

Care service inspection report

Full inspection

St. Colm's Respite Bungalow (Care Home) Care Home Service

St. Colm's Complex
Pickaquoy Road
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2004060192

Inspection Visit Type: Unannounced

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

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

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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 environment	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	3	Adequate

What the service does well

St. Colm's provides a small dedicated respite care service to a maximum of four adults.

People enjoy going to the service and do a variety of activities during their short breaks. The service also offers welcome respite for families and carers.

A new manager has recently been appointed and a revised service improvement plan is being drafted.

What the service could do better

The provider needs to survey the views of their various stakeholders and invite their views and suggestions about ways in which the quality of care and support could be further improved.

The personal planning arrangements need to be more specific and records need to detail a more outcome focussed approach.

More could be done to create a more homely ambience throughout the bungalow. The garden could be developed as an outdoor recreational area.

The provider should promote the Scottish government's 'Keys to Life' learning disability strategy amongst the staff group.

St. Colm's would benefit from a closer management presence within the unit to better support staff and the development of the service.

The provider should consider ways to promote leadership values within the workforce. The development of unit champions to lead specific aspects of care and support could usefully contribute to this process.

What the service has done since the last inspection

A new manager has recently been appointed. She is assessing the strengths and weaknesses of the service and will be devising plans to further develop the short breaks and respite provisions at St. Colm's.

Conclusion

The provider needed to further plan how short breaks and respite care can best be supported through its personal planning arrangements for individual service users. They should better evidence how preferred outcomes are being achieved.

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 1 April 2011.

The service is based in a new purpose-built short breaks and respite care facility in Pickaquoy Road, Kirkwall. It is registered to provide respite care to a maximum of four adults.

The facility, aims to provide "a homely and welcoming atmosphere where people can feel comfortable and relaxed". The property comprises of four single en-suite bedrooms, a lounge, a large kitchen and separate laundry facilities. A self-contained flat, comprises of an open plan living/kitchen area, vestibule and single bedroom with en-suite facilities.

The 'All Age Learning Disability Short Breaks Service' seeks to support:

- People within the community setting to have a break, to give them and their family/carers a short break.
- The person to develop skills and become more independent.
- Social opportunities and experiences and activities.

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 environment - Grade 3 - Adequate

Quality of staffing - Grade 3 - Adequate

Quality of management and leadership - Grade 3 - Adequate

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

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

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. The inspection took place on 19 and 20 January 2016. We gave feedback to the manager of the service on 12 February 2016.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent four Care Standards Questionnaires to the manager to distribute to service users. One completed questionnaire was returned.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- Service manager
- Three members of staff

We looked at a variety of documents, policies and procedures, including:

- Personal support plans
- Care reviews
- Records
- Risk assessments
- Medication arrangements
- Accident and incident records
- Policies and procedures

- Quality assurance arrangements
- Service development plan
- Staff training records, minutes of staff meetings
- Participation arrangements

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

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

Taking the views of people using the care service into account

There was one service user residing at St. Colm's at the time of the inspection visit, although he was attending day care services during our visits. We had met with this service user during our previous inspection. We did receive a returned Care Standards Questionnaire which had been completed by his mother. She indicated that they were both "quite happy" with the service provided.

Taking carers' views into account

There were no carers present at the time of the inspection visit.

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 found that the service was performing to an adequate standard in relation to this quality statement.

The adequate grade indicates there is some evidence of service user/carer involvement although we thought opportunities were limited.

A new manager has recently been appointed and we were impressed with her commitment to improve the quality of care and support at St. Colm's. She recognised that part of this process includes active engagement with the service's various stakeholders to seek their views and suggestions about ways in which the quality of care and support could be further improved.

The service statement of aims and objectives enshrined its commitment to ensuring the creation of a "forum for individuals to express their needs, wishes and aspirations and for the service to respond sensitively to these requests". It also recognised their right to make informed choices in a "sensitive and responsive environment".

The services 'participation and involvement strategy' aims to ensure that all individuals, their family carers and representatives are involved and participate in influencing the design and delivery of the service received. To do this it intends to ensure that the values of participation and involvement are demonstrated by its staff. It also intended to develop co-ordinated and accessible ways to enable people and their family carers/representatives to be involved and contribute to the development of their service and the service as a whole.

Person-centred outcome focussed reviews are convened to reflect on previous experiences and identify future objectives.

An improvement plan had been devised which spelt out the provider's vision for the service for 2015/16. The plan also identifies future goals within a performance indicator framework.

We concluded that whilst the service had devised a detailed framework to take the service forward and to inform future developments it needed to more actively engage with its various stakeholders to identify their views and priorities.

