care inspectorate

Care service inspection report

Full inspection

Glaitness Centre (Support Service)
Support Service

33 Queen Sonja Kloss
Kirkwall

HAPPY TO TRANSLATE

Inspection report for Glaitness Centre (Support Service)
Inspection completed on 11 June 2015

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2003009094

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

Summary

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

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

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	3	Adequate

What the service does well

The Glaitness Centre support service provides a homely day care setting where service users can be supported to enjoy a range of activities. The management team have plans to extend opportunities for people to access events and activities in the local area which will provide greater prospects for developing a fuller lifestyle for people.

What the service could do better

The accommodation looks tired and in need of refurbishment. Staff practice on infection control issues could be improved. The plan for improving opportunities for community activities should be progressed.

What the service has done since the last inspection

We have noted a significant improvement in the recording of support plans and risk assessments which are more person centred and identify outcomes for people.

The organisation of files is much better so information about individual service users who use a number of services is consistent and current.

Staff have more consistent access to information and knowledge from community health professionals who attend regular staff meetings and deliver best practice information on a range of healthcare issues.

Conclusion

The manager and staff have worked hard to develop a service that focuses on the needs of individuals and improve opportunities for developing skills and supporting greater independence for people. Significant improvements have been made in staff training, recording and outcome focused planning for people however, the manager recognises that there is a need to build on the good work done so that the service delivers good outcomes for people in a planned and structured way.

1 About the service we inspected

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

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

The Support Service is one of several care services provided from the Glaitness Centre, a purpose built care facility located in Kirkwall. The support service is registered to provide a day care service for up to 12 service users with physical and sensory impairments. The service is operated and managed by Orkney Health and Care, a partnership between Orkney Islands Council and NHS Orkney to improve and develop social care, community health and wellbeing.

The provider also operates a combined housing support and care at home service for people with disabilities and a short break and respite care service from the site at the Glaitness Centre. People who use the support service also use the supported accommodation or the respite service. The support service operates on Wednesdays, Thursdays and Fridays each week between 09:00 and 17:00. The service aimed to support individuals to live in the community, promoting independence and self management and to support people to feel as physically and emotionally well as they can be.

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 4 - Good
Quality of environment - Grade 3 - Adequate
Quality of staffing - Grade 3 - Adequate
Quality of management and leadership - Grade 3 - Adequate

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 an unannounced inspection that took place on 9 June 2015. The inspection was completed by two inspectors from the Care Inspectorate.

During the inspection we gathered evidence from a range of sources including talking to people who used the service, talking to staff and talking to the management team.

Prior to this inspection, the manager provided us with a self assessment where they had identified strengths and areas for development. We used this evidence to help assess how the service was performing.

We also looked at a range of documentation which included;

- three care files which included support plans, risk assessments and review documentation
- minutes from service user meetings
- minutes of staff meetings
- we attended a staff training event which was delivered during our inspection visit
- staff training records
- we observed how staff worked with and spoke with people using the service

we spoke with several people during our inspection including:

- the manager of the service and the senior
- one of the area service managers
- four staff

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.

We received a fully completed self assessment document from the manager of the service. We were satisfied with the way this had been completed and with the relevant information provided for each of the headings that we grade services under.

The service identified what they thought they did well, some areas for development and any changes they had planned.

Taking the views of people using the care service into account

We spoke with two people who used the service. They told us they were quite happy with how the service was delivered. They said that they liked the staff and got on well with them.

Taking carers' views into account

Carers were not available at 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: 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

We thought the service was performing to a good standard. We thought this after we considered a range of evidence presented in relation to this statement. This included a sample of people's support plans, review documents and risk assessments, talking to some of the people using the service and observing how staff worked with people.

The 'good' grade refers to performance characterized by services where service users and carers have opportunities to become involved in evaluating and developing service provision and there is some evidence to show that the service is likely to respond to views expressed by service users and carers.

