

Care service inspection report

Full inspection

Disability Resources Support Accommodation Service Housing Support Service

Glaitness Centre
33 Queen Sonja Kloss
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2006118712

Inspection Visit Type: Unannounced

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Summary

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

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

We gave the service these grades

Quality of care and support	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	3	Adequate

What the service does well

This service provides a personal level of care to vulnerable service users with complex support needs. In general, the people who used the service were satisfied with the service and the care and support they received. Staff were committed and motivated to deliver a good standard of support to people. Staff were approachable and knew the needs and preferences of people they supported.

What the service could do better

The provider needed to consider how they were going to take forward the recommendations in the 'Keys to Life' strategy for improving the quality of life for people with learning disabilities.

The quality of recording in care documents and records including risk assessments and support plans needs to improve so that staff have accurate up to date information to deliver good care.

The provider needed to improve training for staff on the principles of care so that the service demonstrates respect for everyone and helps staff to uphold people's dignity.

The provider should improve opportunities for all staff to take on leadership roles within the organisation, including improving access to leadership programmes and training.

What the service has done since the last inspection

Since the last inspection the manager has implemented a quality assurance system which aims to improve consultation with service users to shape and develop the service provided.

We have noted improvements in the recording of support plans and risk assessments which are more person centred and are starting to 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.

Staff have better 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. Staff have better access to healthcare information and training on healthcare issues, which helps people to keep well in their own homes or to access appropriate health professionals when this is needed. Staff are beginning to recognise the impact of personal outcomes for people's wellbeing and are now starting to work in more person centred ways.

However, the manager must ensure that service users records and care documents contain clear and accurate information to guide staff and that staff recording demonstrates an ethos of respect. The provider must consider how it will take forward the recommendations contained in the Keys to Life and Winterbourne View reports .

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 service is provided to adults with diverse support needs at two specific sites as well as to individuals in the wider community. The service provides advice, guidance and personal care and is operated and managed by Orkney Islands Council. The service was registered to provide both housing support and care at home services to people with learning or physical disabilities in seven houses within the Glaitness Centre complex and in the wider community. The complex comprised of a number of double and single person flats; one of which offered a respite care service and there was a small day care service. Staff were based in the day care facility and were available on a 24/7 basis.

The aims of the service are to support individuals to live in the community, promoting inclusion and independence. Support offered is flexible, sensitive and respectful of each person's right to make informed choices using a person centred approach based on the National Care Standards.

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 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 between 9 and 11 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 meeting with 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;

- care files which included support plans, risk assessments and review documentation
- minutes from 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 one of the seniors
- one of the area service managers
- four staff
- some of the service users were not able to talk with us, but they were able to communicate that they were happy with their accommodation and the staff who support them.
- we observed how staff worked with and spoke to people who use the service.

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 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.

Taking the views of people using the care service into account

We met with two people who used the service. They had communication difficulties and were not able to speak with us directly. However, we were assured with the help of staff who supported them and from their facial expressions and gestures that they were happy with their accommodation and the staff who supported them.

Taking carers' views into account

No carers were spoken with 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: 3 - Adequate

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 some 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.

- 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 on 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.

The manager needed to further develop the involvement of service users and their relatives and carers in assessing the performance of staff; for example, how service users' views and suggestions contribute to staff development and the training plan for the service.

The provider should ensure that people who use the service and their families and other stakeholders have opportunities to contribute to the self assessment process for the service and to share their ideas for service development.

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

This year we are using an Inspection Focus Area (IFA) to identify excellence and to promote and support improvement in care homes and combined housing support and care at home services. We have asked providers to complete a self assessment, as well as answering a number of specific questions during the inspection which explore outcomes for people with a learning disability. The IFA also provides a focus on Human Rights, Safety, Supporting Communication and the wider recommendations from the Keys to Life and Winterbourne View findings. Information gathered from our inspection activity in 2015-2016 will provide valuable intelligence at all levels, including a national overview. Our intention is that this focus will promote greater public assurance about the effectiveness of scrutiny and assist to support improvement in these in care settings.

We found the service to be performing to an adequate level under this quality statement. Some examples of how well the service was responding to service users' care and support needs using person centred values were:

- We found detailed records within service users' care plans about how people communicated. This helped staff engage with people and respond appropriately to their needs.
- We found that where service users needed support to manage and attend health care appointments, the service had recorded how this should be done. For example, we noted that people's plans stated that staff should arrange appointments either first thing in the morning or last thing in the evening. This was in order to help reduce the likelihood of waiting areas being busy as this caused distress to the service user.

