

Care service inspection report

Full inspection

South Lanarkshire Short Break Service Care Home Service

117 Auchinraith Road
Blantyre
Glasgow

Service provided by: Sense Scotland

Service provider number: SP2003000181

Care service number: CS2003041861

Inspection Visit Type: Announced (Short Notice)

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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	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

The service provided respite and short breaks for people with learning disabilities including those with complex needs. The staff team had continued to maintain a high standard of support for all the service users who chose to stay there. We found the staff to have an excellent value base which was the foundation of the service. Staff were motivated and knowledgeable about the service users choices and clearly strived to provide support based on what the service users wanted. We saw that families were consulted about any changes to the service users support needs prior to their stay.

What the service could do better

The organisation should think about reflecting the strategic objectives and values through staff supervision and appraisals. This would enable the organisational expectations to be directly linked to staff practice.

What the service has done since the last inspection

The service had continued to develop upon documentation to ensure outcomes for individuals using the service could be evidenced. We also saw that the

previous requirements about Fire Drills and associated assessments had been put in place as well as the recommendations from the last inspection of the service.

Conclusion

The staff team provided a person centred service based on the choices, needs and preferences of the individuals using the service. The manager and staff team had ensured that consultation with service users and families happened as part of the day to day running of the service. The staff team were very knowledgeable about the service users and had clearly built up excellent relationships with them.

1 About the service we inspected

South Lanarkshire Short Breaks service, Blantyre, is run by the organisation SENSE (Scotland). The building is owned by South Lanarkshire Council. The service is registered to provide short breaks and respite to seven adults with learning disabilities.

The service is provided from a two storey building in the town of Blantyre. It is near to local shops, amenities and public transport routes. The building is spacious and service users have single en suite bedrooms which are located on both floors. The building is suitable for wheelchair users and has suitable equipment to assist people who have mobility needs. The garden is attractive, well maintained and enclosed.

The aims of the service state that SENSE Scotland will:

- "Recognise the values of all individuals"
- "Establish relationships based on trust"
- "Act on the basis of individual needs."

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a 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

The inspector made a short notice announced visit and carried out the inspection on 17 February 2016 between the hours of 9.30am and 4pm.

In this inspection we gathered evidence from various sources, including:

- Evidence from the service's self assessment
- Observation of the environment and interaction between staff and service users
- Ten service user's personal plans
- Financial records and Medication records
- Discussions with the manager
- Staff training and supervision records
- Service users and staff meetings
- Quality assurance documentation
- Phone conversations with four relatives
- Discussions with four staff, the deputy manager and the manager.

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. The manager identified areas they thought they did well, some areas for development and any changes they planned. The self-assessment was completed to a very high standard with detailed information under each statement. The grades discussed in the self-assessment reflected out findings at inspection.

Taking the views of people using the care service into account

On the day of the inspection we met five service users. We saw excellent interaction between the service users and staff. The atmosphere in the home was very positive, very relaxed and showed that staff had built up very good relationships with the people they supported. It was clear from the conversations and observations that staff knew the people they supported very well. We saw staff picking up different levels and aspects of communication from each person. This was generally non-verbal communication that enabled the service users to express choices. We were very impressed with the values of the staff team when describing how they supported the service users with their choices of activities. We found that the staff team were very committed to providing a service which reflected service user's preferences.

Taking carers' views into account

Prior to the inspection new sent out fifty questionnaires to families. Twenty were returned. We talked to four relatives by phone. All felt that the staff team and manager were open, easy to talk with, should any issues arise and very committed to providing a high quality of care and support. All relatives were very happy with the overall quality of the service provided. Comments included:

- "Staff are very good"
- "---- always looks forward to their stay"
- "Staff are very caring ,helpful and friendly, its one big happy family"
- "Staff at Blantyre are excellent"
- "Support is always excellent for my daughter."

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service Strengths

The service had very good opportunities for service users and carers in assessing and improving the quality of care and support.

