

Learning disability care home Keys to Life inspection report

Sense (Overbridge) 1+2 + Annexe Glasgow

Inspection completed 17 November 2015

Service provided by Sense Scotland

Service provider number: SP2003000181

Care service number: CS2003000891

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1. Introduction

Sense Overbridge is based in a large detached house in a residential area of Glasgow. Accommodation is in the house and in an adjoining annexe which accommodates one service user. The service is registered to provide care and accommodation for adults with sensory impairment and additional disabilities.

The service promotes dignity and choice for service users and is committed to assisting individuals to achieve personal fulfilment. It aims to support service users to go on to live more independently and have opportunities to move into their own tenancies with support from the organisation's Housing Support and Care at Home service.

What we did during our inspection

This report was written following an unannounced inspection by one inspector 12 and 16 November 2015 between the hours of 10am and 7:30pm.

We provided feedback to the management team at 1pm 17 November 2015

During the course of the inspection we spoke to:

- the manager
- depute manager
- two supervisors
- two practitioners
- two support Assistants
- two people using the service.

We received completed questionnaires from 10 members of staff and nine service users.

We looked at:

- insurance and registration certificates
- self-assessment
- participation strategy
- questionnaires (service user and stakeholder)
- five support plan files
- quality assurance audits
- medication records and audits
- minutes of team meetings
- training records
- accident and incident records
- risk assessments
- staff supervision and appraisal records
- the environment.

Views of people using the service

There were two people using the service on the day of the inspection. We spoke to one of them and observed staff interactions and the administration of medication with the second person as they were unable to communicate verbally with us.

We were able to observe and listen to staff interactions with service users during the time they were in the service due to the size and layout of the unit.

It was clear that the service users and staff knew each other well and had formed positive relationships leading to interactions appearing relaxed and respectful.

Self assessment

Every year all care services complete a 'self assessment' telling us how their service is performing. We check to make sure this is accurate.

2. What the service has done to meet any recommendations or requirements we made at our last inspection

Previous requirements

1. There were no requirements outstanding following the last inspection of the service.

Previous recommendations

1. Staff should receive regular formal supervision and appraisal.
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Progress is still to be made on this recommendation as levels of supervision are still below what they should be. This has been acknowledged by the service management. We have discussed this further within the body of the report.

This recommendation was made 12 November 2014 and is still to be met.

2. The Service Development plan should inform a continuous improvement agenda from the outcomes of the service's quality assurance processes and participation methods involving all stakeholders. This should include service users, carers and external agencies such as health and social care staff who have dealings with the service.

NCS 5 Care Home for People with Learning Disabilities - Management and Staffing Arrangements and NCS 11 Care Homes for people with Learning Disabilities - Expressing Your Views.

The service has developed well in this area by compiling a number of outcomes to be achieved over the course of the year based upon feedback received from stakeholders. A plan of action on how the service aims to achieve these outcomes has been developed and was made available for us at inspection.

This recommendation was made 12 November 2014 and has been met.

3. Quality of care and support

Findings from the inspection

We noted that the provider, Sense Scotland, had an organisational policy on participation and involvement, stating their commitment to the direct involvement of service users in shaping the care packages received.

Within this document, the provider details the specific methods used to involve all stakeholders, for example, Key Group Meetings and Stakeholder Surveys.

These help in the promotion of stakeholder views and opinions along with ideas to improve upon existing strategies.

During discussions with the management team within the service we suggested that a local policy be drawn up to showcase work done specifically within this service to involve service users and their families to develop the service provision and to ensure better outcomes for all.

We noted that the care and support provided to those using the service was of a high standard. This was delivered through the use of Outcomes Based Support Plans which provided person centred information relating to service users in a detailed and easy to understand fashion.

We noted a number of outcomes for service users such as:

“To have regular contact with family and people who care about XXX”
“To keep healthy and feel good about myself”

Outcomes are complimented by strategies in which to achieve them along with timescales and those responsible for assisting to make them a reality.

The support plans also contained good information relating to likes/dislikes as well as strategies on how best to support each individual. This included information on how best to promote the independence of each service user according to their own individual needs.

We saw evidence that service users are supported to attend a range of health appointments as and when necessary with professionals such as community nurses, dieticians and general practitioners. Information guiding staff on person centred requirements when attending appointments out with the service is held within care plans. We also found evidence of regular outings to a range of leisure facilities within the greater Glasgow area, ensuring that service users can access community resources in order to work towards their continued outcomes.