Areas for improvement

From an examination of the support plans we concluded that the service needed to strive to develop more person-centred planning arrangements and those records within these needed to better evidence whether or not the preferred outcomes are being achieved.

The provider also needed to survey the views and suggestions of all of its various stakeholders about ways in which the quality of care and support could be further improved. The survey should also elicit their views and suggestions about the environment, the quality of the service's staffing and also its management and leadership. Once collated and analysed an action plan should be devised and implemented. Future inspections will monitor what progress is being made to achieve the desired outcomes - and how these are evidenced.

(See Recommendation 1)

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider to survey the views and suggestions of its various stakeholders about ways in which the quality of care and support could be further improved.

National Care Standards, Short Breaks and Respite Care Services for Adults:
Standard 11 - Expressing Your Views.

Statement 5

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

Service Strengths

The service is performing to an adequate standard in relation to this quality statement.

We reached this conclusion after we spoke with the manager and members of staff. We also looked at a sample of personal plans, care reviews, contacts sheets and other relevant documentation.

The adequate grade applies to performance at a basic but adequate level. This grade represents a standard where the strengths have a positive impact on the experience of service users. However, while weaknesses will not be important enough to have a substantially adverse impact they are constraining performance.

The provider, Orkney Health and Care, aims to ensure that all referrals, admissions and reviews are dealt with in accordance with current assessment and care management policy which states each service user's care plan will be reviewed at intervals of no greater than six months.

Respite service users have a personal support plan that is devised with them and, where appropriate, with close family members. The support plans are the key source of information to help inform staff as to the individual care and supports needed.

The personal support plans identified desired outcomes for each respite service user. Ways these desired outcomes could be achieved had also been identified. The service worked closely with referring care managers to ensure care reviews are carried out regularly.

A range of risk assessments contributed to the personal support planning arrangements. These had all been kept up to date. The service had also put in place effective dependency assessment tools - which assessed each service users support needs - and used these to ensure the unit was sufficiently resourced.

Staff know their service users well and had written personal profiles to ensure their individual preferences and routines were supported when they came to stay at St. Colm's. Our interviews with individual members of staff confirmed both their values and their approach to supporting respite guests in a person-centred way.

The recently appointed manager is committed to promoting person-centred care which ensures positive outcomes for service users and their families.

The service works closely with allied healthcare professionals and related agencies to ensure service users receive support commensurate with their personal needs.

Overall we concluded the service has devised a range of established measures to ensure it responds to service users' care and support needs using person-centred values. The service is well placed to make further progress.

Areas for improvement

We thought the support plans we sampled had limited and at times vague goal setting arrangements. We considered more could be done to develop a clearer, more person-centred outcome focus that provides members of staff with clear

working instructions to support service users during their short breaks at St. Colm's. The records within the support plans needed to better evidence what progress is being made to achieve the preferred outcomes. **(See Recommendation 1)**

The service had put in place a code of practice in relation to the use of CCTV type monitoring devices which are used to provide discreet support to those service users who presented health issues of concern, for example epilepsy. Risk assessments had also been compiled to inform staff had appropriate guidance to support a range of activities. In addition to this the service uses dependency rating assessments to ensure the unit is sufficiently staffed, according to the support needs and dependencies of service users during their stay at St. Colm's. Further guidance in the form of fire evacuation procedures had been devised. In looking at these measures we thought more could be done to link them collectively to better inform an overview of the care and support needs of service users.

We are therefore recommending that the use of CCTV monitors should be reviewed and other options such as telecare alternatives explored.

We thought the risk assessments should better inform staff about ways potential situations could be prevented or minimised.

The fire procedure should be developed into 'personal emergency evacuation plans' which inform the dependency rating assessments. **(See Recommendation 2)**

Not all of the staff we met are aware of the Scottish government's current 'Keys to Life' learning disability strategy. The provider needed to promote awareness of this strategy within the staff group.

A new day care service has recently been commissioned in Kirkwall. We heard some frustrations about how the respite and day care services worked together. It was suggested that more could be done to better co-ordinate how these services liaise to support shared service users. This includes sharing equipment/resources to ensure service users at St. Colm's are better supported.

From our interviews with members of staff and our returned Care Standards Questionnaires (CSQs) we gleaned that there are some staffing issues affecting the overall performance of the service. We will report on this in Quality Statements 3.3 and 4.3 of this report. We were told that the impact of the use of unfamiliar relief staff was affecting the consistency of care provided. As a safeguard we are recommending that all members of staff who have responsibility to administer medication are trained to the professional development award (PDA) level. **(See Recommendation 3)**

We noted in one client file that it contained details relating to another service user. The provider needed to check that the files at St. Colm's accurately reflect the individual circumstances of the individuals to whom they refer.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The provider should ensure support plans provide a clearer, more person-centred outcome focus that provides members of staff with clear working instructions to support service users during their short breaks at St. Colm's. The records within the support plans need to better evidence what progress is being made to achieve the preferred outcomes.