The methods used to engage service users and relatives and offer opportunities for feedback have continued to be developed upon since the last inspection.

These included:

- Outcome Based Personal Plans which were completed in consultation with the service users and relatives. The outcome based plans were reviewed every six months. This included the review of outcomes agreed from staying at Blantyre, as well as information about individuals support.
- A pre admission phone call to families/carers to ensure that any changes to support were discussed prior to the persons stay.
- Where able to, service users were asked to complete and end of stay feedback form, this asked for suggestions for activities for their next stay. Post stay questionnaires were sent out to relatives to ask what was working well and what

could be improved.

- Service users were able to speak to the manager and or deputy manager on a daily basis. Both had an "open door" policy for relatives, service users and visitors to the service.
- SENSE (Scotland) had a service user participation strategy in place, giving suggestions for feedback form relatives, service users and representatives.
- A complaints policy was in place which was given to all service users and relatives. This was an easy to read format making it accessible to a wider group.
- Annual quality assurance questionnaires which reflected the Care Inspectorates themes and statements for inspection. This enabled the outcomes to be linked to the self-evaluation, completed as part of the inspection by the manager.
- The number of staff working on specific days could be varied to match the needs of the service users. Staff numbers could be increased when a service user needed a higher level of support.
- Regular newsletters were sent out both by SENSE (Scotland) and by the service itself. These gave information on any changes, new developments and also gave feedback on outcomes from questionnaires sent out.
- Coffee mornings/open days were held twice a year in the service. These gave the opportunity for families/carers and service users to attend an open event and discuss any suggestions for improvements or share their experiences of the service.

We saw that SENSE (Scotland) held regular forums for people supported by the organisation to get together and discuss all aspects of support and future development. Minutes from these meetings could be accessed in various formats to enable them to be shared with as many people as possible. We also saw that SENSE (Scotland) had taken part in a joint initiative funded by the Scottish Government called Partners in Communication. The aim of this was to develop innovative communication tools for the benefit of the people being supported by SENSE (Scotland). This would support the involvement of people with limited or nonverbal communication.

We found SENSE (Scotland) had a website which gave very good information about what the organisation's values and aims were and what could be expected from their services. We also saw that the organisation employed a full time quality assurance manager who completed audits for every service and measured these against the expectations of the organisation. This showed an investment to ensure that the support met SENSE (Scotland) values and aims.

Areas for improvement

Six monthly reviews of support plans were held for each service user. However these were based around information held within the outcome based support plans and did not show the involvement of either service users or relatives in this process. Clearly all relatives were asked about any changes prior to the persons stay, but as good practice the six monthly review of support should also include families and service users where possible. The deputy manager and manager had also identified this as an area for improvement and we will follow this up at the next inspection.

Although SENSE (Scotland) would send out annual questionnaires we found that these had not been sent out by the organisation to the service users/ families for the Blantyre service since 2014. We were told that these were being sent out in March, however the provider should ensure that the timescales for quality assurance questionnaires were maintained as per expectation for the participation strategy.

We discussed with them manager that SENSE (Scotland) website needed updated for the service as the previous managers details were still on this. The manager said they would follow this up and ensure the information was up to date.

We discussed that as part of the newsletter "you said we did" format could be added for suggestions, improvements and ideas for activities. This would show in an easy to understand way that service users and families' suggestions had been actioned.

The manager and deputy manager said that whilst "our voice" gave a forum for all service users to meet up and discuss developments/ share ideas, this was

not attended by anyone supported by the service. This was because the group met in Glasgow. However it was hoped when the new Touch Base centre opened that this would mean a local venue could be used and this would support more people attending a group locally. We will follow this up at the next inspection.