Here are some of the strengths we saw:

- Since the last inspection the provider had updated and reviewed their policy on service user and carer participation. The policy which was updated in January 2015 contains good values of equality and inclusion of service users and others involved with the service in all aspects of the decision making and development of the service. This included information about the different ways in which people can make comments about the service and suggestions for changes
- We could see there was good involvement from service users and their carers in developing and reviewing their support plans
- Person centred support plans had been further developed providing information about what was important to people and what support they might need. People we spoke with confirmed that their support plans included information that was relevant and important to them and helped to plan their support.
- Reviews were held regularly and the minutes confirmed that relatives and professionals had been involved where appropriate. The service provided information on independent advocacy services and how to access this service. This was helpful for people who were not confident in expressing their views or who may require an advocate to speak for them.
- The manager planed to hold consultation meetings with service users regarding improvements to the environment
- People had some opportunities to be involved in the recruitment of staff, We saw evidence of this at the last inspection when a service user's family helped to set interview questions and draw up a person specification for the candidates.
- Orkney Health And Care have an easy read complaints guide which is helpful for people who may wish to comment of the service they receive.

Areas for improvement

The service had made significant progress in this area since the last inspection. They now needed time for this good practice to become firmly established and embedded within the service so that it works in partnership with service users and families to shape the delivery of the service. For example, the manager explained that the service was seeking opportunities for service users to access and use community resources to a greater degree. This would enable service users to enjoy a variety of experiences that fitted with their interests and helped them to build social networks. The manager now needed to progress this aim as a priority to enable the service to develop.

As the service starts to develop their individual support plans it would be good to see consideration of more easily accessible types of documents. This would help to improve the involvement of people with a range of disabilities in directing and influencing their own support.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

"We respond to service users' care and support needs using person centered values."

Service Strengths

We thought the service was performing to a good standard. Staff were using person centred values that helped promote independence and choice for people using the service. We thought this after we considered a range of evidence presented in relation to this statement. This included a sample of people's support plans, review documents and risk assessments, talking to some of the people using the service and observing how staff worked with people.

Person centred support plans were starting to be introduced for everyone. As the people who are using the support service also use other services from the Glaitness Centre, this will eventually lead to the production of one support plan that has different areas for each part of the service. This will benefit service users as the information that is important for their care and support will be consistent across all the services used and should contain the most current information.

We could see that detailed and comprehensive personal support plans were in place or were being put in place that supported person centred planning well. Outcomes were beginning to be identified. In some care files we sampled we saw outcome planners being used. This is a positive step forward and helps to support independence and developing skills or re-ablement. The manager has implemented quarterly audits. This means the provider can check how well the service is being delivered and whether or not people's outcomes are being met.

Staff promoted the principles of good care such as offering choice, independence and ensuring access to community resources which supported people's rights. Currently, most activities took place in the centre and were organised by staff. In discussion the manager told us about the plans the service were working towards for getting service users out in the community and to enjoy community events and services.

This will provide greater opportunities for people and assist in breaking societies' stereotypes and barriers to inclusion.

Areas for improvement

We noted in some support plans we sampled, that outcomes were not clearly recorded. For example for one person the outcome from helping someone to cook was identified as the end product rather than improving independence, enabling achievement, promoting self esteem and building confidence. Staff need to have a better understanding of outcomes and how these link to personal goals. Risks should also be considered as part of the planning process for example, the kitchen is not adapted for wheelchair users and the service needs to consider what additional measures are required to support people to use the kitchen safely. See Recommendations.

Some people using the service used non verbal communication which we could see that staff struggled with. This meant that staff, particularly new staff would find it difficult to understand people's communication needs so that people had less opportunity to be involved in shaping their care and support around what was valuable and important to them. The provider should ensure that people have good support, including knowledgeable staff and access to communication aids and equipment if this was required to help people express their views and choices. See Recommendations

Staff we spoke with had heard about the Panorama programme about Winterbourne View, but they did not know that a report had been completed that had recommendations for improving care and support for people with a learning disability.