National Care Standards, Short Breaks and Respite Care Services for Adults:
Standard 6 - Individual Agreement.

2. The provider, in order to ensure more robust safeguards, should:

- Review the use of CCTV monitors and consider, where appropriate, the use of alternative options such as telecare.
- Ensure that the risk assessments better inform staff about ways potential situations could be prevented or minimised.

- Further develop the fire procedure into 'personal emergency evacuation plans' which also inform the dependency rating assessments.

National Care Standards, Short Breaks and Respite Care Services for Adults:
Standard 5 - Management and Staffing Arrangements and Standard 9 - Feeling Safe and Secure.

3. The provider should ensure that all members of staff who have responsibility to administer medication are trained to the professional development award (PDA) level.

National Care Standards, Short Breaks and Respite Care Services for Adults:
Standard 5 - Management and Staffing Arrangements and Standard 15 - Keeping Well - Medication.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

The findings in this statement are similar to those reported on in Quality Statement 1.1.

We found that the service was performing to an adequate standard in relation to this quality statement.

The adequate grade indicates there is some evidence of service user/carers involvement although we thought opportunities were limited.

Areas for improvement

In Quality Statement 1.1 we have raised a recommendation for the provider to survey the views and suggestions of all of its various stakeholders about ways in which the quality of care and support could be further improved. The survey should also elicit their views and suggestions about the quality of the environment and what could be done to make it better. Once collated and analysed an action plan should be devised and implemented. Future inspections will monitor what progress is being made to achieve the desired outcomes - and how these are evidenced.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

The service is performing to a good standard in respect of this quality statement.

We came to this conclusion after we looked around the premises, examined relevant documentation and spoke with the manager and members of staff. We also looked at the provider's service improvement plan for St. Colm's.

The good grade applies to performance characterised by important strengths which have a significant positive impact.

The premises were clean, hygienic and free from offensive odours and intrusive sounds.

The bedrooms had locking doors and lockable furniture to keep secure any valuable belongings. All bedrooms have en-suite facilities.

The home has proper systems in place to ensure the security of service users, including a locking door entry system and the need for all visitors to sign in on entering the building.

Risk assessments both for individual service users, the practices of the service and the physical environment have been compiled and are kept up to date.

Service users are encouraged to exercise a range of choices in their daily lives. The staff supported a range of social activities which included links with the wider community so that residents are not isolated.

Respite guests are encouraged to take part in a range social opportunities.

Taking all of the above into account we concluded that the environment at St. Colm's contributed to the quality of the outcomes for people using the service.

Areas for improvement

Our tour of the premises led us to conclude that more could be done to create a more homely environment throughout the bungalow. We thought the premises were rather bland, staff described it as "very blank" and "sterile" saying it needed "a bit more life". We were also told that more could be done to develop the garden. The purchase of a bench for residents was mentioned.

We also heard frustrations that issues raised at staff meetings to improve things were ineffective and not always responded to. We were told there were issues about the quality of some of the furniture. There were only two chairs at the kitchen dining table at the time of our visit. Other chairs had been returned variously for repairs. We were told bedroom drawers also needed to be repaired.

A respondent to our Care Standards Questionnaires (CSQs) told us that they "disagreed" with the statement that 'the service asks for my opinion on how it can improve'.

One staff member considered that the service was not as person-centred as it had been in its previous setting. We "envisaged more from this building than what we are achieving" we were told. "We used to have better staff ratios" the inspector was told.

We were told that the lack of transport opportunities was an issue when supporting respite guests. We were also given the example of one service user who uses aids and various resources at the local day care service which, although it is run by the same provider, staff could not borrow at St. Colm's.

We also noted that the service did not have a telephone answering machine. We recognise the service is not always running but wondered if an alternative arrangement could be put in place for those trying to contact the service.

The new respite facility at St. Colm's is a much welcome local resource. However more could be done to further develop the quality of the environment, its facilities and resources. **(See Recommendation 1)**

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Ways in which the quality of the environment - both indoors and outdoors - could be further improved to better improve the quality of experience for service users, including creating a more homely environment, should be actioned.

National Care Standards, Short Breaks and Respite Care Services for Adults:
Standard 4 - Positive Experience.

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

The findings in this statement are similar to those reported on in Quality Statement 1.1.