Grade

5 - Very 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 health 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. These are our findings;

We saw that staff were using person centred values that promoted independence and choice for people using the service. This was clear for observing interactions between the staff and people being supported and also by looking at information held within the outcome based personal plans. We saw that there were little or few barriers to the support and that staff respected service user's decisions. Where risks were identified risk assessments were in place, however this did not detract from service users being encouraged to make their own choices. We also saw that menu planning included any cultural or religious requirements for each person. This showed a supportive and encouraging culture for service users.

Staff had supported the service users to register with a local GP surgery during their stay at Blantyre and everyone had access to and other primary care services, should they need this. We saw that there were regular contact and advice from health professionals when needed; this included the Community Learning disability Team and speech and language therapist. This meant people had access to services when they needed them.

The service user and their relatives would complete their outcome based

personal plan together with the member of staff, this would include areas of support and outcomes to achieve. Personal plans contained information on communication, health and wellbeing, important routines and any identified risks. Details of relevant health professionals and their involvement were also detailed in the plans.

Prior to a person stay a pre-admission phone call would be completed. This enabled any changes to support to be identified prior to the stay and for the personal plan to be updated to reflect the changes. A summary of support was in place for every person being supported. This gave important information at a glance which was also updated at the pre-admission phone call. This meant that any changes to support could be easily read by all staff thus ensuring up to date and accurate communication about support changes were being actioned. At the beginning of every stay a "welcome" meeting was held. This was used to discuss anything the people staying would like to do, any menu requests and to share any information people felt relevant. This would include family birthdays, special occasions or simply to share what had been happening in that person's life since their last stay.

We saw that service users actively used local community facilities and were encouraged to make their own decisions about what they wanted to do. We saw at the inspection that service users were treated respectfully and their choices were listened to.

We saw that the Keys to life strategy had been discussed at a team meeting and a copy was available for staff to read. Staff had training on the Keys to Life and the outcomes of the Winterbourne review through workbooks and discussion with their line manager.

SENSE (Scotland) had a range of policies and procedures in place which underpinned the values of their services. These included whistle blowing, adult support and protection, safe recruitment procedures for staff, equality and diversity. Staff as part of their induction received training on the values and these were followed up through 1:1 supervision, personal development meetings and team meetings.

In summary on we could see that and the recommendations in the Scottish

Government strategy "Keys to Life - improving quality of life for people with learning disabilities" was part of the day to day support for the people who used the service. We saw that each person human rights had been taken account of and the staff team promoted independence and inclusion. One of the services strengths was the flexibility of support. The staff team adapted to individual needs and strived to offer new experiences and activities for the people being supported. This led to excellent outcomes for the service users.

Areas for improvement

We saw that outcomes for each person were recorded in the personal plans. Although we could see that the expected outcomes were addressed and clearly evidenced in the day to day running of the service, we thought further training could be given on recording outcomes. We saw that sometimes the outcomes recorded were more about what people did during their stay and not what they wanted to achieve. The manager and deputy had already identified this as an area for improvement and this did not detract from the excellent outcomes we saw for the people being supported.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

The service had very good opportunities for service users and families in assessing and improving the quality of the environment.

Where any specific equipment was needed to support the individual then this was purchased. We saw consultation with families about this. We also saw detailed information about any mobility or access issues in the personal plans. This was discussed in consultation with the families.

The welcome meeting at every stay also looks at any health and safety issues in consultation with the service users.

Service users had been involved in the sensory garden project and in the artwork for the house. We saw that service users could bring in their own personal belongings and were encouraged to do so. We were told one service user brought their trampoline in when staying as this was used for relaxation.

See under theme 1, statement 1 for further strengths which are also relevant to this statement.

Areas for improvement

See under theme 1, statement 1 for areas of improvement which are also relevant to this statement.

Grade

5 - Very Good

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 allows service users to have as positive a quality of life as possible.

The service was evidenced as having policies in place to ensure the protection of service users. These included the following policies, health and safety, whistle blowing, adult support and protection, incident and accidents, medication and service user finance policy. All staff were trained on all policies and procedures. All staff had received training in infection control, food hygiene, medication, adult support and protection and fire safety.