"Keys to Life - improving quality of life for people with learning disabilities" is a Government strategy which has recommendations about improving care. As the staff group work with people with a number of disabilities including learning disabilities, the provider had introduced the "Keys to Life" through awareness raising sessions for staff. An "easy read" version of "Keys to Life" was available in the service and could be accessed by staff and people using the service if they wanted to. This document is useful as it helps people to see where improvement may be needed to make sure people's human rights were

respected and upheld and that their care and support used person centred values.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The provider must ensure that risk is considered as part of the planning for all activities that people are supported with. Where risk is identified then a risk assessment should be completed to include the control measures in place and the additional supports and adjustments individuals may require to help maintain their safety.
In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 4 - Support Arrangements and Standard 5 - Your Environment

2. The provider must complete or update a comprehensive risk assessment of the premises. This must identify any hazards that may increase the risk of harm to people who use the premises and the actions taken to minimise the risk of potential or actual harm.
In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 5 - Your Environment.

3. The provider should ensure they improve the service by prioritising training for staff around communication skills and support using a person centred values approach.
In making this recommendation the following National Care Standards have been taken into account; Standard 9 - Supporting Communication.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement. The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of the environment, are detailed in Quality Theme 1 Statement 1

Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement.

Grade

3 - Adequate

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 the environment was performing at an adequate standard in the areas covered by this statement. We thought this after we looked at spaces and rooms available to people using the service and considered a range of evidence including people's support plans, risk assessments and our observation of the environment and equipment.

The adequate grade applies to performance at a basic level where the strengths have a positive impact on the experiences of users. However, while weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.
Some of the strengths we noted included:

- There was good disabled access to the premises which meant that people with mobility problems could access the building independently.
- There was garden ground surrounding the premises which could be used by service users for outdoor activities
- Safety checks were carried out annually on all electrical equipment, including hoists, slings and other mobility aids, to ensure they were safe and in good condition.
- Personal care room enabled service users to be assisted with personal care in a dignified and respectful manner.
- There was ample space for different activities to take place at any one time. This meant that people could choose between a group or individual activities

Areas for improvement

The premises was a purpose built facility and part of a wider community complex. The building was well used by the staff group, visiting professionals and users of other services. The interior décor looked tired and showed obvious signs of wear. We thought that this aspect did not help to cultivate an attractive and welcoming environment that would promote wellbeing for service users. See Recommendations

We noted that storage space was limited and additional supplies and equipment such as step ladders, folders and filing cabinets were kept in the personal care room. Some of this required to be moved for staff to reach gloves and aprons. Although staff had completed training in the control of infection, we observed that staff were not following good practice in this area. The provider needed to ensure that all staff were following good infection control practice; that the personal care room was appropriately laid out and free from clutter to ensure it can be cleaned to comply with good infection control procedures and that equipment such as hoists and slings are cleaned and maintained in accordance with infection control procedures. See Requirements

We were concerned that the safety checks for equipment were not adequately recorded so that staff could be assured that the equipment they were operating was safe for use. In discussion, the manager agreed to speak to the contractors and ensure that each piece of equipment inspected had appropriate visible evidence of satisfactory performance.

We thought that the garden area could be better used to provide accessible outdoor activities for people who use the service including opportunities for people to enjoy gardening activities. See Recommendations

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that they have effective measures and controls including staff training and monitoring of staff practice and cleaning routines for the control of infection and safe management of care equipment.
This is in order to comply with SSI 2011/210 Regulation 4(1)(d) Welfare of users Timescale for implementation - 1 Month from receipt of this report

Recommendations

Number of recommendations - 2

1. The provider should undertake a refurbishment programme so that the fabric of the building, fixtures and fittings are maintained in a good state of repair and the premises provides an attractive, welcoming and safe environment for people.
In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 5 - Your Environment

2. The manager should include service users in the development and use of the garden so that they can enjoy opportunities for outdoor activities in accordance with their individual goals and aspirations and help to promote wellbeing for people.
In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 5 - Your Environment

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought the service was performing to an adequate standard in the areas covered by this statement. The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of staffing, are detailed in Quality Theme 1 Statement 1

Areas for improvement

The areas for improvement identified in Quality Theme 1 Statement 1 are also relevant to this statement.

