which staff will attend future training. This should be clearly linked to staffs personal development plan.

We found that SLC had a 'Learn on Line' E-learning resource which was available to all direct care staff, however, it was not clear what SLC expectations were in terms of how staff should use this resource. We were advised by staff that no time had been allocated to use this resource.

We signposted the service to the British Association Occupational Therapy (BAOT) publication, 'Living well in care homes' for information and guidance. We signposted the service to Social Services Knowledge Scotland www.ssks.org.uk for information and guidance.

We signposted the service to the Care Inspectorate publication 'Care... about physical activity Promoting physical activity in care homes in Scotland - a good practice resource pack' for information and guidance.

We signposted the service to the Care Inspectorate web site 'The Hub' which provides a 'one-stop-shop' for knowledge, innovation and improvement www.hub.careinspectorate.com

We signposted the service to the The Knowledge Network, Scottish Social Services Council and NHS Education for Scotland for 'Promoting Excellence' - the

education framework for all social services staff working with people with dementia for information and guidance www.knowledge.scot.nhs.uk/dementia

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider should ensure that practice and service user issues are discussed and recorded in supervision and PDR.

(National Care Standards Support Services Standard 2: Management and Staffing Arrangements)

2. The provider should ensure that what has been learned from staff training is discussed at supervision and PDR and is used to evaluate and improve practice.

(National Care Standards Support Services Standard 2: Management and Staffing Arrangements)

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

See comments under Quality Statement 1.1

Areas for improvement

See comments under Quality Statement 1.1

Grade

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

From the evidence we were presented with we concluded that the service was performing at a very good level in areas covered by this statement.

The service has a 'property services' folder to ensure all health and safety checks are carried out. We have reported our findings on this under Quality Statement 2.2.

We found that appropriate accidents and incident records were kept.

We saw an 'audit report' dated 20-4-2015. We thought this was comprehensive, however, the responses did not always reflect our findings such as PAT testing 19-12-14 it was not clear what this was telling the reader. The information under the heading 'Care plans' did not reflect our findings. These issues have been reported on under Quality Statement 2.2 and 1.3 respectively.

The service had received a 'Customer Excellence Award'. To achieve this award the service must provide satisfactory evidence that it is meeting the care, support and well-being needs of the service users. The service was assessed annually and had continued to maintain this award.

There had been no complaints logged since the previous inspection.

We thought the service was up to date with Scottish government initiatives to improve care for people with dementia e.g. Scotlands National Dementia Strategy, Promoting Excellence, Charter of rights, Stress and Distress;

We saw that the service had made a good start to support and develop the national dementia strategy such 'promoting excellence' training for staff and stress and distress.

We saw that management meetings were held regularly.

We saw South Lanarkshire Council's Code of Conduct for employees dated September 2011;

The service holds an award for Investors in People (IIP);

The service was aware of the services responsibility to report to Scottish Social Services Council (SSSC) any staff dismissed on the grounds of misconduct and provide SSSC with information it may require about members of staff.

The service had a copy of the Care Inspectorate Notification Guidance and the

service knew of their responsibility to notify the Care Inspectorate of matters of misconduct, including theft;

We have received appropriate notifications from the service.

Despite the issue commented on throughout the report we thought the service provided very good outcomes for service users and we are confident the issue identified below will be addressed. Therefore, we have awarded a grade of very good for management and leadership. However, we would expect the issues identified to be taken seriously and addressed if the grades are to be maintained.

Areas for improvement

The provider should continue to monitor and maintain the good quality of management and leadership.

The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

South Lanarkshire Council's 'Code of Conduct for employees' and 'Social Work Resources Code of Conduct' does not make explicitly clear SLC expectations for staff in relation to whistleblowing, adult support and protection and SSSC codes of practice. From the evidence we were shown this had not yet been addressed (see Recommendation 1)

The service had a copy of the resource The Care Inspectorate and NHS Scotland Publication 'managing falls and fractures in care homes for older people, good practice self assessment resource' and we saw some of this in care plans, however, the documents were blank and it was not clear how this resource was being used. We were advised that one member of staff had been trained in falls prevention and this would be cascaded to all staff. We look forward to seeing how this improves practice going forward.

The dependency scores we saw were not reflective of the information that we saw in care plans and were contradictory. This was discussed during the inspection.

We thought the service was making good progress in terms of consistency of the staff group. We found variable practice demonstrated by staff during the inspection some of which was excellent. The care plans have improved since the last inspection and are much more person centred although there is still work to do. The dependency tool does not match the information that we saw in care plans. The way in which the service aims to minimise and manage the risk of falls needs to improve. The way in which the service keeps an overview of staff training and development continues to be difficult to evaluate due to the way in which this is recorded. There is no overview of staff training and development. The way in which environment checks are carried out needs to be clearer and easier to understand. None of this has been picked up by the services system of audits.

We were presented with the 'monthly report' dated 30-4-2015, however, this was for a different SLC centre .

We thought the service could improve how it prepares and presents evidence to the Care Inspectorate.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should review and update South Lanarkshire Council's 'Code of Conduct for employees' and 'Social Work Resources Code of Conduct' to include information and make it explicitly clear SLC expectations in relation to whistleblowing, adult support and protection and SSSC codes of practice.

(National Care Standards Support Services Standard 2: Management and Staffing Arrangements)

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

7 Complaints

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

8 Enforcements

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

9 Additional Information

10 Inspection and grading history

Date	Type	Gradings
6 Jun 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
10 Jun 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
2 Nov 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
18 Jan 2010	Announced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good
8 Dec 2008	Announced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

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

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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.