All staff were members of the PVG scheme and had registered with the Scottish Social Services Council, SSSC. There was a planned programme for staff to achieve a relevant qualification to continue their registration with the SSSC. This was the professional body who oversees staff qualifications and training relevant to their role.

Personal plans contained individual risk assessments for service users with regard to the environment. We also saw that strategies for the management of behaviour which may be seen as challenging had been written and put in place to support service users. This was in conjunction with communication guidelines to show how the person expressed themselves.

We saw that where risks were identified that were generic risks for the environment and not specific to the individual, a generic risk assessment was in place.

Fire reports had been completed by the Fire service following visits to the service and actions from these had been put in place. A requirement had been made at the last inspection about this and we saw that all actions were in progress or had been completed. This included all staff undertaking fire drills

during day and night shifts.

Staff numbers could be increased when a service user needed a higher level of support and staffing varied on each shift to meet the support needs of service users on that day. The manager and deputy manager was based in the service and therefore observation of staff practice happened as part of the day to day service.

The communal environment was spacious and was suitable for service users with mobility issues. There was a large open plan kitchen and lounge area. Service users had access to a fully enclosed sensory garden for easy access. All bedrooms had locks on the doors for privacy. Any specific equipment to meet service users' needs was in place. We saw that bedrooms were spacious and the downstairs rooms all had tracking hoists to aid moving and position for the service users. All bedrooms had ensuite facilities and a wall mounted television. There were large fully equipped bathrooms with touch pad open buttons for the doors. The service also had a sensory room, with various equipment such as lighting effects, sensory and music equipment. Overall we thought the accommodation was of a high standard and very suited for the service users supported.

A financial system and medication was in place should any service user require support with their finances or medication. We could see that there was a system in place to complete regular audits of both medication and finances during and at the end of a person's stay.

Maintenance checks were evidenced as having been completed. This included equipment checks. All accidents and incidents were well recorded, dated, signed and included follow up actions.

We saw that SENSE (Scotland) had introduced a clinical governance group to oversee and notified incidents. This ensured that any themes or practice issues could be looked at organisationally and where appropriate risk assessed with the potential development of reviewed policies or guidance.

In summary we saw a very good environment which allowed service users to have as positive a quality of life as possible during their stay in the service.

Areas for improvement

The manager discussed that PAT testing for electrical equipment was completed every two years; however this had been due to be completed in November 2015 but was now overdue. South Lanarkshire Council own the property and the manager said that they have followed this up with them. For safety purposes PAT testing should be completed to the agreed timeframes.

We would suggest that the home request a visit from RNIB through their visibly better scheme. RNIB ran an accredited scheme which assesses how services meet set standards for people with a visual impairment. We will follow this up at the next inspection.

We saw that all staff were trained in the administration of medication and that staff practice reflected the organisational policy. The organisational medication policy gave clear instruction to staff on medication administration should a service user require medication whilst out in the community. However we discussed with the manager that as medication was taken from original packaging to place in a medication aid, this could be seen as not best practice, as it reflected secondary dispensing. We discussed that thought should be given by the organisation to review this, whilst seeking advice from the pharmacist. We gave a contact for the Care Inspectorates professional advisor to discuss this further. We will follow this up at the next inspection.

We were told that there was some planned refurbishment of the upstairs bedrooms. Specifically, new wet rooms to replace the showers which had been leaking. We will follow up progress on this at the next inspection.

We clearly saw that there were enough staff to meet the needs of the service users staying at Blantyre. We saw that ratio of staff to service users exceeded the minimum expectation on a daily basis. However there was no tool used to assess the dependency of the service users to evidence how staffing ratios would be calculated based on individual needs. We discussed this with the manager. We discussed the assessment must reflect guidance from the Care Inspectorate "Registered records that a care service must keep". However we have not made a recommendation or requirement about this as we could see staffing exceed the needs the people supported at the time of inspection.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

The service had very good opportunities for service users and carers in assessing and improving the quality of staffing.