During feedback with the management team we highlighted a number of areas for improvement within the outcome based support plans.

These mainly consisted of blank or unused documents, risk assessments not being signed off by staff to indicate they had read and understood the content, little evidence relating to who has been involved in the make up of the support plans, and evidence of some service user reviews being overdue.

We are satisfied that the appropriate action is already being actioned to ensure that these areas for improvement are already being solved.

Where the communication needs of service user were noted to be complex, a number of resources have been adopted by the staff within the service to ensure that their views and opinions can be recorded appropriately.

We saw use of Makaton and Talking Mats between the service users and the support staff to ensure that communication remained meaningful and productive.

Prior to the inspection we sent out 10 care standard questionnaires to service users to gain their feedback on their care and support within the service. We seen photographic evidence of the support staff using talking mats to gain answers from service users. In total we received nine completed questionnaires in return with the responses generally positive in their nature.

The care and support we observed being delivered to individuals within the service was consistently high during our inspection. We saw that service users are treated with respect at all times by a pretty dedicated staff team, displaying values consistent with those of the service provider.

Requirements

Number of requirements - None

Recommendations

Number of recommendations - None

4. Quality of environment

Findings from the inspection

We found that the service was generally clean, well maintained and provided a welcoming environment to those visiting the service.

We noted that service users have been supported to decorate their own rooms with their own possessions and that the service staff continue to work with individuals using the service and their families to ensure that the overall décor of the entire service is done collaboratively.

As has been the case in past inspections, we note that the building was not purpose built for the service that now occupies it, however it is recognised that it is indeed meeting the ever-changing needs of each service user at the present moment.

As was the case at the last inspection there have been tentative enquires into new premises for the service around the local area, however nothing suitable has yet been identified.

The service are very much aware that not only will it have to meet the physical needs of all service users but that any move would have to be done very carefully to ensure that the routine and emotional needs of each person using the service is taken into account.

Medications within the service are safely stored centrally on each floor of the building with the administration taking place in an area appropriate to each individual in receipt of support.

Each location within the service is staffed by the appropriate amount of staff according to the needs of those using the service. All service users have a completed Personal Emergency Evacuation Procedure (PEEP) to be used in the event of an emergency within the service itself.

Floor plans are available throughout the service which ensures that all visitors are familiar with the building layout and can easily identify their easiest means of egress from the building in the event of an emergency.

In line with all relevant legislation, regular scheduled fire tests are carried out along with unannounced full evacuations of the property. This ensures that all within the service are aware of their own responsibilities when it comes to an emergency situation.

Requirements

Number of requirements - None

Recommendations

Number of recommendations - None

5. Quality of staffing

Findings from the inspection

During this inspection we spent time observing how staff engaged and interacted with guests. We also looked at how people living in the service got on with and engaged with each other. Part of this process involved using the SOFI 2 tool.

SOFI 2 is the Short Observational Framework for inspection. It provides a framework to enhance the observations already made at inspections about the wellbeing of people using the service and staff interaction with them. It was developed by the Bradford Dementia Group and the Care Quality Commission, the regulator of care services in England, to capture the experiences of people who use services and who may not be able to express this for themselves.

(see [http://www.bradford.ac.uk/health/career-areas/dementia/dementia-care-mapping/short-observational-framework-for-inspection-\(sofi-2\)/](http://www.bradford.ac.uk/health/career-areas/dementia/dementia-care-mapping/short-observational-framework-for-inspection-(sofi-2)/)).

Using SOFI, inspectors can observe the mood and engagement of people and the quality of staff interactions. They also make notes on other aspects of care during their observations. Feedback on SOFI observations to staff and managers in the care service also enables them to become more reflective practitioners and supports practice improvement.

We observed and recorded many positive interactions between staff and service users. These included respect, warmth, relaxed pace, acknowledgement, privacy and empowerment.

We noted that all staff are registered with the Scottish Social Services Council (SSSC), the body for ensuring that people who work in Social Care are suitably qualified and continue to develop their learning.

Staff working in the service are provided with a wide range of mandatory training courses including:

- Fire Safety
- CALM
- Adult Support and Protection and Medication.

During the course of the inspection we spoke with a number of staff members who commented that they felt well supported by the organisation in relation to the training courses provided to them.

All felt that the courses provided were continuously relevant to the needs of each service user and that they felt more equipped to service the needs of each individual as a result of the training provided.

New staff are provided with an induction pack to work through when they first come on board within the team.