Grade

3 - Adequate

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 thought that everyone working in the service showed respect for people using the service. We thought this after we observed staff working with service users, spoke with staff and considered a range of documentary evidence from people's support plans, risk assessments, staff training plans and minutes from meetings. Here are some of the strengths in the service:

- We observed that staff were respectful in giving the service user choices of what they wanted to do as part of their support. We felt that staff new service users' needs very well and were prepared to accommodate people's wishes as much as possible, for example with food that people liked and activities they enjoyed. When staff spoke about service users at the handover meeting this was done in a respectful way.
- There was a good induction pack that showed where new employees were in their initial training and induction to Glaitness. This also recorded when staff felt confident to work in each area of their practice. This helped to ensure that staff were knowledgeable about the needs of the people they were supporting and competent to deliver this safely.
- The service had a staff training plan in place which consisted of core training and induction. Some topics were refreshed to ensure that staff knowledge was up to date. For example, health and safety, moving and handling and First Aid. We also saw that there was some training that was specific to service user's needs such as peg feeding and insulin. Some training had been identified by the staff team, for example skin care and use of elk standing aid. The manager was starting to use external sources such as community nurses to deliver relevant training for staff. This helped staff to work in a consistent way with people that use the service and keep their knowledge of care practices up to date. We could also see that some evaluation of training delivered had been

done and any actions or adjustments needed was beginning to be followed up.

- Training records were held electronically. There was a system in place to alert the manager or seniors when regular updates of core training were due. This helped the service to ensure that all staff completed statutory training and that this was kept up to date with current legislative requirements. Staff could request additional training based on the needs of the people who used the service. We could see from staff supervision records where this was agreed. Staff training certificates were maintained for completed training and recorded in individual development records. This showed individual staff progress in developing their knowledge in care practice.
- Staff meetings happen every three weeks. The focus of these meetings alternate between business meetings and service user focussed meetings. This keeps staff informed of the current thinking and progress towards identified plans, where improvements are needed and recognition of on- going good work. Staff have access to the minutes of each meeting which are required to be available by the end of the week of the meeting. This helps to ensure that all staff are kept up to date and informed of developments and changes in policy and procedure to maintain a consistent approach.
- During our visit we took the opportunity to attend the planned staff meeting. The first half of the meeting focuses on input from a healthcare professional who delivered a teaching session on pressure ulcer prevention. This was informed by and part of the national information initiative to deliver training to social care settings as well as hospitals. This service was identified as a useful resource which could assist new staff in understanding some critical care issues as part of their induction.

Areas for improvement

The training records we sampled, were inconsistent. For example we could not evidence how many staff had completed each training event; how many still required mandatory training; who on the staff team would act as a 'champion' or a go to person for advice and guidance or how staff practice has changed as

a result of their training. The provider must ensure that there is an effective system in place to monitor staff training and development and that accurate records of completed and planned training are maintained. See Recommendations.

We saw a blank template for recording continuous professional development for staff members. This would be used to assess staff performance and identify gaps in skills or knowledge and has space for recording supporting evidence to validate judgements. This was good practice, however we could not verify that this was used as an effective tool to promote staff development because we were not able to access any completed forms.

As well as planned training opportunities, development needs should also be identified through discussions with staff and through informal observations of practice. This would help the manager and staff team to develop and improve their skills and knowledge outwith formal events.

We looked at the induction programme which had basic information. It would be good practice to include more information for staff for example; on values, rights, equality and diversity, and more emphasis on person centred care and support. This would help to promote a rights based approach to care practice and to deliver individualised support for people.

The infection control practices of some staff were not in keeping with best practice guidance and could potentially present a risk to service users particularly those with complex health issues. The provider needed to ensure that staff were aware of and were following infection control guidance. See Recommendations

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider must ensure that accurate training records for all staff are maintained.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 2 - Management and Staffing Arrangements .

2. The provider must ensure that all staff were competent and effective in infection control practice. In order to achieve this the provider must ensure that all staff complete training on infection control and had a sound knowledge of best practice guidance. Infection control training should be updated on a regular basis to ensure that staff knowledge remained current. The provider should also consider the appointment of a staff 'champion' in infection control practices who has specific knowledge or an interest in infection control and could act as a mentor for other staff.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 2 Management and Staffing Arrangements and Standard 5 - Your Environment

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement. The methods used by the service to involve service users in assessing and improving all areas of the service, including the quality of management and leadership are detailed in Quality Theme 1 Statement 1.