We found that the service was performing to an adequate standard in relation to this quality statement.

The adequate grade indicates there is some evidence of service user/carer involvement although we thought opportunities were limited.

Areas for improvement

In Quality Statement 1.1 we have raised a recommendation for the provider to survey the views and suggestions of all of its various stakeholders about ways in which the quality of care and support could be further improved. The survey should also elicit their views and suggestions about the quality of the staffing and what could be done to improve the workforce. Once collated and analysed an action plan should be devised and implemented. Future inspections will monitor what progress is being made to achieve the desired outcomes - and how these are evidenced.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

The service is performing to a good standard in relation to this quality statement.

We reached this conclusion after we spoke with the manager and members of staff. We looked at a sample of personal plans, care reviews, contacts sheets and other relevant documentation, including those who responded to our Care Standards Questionnaires.

The 'good' grade applies to performance characterised by a standard where the strengths have a positive impact on the experience of service users.

The service's manager is committed to ensuring that everyone working in the service has an ethos of respect towards service users and each other.

The unit's staff are familiar with the National Care Standards (NCS) and the SSSC Codes of Practice. They strive to maintain the trust and confidence of service users.

St. Colm's has participative practices which involve stakeholders in contributing their views and suggestions to improve the overall quality of care and support. Staff listen to people living at St. Colm's during their short breaks, respect their individuality and personal preferences and act on any views expressed.

Service users are treated with dignity and respect. Staff strive to ensure they are offered a personalised service which reflects their individual needs and aspirations. One described the care on offer as "brilliant". Another told us they would be happy for a family member to be cared for at St. Colm's.

It was clear from our discussions with members of staff that they are committed to ensuring respite stays are a positive experience. During the inspection we considered those we met were courteous and polite.

We recognised the ethos of respect at St. Colm's towards service users. We concluded the service is performing to a good standard in respect of this quality statement.

Areas for improvement

The provider should continue to monitor and maintain the good ethos of respect within the service. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

The findings in this statement are similar to those reported on in Quality Statement 1.1.

We found that the service was performing to an adequate standard in relation to this quality statement.

The adequate grade indicates there is some evidence of service user / carer involvement although we thought opportunities were limited.

Areas for improvement

In Quality Statement 1.1 we have raised a recommendation for the provider to survey the views and suggestions of all of its various stakeholders about ways in which the quality of care and support could be further improved. The survey should also elicit their views and suggestions about the quality of the management and leadership and what could be done to improve it. Once collated and analysed an action plan should be devised and implemented. Future inspections will monitor what progress is being made to achieve the desired outcomes - and how these are evidenced.

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

The service is performing to an adequate standard in respect of this quality statement.

We reached this conclusion after we spoke with the manager and members of staff. We also examined relevant documentation.

The 'adequate' grade applies to performance at a basic but adequate level.

The newly appointed manager has a strong commitment to staff development and has begun to assess ways in which the unit can be further developed.

Orkney Health and Care had devised a core training programme for its staff group. Staff could contribute to the service's in-house quality audit processes. There were also supervision and staff appraisal arrangements in place (although the latter needed to be rolled out to all staff).

The provider aimed to include its staff group in determining the direction and future objectives of the service. It encouraged staff to take responsibilities appropriate to their roles.

Staff were encouraged to research latest guidance through professional journals and local library resources, as well as facilities at the local college.

Taking all of the above into account we concluded that the service is performing to an adequate standard and that there is scope for further improvement in respect of this quality statement.

Areas for improvement

A new manager has been appointed at St. Colm's. She has already identified the need to ensure a higher management profile within the unit. This will be resolved by the location of a senior social worker within the service and by her own regular presence at St. Colm's.

It is evident that there are a number of staff development issues, amongst these we heard concerns that the previous management arrangements had been remote and that issues raised at staff meetings were not always acted on.

Staff sickness absences have impacted on the running of the unit. This has led to a reliance on relief staff which has affected the continuity of care within the service. We were told the service had been "left to its own devices" which suggested the lack of a management overview.

One of the staff respondents to our Care Standards Questionnaires (CSQs) indicated that they 'disagreed' that they receive regular supervision or that the service asks for their opinions on how it can improve. Asked if they 'strongly agreed', 'agreed' or 'disagreed' that the service provides good care and support to people who use it they answered "disagreed". The same respondent also suggested when asked "to what extent are key policies implemented in the service" - in relation to complaints; recruitment of carers; outings; harassment and bullying and participation policy - answered "not at all".

We considered more could be done to promote the role of unit champions to encourage staff to take a lead in particular aspects of care practice. This includes dedicated time to research current best practice guidance via online specialist websites and the dissemination of this with team colleagues.