Experienced members of the team provide shadowing opportunities so as to allow new recruits the opportunity to learn about systems and processes, read care plans and spend time with service users in a more protected environment.

Service users have been involved in the recruitment of new staff over the past year in a variety of ways. These include helping to develop the initial advertisement, contributing questions to be asked at interview or actually sitting on the interview panel.

Becoming involved in this process allows service users to be familiar with and to feel a sense of ownership in the development of the entire team.

The service has a well-established team that prides itself on their relationship with service users and their ability to maintain good communication with often complex care packages.

The staff we met demonstrated good values and appeared dedicated to increasing service user's independence and privacy.

The interactions observed during our visit along with our discussions with staff highlighted their good knowledge of how to promote people's independence, privacy and dignity and that they were able to treat people with respect and amend their methods of communication to meet the needs of the individual service users.

Staff are involved in regular team meetings where they discuss a range of issues including service users, paperwork and new policies/procedures. These meetings provide a good opportunity for all members of the team to come together to discuss issues affecting everyone within the service and to work on possible solutions for the development of the service.

Through our discussions with staff and examinations of care plans we found that the Scottish Governments Learning Disability strategy, *The Keys to Life* very is well documented throughout the service with staff having made themselves familiar with the document and its recommendations for service provision.

It is discussed regularly at meetings which ensures that staff can then put it into practice during their daily interactions with service users.

Requirements

Number of requirements - None

Recommendations

Number of recommendations - None

6. Quality of management and leadership

Findings from inspection

During our discussions with staff members, we were informed that the support they receive from the management team in the service is generally good.

Some staff were a little concerned about low staff numbers over the course of the past year however staff did acknowledge and we could see that efforts were being made by not only the management team within the service but the organisation as a whole to recruit more staff to help alleviate this issue.

We spoke with the registered manager about a recent recruitment drive which had failed to identify any strong candidates. In such cases the manager commented that she would rather begin the process again rather than bring in staff who may well add to the numbers available to work but who would not be a suitable candidate to work in such a complex service.

While this may be a more time consuming process to work through, we believe that such an attitude towards staffing shows a commitment to providing quality supports to service users.

The management team promote an open door policy within the service where all members of the team are encouraged to get in contact at any time in order to discuss issues affecting individuals.

Staff told us that the registered manager and team leaders were very approachable and that they would have no concerns about seeking advice or support from them. This was also reflected in the care standard questionnaires we received from members of the team.

The service demonstrated consistent systems to record and manage accidents, incidents and complaints.

The entire team within Sense Overbridge has well established links to care managers and commissioning officers from the local authority. This allowed for very good information sharing and continued support planning for people living within the service.

We noted that the service carries out regular audits of system such as money handling and medication administration/recording to ensure that all such tasks are correctly carried out and documented.

We found that staff supervisions have not been carried out with the frequency expected by the service provider (every eight weeks).

During discussions with the management team we were informed that this has been as a result of the often low numbers of staff.

In these cases the management team have focussed on ensuring the correct amount of staff are available to support service users while making the team aware that they are still available to discuss any issues which may arise within the team or with individuals.

Where supervisions have occurred, we can see that agenda items cover a wide range of developmental issues for staff within their specific roles, for example, additional responsibilities, Keys to Life and Winterbourne recommendations as well as the staffs own agenda items.

We were pleased to see that the service operates a regular system of observational monitoring of staff practice. This occurs over a range of support areas from medication administration, accident/incident recording and Fire Safety/Alarm awareness.

Coaching and mentoring logs are used in these tasks to record the skills to be monitored along with the outcomes to be achieved within each task.

We have suggested that the service begin to involve the service users in these sessions by gaining feedback on how they felt and or were affected by the support provided by the staff.

By doing this, the service can further demonstrate the involvement of service users in continually assessing and developing the staff team.

Requirements

Number of requirements - None

Recommendations

Number of recommendations – 1

Staff should receive regular formal supervision sessions in line with the organisational policy.

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7. Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

8. Enforcement

No enforcement action has been taken against this care service since the last inspection.

9. Other issues

There were no other issues noted at this inspection.

10. Inspection and grading history

Date	Type of inspection	Grades
12 November 2014	Unannounced	Care and support 5 – Very Good Environment 4 – Good Staffing 5 - Very Good Management and leadership 5 – Very Good
13 November 2013	Unannounced	Care and support 4 - Good Environment 4 – Good Staffing 4 - Good Management and leadership 4 - Good

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