- We observed how staff interacted with service users. We noted that staff responded appropriately to meet people's needs, and were in tune with people's routines. Staff demonstrated care, concern and respect for people they cared for.
- Reviews were taking place. From the minutes of reviews we sampled, we could see that the service sought the views and opinions of service users and their families. This helped the service gather information about how best to support people.

Areas for improvement

Files containing care plans were stored in the main office and in the person's home. When we looked to see how these compared we found that the person's own copy was out of date, cumbersome to use and not reader friendly. We also noted that important information relating to how to support people had not been clearly added to the house file. For example, one person had meant to be receiving support to use equipment to improve their mobility. This information had been passed on through another professional and was detailed in the person's 'history' in the office copy. This information had not been added to the care plan or shared with staff for almost one year.

This gave us concern as to how staff were able to support people correctly without easy access to important, up to date information. The service must ensure that care plans are updated in response to changes to the person's care and support needs. This information must be shared with staff providing the support and recorded within all copies of the care plan. See Requirements

We looked at review minutes. In some files we could not see how the outcomes agreed at the review were incorporated into the care plans. This meant that review meetings were not being used effectively to influence how people were supported and cared for. The service must ensure all service users' health and welfare needs are fully reviewed at least every six months or sooner if a service user's care and support needs change. In addition, the service must be able to evidence these reviews and any changes to a service user's care and support which have taken place. See Requirements

We found that some risk assessments needed to be more detailed or more clearly worded to support best practice. This included risk assessments and associated protocols for accessing leisure activities. We noted that one person had not been supported to carry out a leisure activity that was very important to them. This could have been due to a number of reasons. We felt that since the risk assessment that related to this activity was unclear, this could have contributed to the activity not being carried out. Risk assessments and risk management plans should be clear and detailed enough to enable staff to know how to effectively meet people's needs. See Recommendations

The service needs to improve how it records outcomes. New paperwork had been introduced which, the manager explained, some staff had not yet been trained in. We saw examples where records had been kept for some weeks with no outcomes recorded at all. This made it difficult to see how people had been supported to meet their outcomes.

In one person's care plan we noted that their history information contained reference to their IQ and mental age. We did not think this was appropriate and could not see how this contributed to their care. The service should record information about people in a person centred way that recognises their life experience.

There were anticipatory care calendars in place. These were designed to help support the care people received around their health and wellbeing. We found that these were very large documents, and that information recorded in them could be easily misinterpreted. The baseline accompanying one calendar was significantly out of date which meant that records staff were keeping were unreliable. The service should ensure that any tools or systems it uses to help support the health and wellbeing of service users are effective and up to date, and that staff are trained in their use. See Requirements

The service did not have any records in relation to Adults with Incapacity, Guardianship or Power of Attorney. This meant that staff were unclear about any legal powers that people's relatives may have and how they should be involved in the person's care and support. The service should ensure that it keeps records where there are legal powers in place, and that staff understand what these powers mean and how to adhere to them.

The manager was directed to the Mental Welfare Commission best practice guide 'Supervising and supporting welfare guardians' for information and guidance to support staff in recording and reviewing information about guardianship in personal support plans.

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. The service had introduced the "Keys to Life" through awareness raising sessions for staff. "Keys to Life - improving quality of life for people with learning disabilities" is a Government strategy which has recommendations about improving care. An "easy read" version of "Keys to Life" was available in the service and could be accessed by people using the service if they wanted to. This would help people to see how services need to improve to make sure their human rights were respected and upheld and that their care and support used person centred values.

Grade

3 - Adequate

Requirements

Number of requirements - 3

1. The provider must ensure that individual support plans contain up to date, accurate information so that staff can provide appropriate care for people. Staff must ensure that all copies of the support plan for individuals is updated following a review or when a change in circumstances occurs.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of Users and Regulation 5(2)(b)(ii) - Person Plans. Timescale for implementation - by 31 August 2015

2. The provider must ensure that people's support plans fully reflect the outcomes agreed and evidence that people's health and welfare needs were fully reviewed and progress in meeting identified outcomes were discussed and reflected in the review minute and the support plan.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of Users and Regulation 5(2)(b)(ii) - Person Plans. Timescale for implementation - by 31 August 2015

3. The provider must ensure that records pertaining to the healthcare and wellbeing needs of individual service users are clear, accurate and up to date. Records, systems and tools used to support people need to be effective in achieving their purpose and staff must be knowledgeable in how to use them.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) & (b) - Welfare of users. Timescale for implementation - by 31 August 2015

Recommendations

Number of recommendations - 1

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. Risk assessments should contain clear and specific guidance for staff on how to meet people's needs effectively.