The manager, deputy manager and staff team had built up very good relationships with all relatives and regularly spoke to them. This gave the opportunity to give any feedback or raise any issues they had.

Quality assurance questionnaires sent out by the organisation reflected the care inspectorates quality themes, one being quality of staffing. This gave the opportunity for family members to comment on the support provided.

Service users and families had been asked if they would like to be involved in the recruitment of staff. Service users and/or family members could either take part in the interview process or meet prospective candidates for posts and were asked to give feedback about them as part of the recruitment process.

Because the manager and deputy manager were based in the home, they observed work practice on a daily basis and also spoke with service users every day. This enabled the manager to gain an insight into how staff supported each person and if any further support was needed.

See under theme 1, statement 1 for further strengths which are also relevant to this statement.

Areas for improvement

Whilst we could see that the revised supervision minutes did include work practice, as good practice for future development there should be evidence that feedback from service user's and relatives has a direct link to staff supervision, competencies and appraisal where possible.

The deputy manager discussed that they were looking at how to involve people with more complex needs in choosing staff and being involved in recruitment. We will follow this up at the next inspection.

See under theme 1, statement 1 for areas of improvement which are also relevant to this statement.

Grade

5 - Very 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 found that everyone working in the service had an ethos of respect towards service users and each other.

All staff agree to adhere to the SSSC Codes of Practice. Staff are expected to work in a professional manner and to ensure they are respectful to all service users and colleagues. This was monitored through observation and supervision. We saw that the manager and deputy manager were able to challenge work practice in a positive way and support the individual develop their skills as part of this. As part of the inspection we spoke with four staff members. Staff told us that they felt they worked together as a team very well and that they respected each other's ideas and listened to these. We felt the staff group came across very well, with excellent core values and ethos for supporting service users to be individuals in their own rights supporting the choices they made.

We saw a charter of rights for the service users and these included references to dignity and respect. Organisational values are on the reverse of every staff identification badge to ensure these are promoted at all times.

We sampled one to one meetings between the manager and staff. We saw that were able to discuss their work, difficulties they had and training they required. Supervision for all staff was undertaken eight weekly. The minutes reflected mutual respect for the supervisor and supervised.

SENSE (Scotland) had a range had a range of policies and procedures in place to support staff and practice. These included adult support and protection, confidentiality, equality and diversity, and whistleblowing. Policies were discussed in team meetings and one to one supervision meetings when necessary. The values of SENSE (Scotland) underpinned all practice and were the foundation of induction training for new staff.

Team meeting minutes evidenced that practice issues, staff issues and organisational policy were discussed. These were held every two months or more often if required. Because the manager was based in the home, discussions about practice happened as part of the day to day management of the service.

Service users, families, colleagues or the organisation could also nominate a staff member for a "Staff Award". This recognised good practice, long service or a specific area that had been successfully achieved by the staff member. This meant that staff were valued by the organisation. Staff also feedback that they felt valued and respected by SENSE (Scotland) as an organisation.

In summary staff we spoke with came across as professional, motivated and respectful of service users. We saw that information written by staff was respectful of the people they supported. We saw that staff interaction with service users was professional and respectful. Staff told us that they strived to ensure that service users were at the heart of the support and as much as possible the service was directed by what the service users wanted.

Areas for improvement

We fed back that the staff team should continue to maintain the current high standards shown at this inspection.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

The service had very good opportunities for service users and carers in assessing and improving the quality of management and leadership.

Quality assurance questionnaires were sent to all service users and/or relatives. The questionnaires gave people the opportunity to comment on the management of the service. Quality assurance questionnaires sent out by the organisation reflected the care inspectorates quality themes, one being quality of management and leadership. This gave the opportunity for family members to comment on how the service was managed.

People using the service can take part in meetings in the wider organisation aimed at improving the quality of services. These included service user forums. The service user forum gives people from different services an opportunity to meet. They can raise issues or concerns that affect their own service.