Areas for improvement

The areas for improvement identified in Quality Theme 1. Statement 1, are also relevant to this statement.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

We thought the service was performing to an adequate standard in the areas covered by this statement. We decided this after we considered a range of evidence presented including the service development plan, minutes of staff meetings, staff training and supervision records and discussion with staff. Some of the strengths we saw were:

- Staff supervision was planned regularly throughout the year. This gives staff opportunities for reflection on their own performance and areas for their professional development.
- Staff had access to a range of training as detailed on the providers training calendar. Some topics were refreshed regularly such as moving and handling and First Aid. Staff were now being encouraged to identify training relevant to their needs.
- Minutes of team meetings showed that a range of topics were discussed with the staff team. Staff were encourage to contribute to the discussions and to share their knowledge and experiences. Staff told us that they thought that their views and opinions were valued by the management team.
- All of the staff group now work across all of the service provision - in day care support, housing support and short breaks for people with physical and sensory disabilities. This makes it much easier to staff and helps to ensure continuity of care for individuals
- A staff information folder had been started so that staff can easily access information on a number of issues on best practice in care, such as profound Learning Disability, tissue viability, and nutrition
- There was an open door policy in the service so people can approach the management team for discussion. Visitors and relatives were welcome in

the service at any time and members of the public were invited to open days

- The service has made significant improvements in developing and integrating a Quality Assurance system which identifies areas for improvement. Action plans which are linked to the National Care Standards were in place and named staff were allocated to deliver the changes. This helps to develop staff leadership skills and promotes ownership and responsibility.
- The service had a clear management structure with local service managers and team leaders in each area of the service. This offers staff opportunities to develop leadership skills. We noted that regular Managers' meetings were held which will support the sharing of aims and objectives and promote consistency across the services provided at the Glaitness Centre.

Areas for improvement

As highlighted in Quality Theme 1, Statement 1, we did not see people who used the service or staff involvement in the self-assessment process. This meant that opportunities to improve and consider future improvements for the service had been limited. We spoke to the manager about developing a more inclusive approach, that valued everyone's' contribution and suggested ways to involve staff, people using the service and other important people in the self-assessment process.

We noted that the provider had supported staff to achieve SVQ at level 2, and seniors to level 3. This is the minimum qualification for registration with the Scottish Social Services Council for the role they perform. Some staff had worked on their own initiative and accessed their individual learning accounts to gain SVQ at level 3, but this was not promoted by the provider. The provider should consider how they will further support staff development such as setting the bar for SVQ at level 3 rather than 2. This will provide staff with underpinning knowledge of good care practice and develop confidence to take on leadership roles. The provider should also consider how to support staff's leadership development for both those currently in management posts and those who wish to prepare for a leadership role; for example through SSSC's Step into

Leadership materials or another approach. This would recognise the benefits for the service and people who use the service to challenge staff thinking and progression within the service. See Recommendations.

The manager had started to delegate tasks and responsibilities among the staff group, however, she should consider further opportunities for staff to become "champion" for an area of practice, e.g. involvement activities, infection control issues, positive behaviour strategies or other relevant areas of service delivery. This will help staff to develop their leadership skills that will have a positive impact on outcomes for people who use the service and assist in the development of a skilled and confident workforce.

We noted in the minutes of staff meetings that discussion was opening up and staff were starting to give their views on a number of issues. The service needed to develop this to get all round feedback from staff including their ideas and suggestions, to feed into development plan for the service. It would also be beneficial for a team training plan to be developed that would help the manager plan training and development opportunities that link to supervision and appraisals. This would help to support the development of an open culture in the service.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should ensure they improve the service by considering ways to promote leadership values at all levels of the workforce. In order to support this they should consider offering Management and Leadership development programmes that consider leadership skills such as leadership and vision, power and influence and positive risk taking.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 2 Management and Staffing Arrangements

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

Previous requirements

1. The provider must make sure that individual support plans are reviewed in accordance with statutory requirements. In order to do this individual support plans must be reviewed whenever there is a significant change in the health, safety or welfare of a service user, when asked to by a service user or their representative and at least once in each six month period.

This is in order to comply with SSI 2011/210 Regulation 5(2)(b) - Personal Plans.
Timescale for implementation -By 31 January 2015.