In making this recommendation the following National Care Standards for Care at Home Services have been taken into account; Standard 3 Your Support Plan and Standard 7

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 that the service was performing at a good 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

Areas for improvement

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

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement. 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 knew service users' needs 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 the service. 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 users' 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 that had been delivered had been completed 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 alternates between business meetings and service user focussed meetings. This keeps staff informed of the current thinking and progress towards identified plans, where improvements were needed and recognition of ongoing 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

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 were 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.

As highlighted in Statement 5, some of the formal records contained inappropriate information and did not convey that people were valued or respected. This detracted from some of the staff practice we observed at different times during our inspection.

We asked staff about training around the principles and values of care, like respect, dignity and promoting independence. One member of staff told us about their Scottish Vocational Qualification and how this considered the Scottish Social Services Codes of Practice that promoted values like respect. We suggested that the manager should use knowledge about codes of practice that promoted values such as respect to promote critical reflection on practice for all staff. As mentioned in 1.5, we again suggested that the 'easy read' version of Keys to Life and the Winterbourne View report should be made available to people using the service, as well as to staff. This would help everyone to see how the service needs to improve to make sure people's human rights are respected and upheld and that care and support uses person centred values.

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 Housing Support and Care at Home Services; Standard 3 (Housing Support) and Standard 4 (Care at Home) - Management and Staffing Arrangements have been taken into account.

2. The provider should ensure they improve the service by including training and/or reviewing and developing ideas from Keys to Life and the Winterbourne View report that will help to ensure everyone working in the service demonstrates an ethos of respect towards people using the service and each other.

In making this recommendation the National Care Standards for Housing Support and Care at Home Services; Standard 3 (Housing Support) and Standard 4 (Care at Home) - Management and Staffing Arrangements and the principle of personal dignity that underpins the National Care Standards have been taken into account.

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 Statement 1 under the Quality Theme for Care and Support.

Areas for improvement

The areas for improvement identified in Statement 1 under the Quality Theme for Care and Support 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 provider's 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 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 relation to best practice in care issues, 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 statement 1 under Quality Theme 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, 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 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, eg involvement activities, risk assessment, positive behaviour strategies or other relevant areas of service delivery. This will help staff to develop their leadership skills which 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 a 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.

We could see that short awareness raising sessions for staff on 'Keys to Life' had taken place. This highlighted the main themes for staff, but it was clear from discussion with the manager that this was viewed as being outside the remit of the service. We did see some practical guidance in people's support plans that helped them with health appointments, for example making these at less busy times to reduce stress for people.

The manager also told us that people generally used one GP practice and one dentist who had an interest in working with people with a learning disability and tended to be more understanding of the difficulties they experienced. However, there did not appear to be any recognition among the management team or staff group that the service had a role to play in ensuring that people could access the right level of support to assist with healthcare or access to community services such as psychiatric services, oral healthcare, specialist dentistry services or consultants for specific disease.

This meant that even if leadership was promoted at all levels, improvements could not be informed by the Keys to Life document. Training about and availability of these documents would help everyone consider ways to improve access to appropriate healthcare.

One of the operational managers for the provider, Orkney Health and Care, told us that they did not have the resources in place such as learning disability nurses, psychiatry or specialist dentistry to deliver on the recommendations from the Keys to Life initiative. This means that people with learning disabilities who live on the Orkney Islands will continue to experience inequality in healthcare provision which is likely to impact negatively on their lives. See Recommendations

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

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 Housing Support and Care at Home Services have been taken into account; Standard Management and Staffing Arrangements

2. The provider should develop, publish and make available their plan for implementing the recommendations outlined in the Keys to Life document and ensure that all staff working in social care services are aware of the Local Authority plans to address healthcare inequalities and promote access to healthcare for people with learning disabilities.

In making this recommendation the following National Care Standards for Housing Support and Care at Home Services have been taken into account; Standard 3 (Housing Support) and Standard 4 (Care at Home) - Management and Staffing Arrangements; Standard 7 (Care at Home) - Keeping Well - Healthcare. The recommendations from The Keys to Life; Improving quality of life for people with learning disabilities have also been taken into account.