The provision of professional development award (PDA) training in the administration of medication should be offered to staff who carry out this function. **(See Recommendation 1)**

The provider needed to consider how it could more formally, as part of its ongoing staff development, extend the range of management and leadership training opportunities across the social care workforce. **(See Recommendation 2)**

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider to ensure that those staff with responsibilities to administer medication undertake the professional development award (PDA) training (in the administration of medication).

National Care Standards, Short Breaks and Respite Care Services for Adults:
Standard 5 - Management and Staffing Arrangements.

2. The provider to consider how to more formally, as part of its ongoing staff development arrangements, extend the range of management and leadership training opportunities across the staff group at St. Colm's.

National Care Standards, Short Breaks and Respite Care Services for Adults:
Standard 5 - Management and Staffing Arrangements.

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

Previous requirements

1. The provider must review the control of infection and the management of clinical waste arrangements at St. Colm's respite facility to ensure the health, welfare and safety of service users.

This is in order to comply with:

Regulations 4(1)(a)(d) of the Social Care and Social Work Improvement Scotland (Requirements of Care Services) Regulations 2011 Scottish Statutory Instrument 2011/210.

Timescale for this requirement – six months from receipt of this report.

This requirement was made on 22 August 2014

The provider confirmed that environment audits are carried out on a quarterly basis and that appropriate facilities and arrangements are in place.

Met – Within Timescales

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

Previous recommendations

1. The provider to review and update the statement of aims and objectives to ensure it reflected the current situation and aspirations for the service.

National Care Standards, Short Breaks and Respite Care Services for Adults: Standard 5 – Management and Staffing Arrangements.

This recommendation was made on 22 August 2014

The aims and objectives have been updated by the service. The recommendation has been met.

2. The provider to further develop the dependency rating assessments of service users' overall care and support needs as a tool to inform staffing levels within the unit to ensure that they responded to the changing care and support needs of the service users.

National Care Standards, Short Breaks and Respite Care Services for Adults: Standard 5 – Management and Staffing Arrangements.

This recommendation was made on 22 August 2014

We saw how the service has embedded the use of dependency rating assessments to inform staffing levels within the unit. The recommendation has been met.

3. Personal planning arrangements to identify more individualised goals so that staff are clear what specific support they are required to provide during each service users respite stay. Recordings should evidence a more outcome focussed approach.

National Care Standards, Short Breaks and Respite Care Services for Adults: Standard 6 - Individual Agreement.

This recommendation was made on 22 August 2014

We have continued to raise a recommendation around support planning in our current inspection report.

4. The provider to review the risk assessments to ensure that they provided members of staff with appropriate guidance to deal with challenging situations.

National Care Standards, Short Breaks and Respite Care Services for Adults: Standard 9 - Feeling Safe and Secure.

This recommendation was made on 22 August 2014

We noted that risk assessments are up to date. However we have raised an amended recommendation about risk management in this current inspection report.

5. Written protocols should be devised to provide staff with clear working instructions when using portable CCTV type monitoring devices.

National Care Standards, Short Breaks and Respite Care Services for Adults: Standard 5 - Management and Staffing Arrangements, Standard 9 - Feeling Safe and Secure and Standard 16 - Private Life.

This recommendation was made on 22 August 2014

Written protocols have been devised and implemented. This report has an amended recommendation about the use of CCTV type monitoring devices.

6. The provider to review and update the service's policies and procedures to ensure that they are up to date and referred, where appropriate, to current legislation and best practice guidance.

National Care Standards, Short Breaks and Respite Care Services for Adults: Standard 5 – Management and Staffing Arrangements.

This recommendation was made on 22 August 2014

We saw examples where this has been done. The newly appointed manager, however, intends to review the service's policies, procedures and practices with a view to ensuring they all refer to current legislation and best practice guidance.

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

9 Inspection and grading history

Date	Type	Gradings
22 Aug 2014	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>4 - Good</div> <div>4 - Good</div> <div>4 - Good</div> <div>4 - Good</div>
14 Feb 2014	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>4 - Good</div> <div>4 - Good</div> <div>3 - Adequate</div>

		Management and Leadership	3 - Adequate
23 Sep 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate
13 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
2 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
25 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 5 - Very Good
27 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 2 - Weak
18 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed
1 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
4 Dec 2008	Unannounced	Care and support	4 - Good

		<div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div>	<div>4 - Good</div> <div>Not Assessed</div> <div>4 - Good</div>
24 Apr 2008	Announced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div>	<div>4 - Good</div> <div>3 - Adequate</div> <div>4 - Good</div> <div>4 - Good</div>

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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