We saw that families and service users were encouraged to get involved in lobbying at a Government level, to give feedback on their experiences.

See under theme 1, statement 1 and theme 3 statement 1 for further strengths which are also relevant to this statement.

Areas for improvement

As an area for improvement we discussed that in the future service users could be involved in the self assessment process and in giving specific feedback as part of the manager's appraisal and or supervision.

We also discussed that whilst staff had been giving training on the Keys to Life there would appear to be a gap in sharing the outcomes and recommendations from this with families. As good practice the recommendations from the Keys to life should be shared and promoted with service users and families. This means that they could see if the organisation met the expectations for the Scottish Governments strategy for supporting someone with a learning disability.

See theme 1, statement 1 and theme 3 statement 1 for areas of improvement which are also relevant to this statement.

Grade

5 - Very Good

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 found that leadership values were promoted throughout the service. All staff practice was subject to a yearly appraisal and follow up of any identified actions. The content of the appraisal included discussions about work practice and where appropriate included objectives for the staff member.

We looked at a sample of staff members' supervision notes. Supervision is where staff meet with their manager or senior worker in a one to one session to discuss work, performance and training needs. Minutes reflected discussion on training, policies, teamwork and any issues. All staff we spoke with said they were well supported. Staff would receive the agenda for supervision prior to meeting. This gave an opportunity to think about what they wanted to discuss and prepare for this. We saw this as good practice.

The service expects support workers to undertake training and gain Scottish Vocational Qualifications (SVQ). We were told that all staff outwith support assistants held a relevant qualification and that all staff were now registered with the SSSC. There was a planned approach for support assistances to complete and SVQ II. SENSE (Scotland) were an accredited centre for SVQ, this had meant that three staff had been trained in becoming work place assessors for SVQ. This showed an investment in staff to develop skills and practice.

Staff were expected and encouraged to take on individual responsibility on a day to day basis, for example in their keyworking role. All staff we spoke with said they were well supported and were encouraged to look at training to further develop their skills. We saw that staff had been supported to look at further professional development. The structure of the team also allowed for future development. This was because there was a manager, deputy manager, supervisor, practitioner and support roles within the team. We also saw that on every shift one person was given the role as shift leader and this encouraged staff to take responsibility for the quality of the support and promoted

leadership skills.

Team meetings were held every two months. Team meetings included a standing item on the agenda of "learning from our experiences". We also saw from the team meeting minutes that all staff contributed to the meeting and this showed supportive ethos within the team.

SENSE (Scotland) had an on line training system and staff were actively encouraged to complete training they felt they were interested in as well as relevant training to the post. Training was also provided through workbooks. Staff would complete these and then discuss them with their line manager to evidence that the training would impact on practice.

New members of staff would shadow more experienced ones until they were confident in supporting the service users and the induction process included mandatory training, an introduction to the service and on-going support by the manager and staff team. Staff we spoke with said the manager, deputy and colleagues were always available for advice and felt well supported.

A newsletter was sent to all staff and service users. This gives information on organisational achievements, feedback on inspections and feedback on and shared good practice.

Each member of staff was encouraged to keep their own continuous professional development folder. This contained training, reflective accounts and how they would put the training into practice. This reflected best practice from the SSSC.

The last quality audit of the service in 2014 included staff questionnaires and feedback from staff. This reflected that the organisation valued staff opinions of their support, the values of the organisation and any suggested improvements.

SENSE (Scotland) held a leadership conference every year as well as regional management meetings. This allowed managers to discuss any issues, share experiences and be involved in organisational development.

Overall we saw a very supportive environment where staff were actively encouraged to take on further responsibilities and develop their skills.