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 could see evidence that people's support plans had been reviewed in the previous six months. There were detailed minutes taken and these were retained in service users' care files for reference.

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

The risk assessments we sampled were updated and had been reviewed within the last six months, however some of the information was not clear.

We felt that this might have contributed to some people not participating in activities that they enjoyed.

Not Met

3. The provider must make proper arrangements for meeting the health, welfare and safety of service users. In order to achieve this they must ensure that the overall care and support needs of service users are used to inform appropriate staffing arrangements and maintain consistency and continuity. This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1) (a) and 15(a)- Requirements to make proper provision for the health and welfare of service users, and requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Timescale for implementation - Within three months of receipt of this report.

This requirement was made on 06 November 2014

The manager had developed dependency assessment tools which, taken together with the six monthly reviews, helped to ensure that the needs of people who used the housing support and care at home service were being met.

Met - Within Timescales

4. 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

The manager had begun to undertake quality audits for the service which had identified areas where changes were required to improve the service. This now needed to inform a development plan for 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 Housing Support and Care at Home Services; Standard 8 - (Housing Support Services) and Standard 11 - (Care at Home Services) Expressing your views

This recommendation was made on 06 November 2014

The provider had reviewed their participation statement for the service and there were some different options for people to make comments and suggestions for service improvement. The manager should continue to develop participation for people who use the service, their relatives and carers and other people who have an interest in the service so that the service can develop in ways that supported people's needs and expectations.

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.

In making this recommendation the following National Care Standards for Care at Home Services have been taken into account; Standard 3 - Your Personal Plan.

This recommendation was made on 06 November 2014

At this inspection we found that some people's support plans did not fully reflect their care and support needs. See Statement 5. Quality Theme 1.

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. In making this recommendation the following National Care Standards for Care at Home Services have been taken into account; Standard 3 - Your Personal Plan and Standard 4 - Management and Staffing.

This recommendation was made on 06 November 2014

At this inspection we saw minutes of review meetings in each of the care files we sampled.

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 Housing Support and Care at Home Services have been taken into account; Standard 3 (Housing Support) and Standard 4 (Care at Home) - Management and Staffing Arrangements.

This recommendation was made on 06 November 2014

We saw that the manager had developed a training needs analysis which recorded the training required for the staff group. This was now starting to inform a training plan for the service.

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 Housing Support and Care at Home Services have been taken into account; Standard 3 (Housing Support) and Standard 4 (Care at Home) - Management and Staffing Arrangements

This recommendation was made on 06 November 2014

At this inspection we saw that the service was starting to use local resources such as healthcare professionals to deliver specific training that would support the healthcare needs for individuals who used the service.

6. The provider should support the service's staff team development with a series of development events that are facilitated independently.

In making this recommendation the Scottish Social Services Council's Codes of Practice for Social Service Employers and the following National Care Standards for Housing Support and Care at Home Services have been taken into account; Standard 3 (Housing Support) and Standard 4 (Care at Home) Management and Staffing Arrangements

This recommendation was made on 06 November 2014

The recommendation has been met. See action taken on Recommendation 5.

7. The provider should create a development plan for the service that identifies:

- key objectives for service development
- how these are intended to improve outcomes for service users
- the actions that the service will take to achieve them
- a timescale within which they can expect each objective to be reached and
- when the outcomes will be reviewed and a new development plan published.

In making this recommendation the following National Care Standards for Housing Support and Care at Home Services have been taken into account; Standard 3 (Housing Support Services) and Standard 4 (Care at Home Services)- Management and staffing arrangements

This recommendation was made on 06 November 2014

The manager showed us a draft development plan for the service. She now needed to progress with this, refine it and make it a live document so that people can check on progress in meeting key targets identified for service improvement.

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

There is no additional information.

10 Inspection and grading history

Date	Type	Gradings
6 Nov 2014	Unannounced	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate
27 Sep 2013	Announced (Short Notice)	Care and support 4 - Good Environment Not Assessed Staffing 3 - Adequate Management and Leadership 3 - Adequate
30 Oct 2012	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 3 - Adequate
9 Dec 2011	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
19 Nov 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
9 Feb 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
24 Nov 2008	Announced	Care and support 3 - Adequate Environment Not Assessed Staffing 4 - Good

		Management and Leadership	4 - Good
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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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

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本出版品有其他格式和其他語言備索。

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