This requirement was made on 06 November 2014

At this inspection we saw that all service users support plans had been reviewed within the last six months and the next review meeting had been planned to fall within six months of the previous review. This is in keeping with statutory requirements.

Met - Within Timescales

2. The provider must ensure that comprehensive risk assessments are completed for each service user that is relevant to their particular needs and circumstances and clearly identifies the risks, triggers and control measures in place for each person. Risk assessments must contain clear guidance on what action staff must take in order to manage identified risks safely. Risk assessments should be reviewed and updated as often as required and at least once in each six month period alongside reviews of individual support plans.
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Welfare of Service Users.
Timescale for implementation - By 31 January 2015.

This requirement was made on 06 November 2014

At this inspection we saw that risk assessments had been reviewed and updated along at the same time as support plans had been reviewed. The new risk assessments were thorough and contained good guidance for staff on what actions to take to keep people safe.

Met - Within Timescales

3. The provider must make proper provision for the health and welfare of service users by fully implementing and embedding robust quality assurance arrangements that evidence improving outcomes for service users.
This is in order to comply with SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users. We took also account of the National Care Standard for Housing Support and Care at Home Services - Standard 3 (Housing Support Services) and Standard 4 (Care at Home Services) Management and staffing arrangements.
Timescale for implementation: Six months from receipt of this report.

This requirement was made on 06 November 2014

At this inspection we saw that quality audits had been completed and actions planned to target areas for improvement in the service.

Met - Within Timescales

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

Previous recommendations

1. The provider should review the participation statement for the service to give a range of options for people to give their comments of the quality of the service they receive including the quality of the care and support provided and to make suggestions for improvements. The provider should clearly state what action they will take in response to feedback and how they will inform people of the changes made as a result of that feedback.

In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 12 - Expressing Your Views and Standard 2 Management and Staffing Arrangements.

This recommendation was made on 06 November 2014

We could see that the provider had reviewed and updated the participation statement for the service,

2. The provider should ensure that service users personal support plans fully reflect the care and support required in a person centred manner. The manager should ensure that service users personal support plans provide detailed information for staff on how they shall meet the health and welfare needs for each person and record their personal preferences, including communication needs and preferences .
In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 4 - Support Arrangements, and Standard 2 - Management and Staffing Arrangements.

This recommendation was made on 06 November 2014

The support plans that we sampled had been reviewed within the previous six months to reflect the care and support required.

3. The manager should ensure that a record of each review held for individual service users is kept in their care file. Details should include the names of those attending or consulted, the discussion held and the decisions arising from the discussions; the person responsible for taking any actions identified and the date of the next review.
In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 4 - Support Arrangements, and Standard 2 - Management and Staffing Arrangements.

This recommendation was made on 06 November 2014

At tis inspection we saw that a record of review meetings held had been retained in each file that we sampled. These detailed those who attended the meeting and a summary of discussions.

4. The manager should complete a training needs analysis for the staff group to ensure all staff have appropriate skills and these skills are maintained with regular core training in keeping with the provider's timescales. In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 2 - Management and Staffing Arrangements

This recommendation was made on 06 November 2014

In the action plan submitted on 18 December, the manager told us that the service would develop an annual training planner that takes account of service user need and informed by staff supervision and PDR. We were not able to access staff training records at this inspection so we were not able to verify that the training plan we saw accurately reflected the training needs of staff as identified in supervision. We shall look again at this in future inspections.

5. Staff training needed to be prioritised and targeted to meet the needs of service users and the development needs of staff. In order to achieve this the manager needed to use the information from individual supervision and training needs for each member of staff to develop an annual training plan that is relevant to the service.
In making this recommendation the following National Care Standards for Support Services have been taken into account; Standard 2 - Management and Staffing Arrangements

This recommendation was made on 06 November 2014

The manager had implemented a staff training plan that provided targeted information and training for staff to meet the needs of service users. However, as a completed staff appraisal and PRD was not available we were not able to access how effective this was in meeting individual staff training needs. We shall look again at this in future inspections.

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 Nov 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
9 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
8 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
27 May 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good
18 Jun 2008	Announced	Care and support Environment Staffing	4 - Good 4 - Good 4 - Good

		Management and Leadership 4 - Good

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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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