Areas for improvement

SENSE (Scotland) had an organisational plan which, outlined goals and key performance objectives to achieve. However we could not see how this linked into supervision and appraisal. As good practice the organisational objectives should be evidenced through all aspects of staff practice to give an overview of how the objectives were being met at service levels. (See recommendation 1)

We saw that the organisation was supporting the development of skills with individuals but as a suggestion we felt that it would be of benefit to look at "step into leadership" training as highlighted on the SSSC website as best practice.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. As good practice the organisational objectives should be evidenced through all aspects of staff practice, such as one to one supervision and appraisal to give an overview of how the objectives were being met by each member of staff. This would include a review of the appraisal system/format to reflect the changes.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements.

NCS 5 Short Breaks and Respite Care Services for Adults - Management and Staffing Arrangements.

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

Previous requirements

1. In order to maintain the health and wellbeing of all people using, working or visiting the service the provider must make sure that:

-All fire safety matters including staff training, drills, records and risk assessments are up to date and meet current legislation requirements. The provider may wish to check this with Scottish Fire and Rescue Service.

Accurate and up to date records of all health and safety checks are kept and can be accessed at all times by the provider and other relevant agencies.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 10(2)(a),(b),(c) and (d) - Fitness of premises.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) - Welfare of users.

Timescale for improvement: To begin immediately and be completed within three weeks.

This requirement was made on 01 December 2014

This requirement is discussed under statement 3, under theme 2 in the body of this report.

Met - Within Timescales

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

Previous recommendations

1. The provider should check that everyone who uses the service is aware of who their keyworker is, the role of their keyworker and arrangements to contact them if needed.

NCS 6 Care Homes for People with Learning Disabilities - Support Arrangements

This recommendation was made on 01 December 2014

All families and service users were sent letters giving details of the keyworker. This recommendation had been put in place.

2. The provider should introduce the post-stay questionnaire for all service users and their families as indicated. This would allow the service access to immediate feedback regarding the service users experience.

NCS 11 Care Homes for people with Learning Disabilities - Expressing Your Views.

This recommendation was made on 01 December 2014

This had been completed and post stay questionnaires were evidenced at this inspection. This recommendation had been put in place.

3. Records of staff supervision should be consistently signed off by the supervisor and supervisee. If it is the provider's policy that all staff have a supervision agreement in place this should be done. The provider should audit the quality of supervision records to make sure they have enough detail and are meaningful.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements.

NCS 5 Short Breaks and Respite Care Services for Adults - Management and Staffing Arrangements.

This recommendation was made on 01 December 2014

This had been completed and evidenced at this inspection. This recommendation had been put in place.

4. The provider should further progress staff performance reviews and appraisals which was in place for some, but not all, staff.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements NCS 5 Short Breaks and Respite Care Services for Adults - Management and Staffing Arrangements.

This recommendation was made on 01 December 2014

This had been completed and evidenced at this inspection. This recommendation had been put in place. However we have made a further recommendation about the format for appraisals under theme 4, statement 3.

5. The provider should always include the time of contact with next of kin on accident and incident forms for audit purposes. Accident and incident forms should be consistently signed off by managers to indicate they are completed.

NCS 5 Short Breaks and Respite Care Services for Adults - Management and Staffing Arrangements.

This recommendation was made on 01 December 2014

This had been completed and evidenced at this inspection. This recommendation had been put in place.

6 Complaints

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

7 Enforcements

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

8 Additional Information

We advised the manager to request a variation to remove the following condition, as this was no longer valid:

The provider shall ensure that an additional member of staff is on sleepover duty until the door closures are fitted to the premises.

9 Inspection and grading history

Date	Type	Gradings
23 Oct 2014	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
17 Mar 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 Dec 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
27 Jan 2011	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
16 Aug 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing 3 - Adequate Management and Leadership Not Assessed
2 Mar 2010	Unannounced	Care and support 4 - Good

		Environment Staffing Management and Leadership	Not Assessed 3 - Adequate Not Assessed
18 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
9 Apr 2009		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 5 - Very Good
13 Jan 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 5 - Very Good

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

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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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