care inspectorate

Care service inspection report

Full inspection

Glaitness Centre (Care Home)
Care Home Service

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Glaitness
Kirkwall

HAPPY TO TRANSLATE

Inspection report for Glaitness Centre (Care Home)
Inspection completed on 11 February 2016

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2004059956

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.

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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

The service provides opportunities for people with complex care needs to enjoy occasional or regular breaks. These can be arranged on a planned or emergency basis.

People who use this service can also attend the attached day care service to meet and socialise with other people and join in activities. The service is flexible and personal to meet individual needs.

What the service could do better

The provider must take action to upgrade and improve the accommodation so that people using the service can enjoy a pleasant, welcoming and safe environment that promotes a positive experience for them.

When the respite service is being used, staffing levels should comply with the staffing schedule which forms part of the conditions for registration of the service.

Support plans needed to identify the outcomes for people using the respite service and how the service was going to support them to have a positive experience while staying in the service.

Staff training needed to be planned to meet the needs of service users and the development needs of staff, delivered within reasonable timescales and accurately recorded.

What the service has done since the last inspection

There has been a change of service manager recently. A permanent appointment to the manager's post has not yet been made. Satisfactory interim arrangements for the management of the service have been discussed with the Care Inspectorate.

Consultations have taken place with people who use the service and their carers about the redecoration and refurbishment of the accommodation.

Conclusion

The short break and respite service continues to provide a valued service for a few people. People who use the service have access to local community services, leisure activities and events in the main town of Kirkwall. However, the service needed to think about how it could improve the experience for service users. Staff training and development needed to be prioritised and the accommodation required a refurbishment as a priority.

1 About the service we inspected

Glaitness Centre provides a care home service operated and managed by Orkney Islands Council. The service is registered to provide a care service to one person with physical or sensory impairment in a respite/short break place at any one time. The service is provided from a single person flat located within a supported housing development on the outskirts of Kirkwall. The complex comprised of a number of double and single person flats and a day service.

The service aimed to:
- support people with a physical disability or sensory impairment to remain in their own homes by the provision of respite care in the community which is flexible and respectful of people's dignity and which acknowledges their right to make informed choices, in a sensitive and responsive environment.

- work alongside people to meet their individual needs and outcomes to achieve their full potential in a person centred way involving individuals, families and the general community.

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 that took place on 21 January 2016. We gave feedback to the operational manager of the service on 11 February.

The inspection was carried out by one inspector. As part of the inspection, we took account of the information from the provider in the Self-Assessment and Annual Return documents submitted to us. We also took account of the information in the Action Plan returned following the last inspection and the progress made by the provider towards completing the actions they had agreed to.

During this inspection process, we gathered evidence from various sources, including:
- the participation strategy, this is the service's plan for how they will involve service users
- the reviewed Aims and Objectives for the service
- minutes of meetings involving service user and carers
- the results of surveys
- daily recordings
- individual support plans
- risk assessments
- review records
- the environment and equipment.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

We received a completed Self-Assessment form from the provider. We were satisfied with the way the document was completed and the information provided. The provider identified areas where they thought the service was performing well and some areas for further improvements.

Taking the views of people using the care service into account

There were no service users present in the service at the time of our inspection.

Taking carers' views into account

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

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered in this statement. The adequate grade applies where there is some evidence of service user and/or carer involvement, but opportunities to participate are likely to be more limited.

Here are some of the strengths we saw:
- There was a suggestion box located at the front reception of the complex although, in reality, this was rarely used. However, it did provide a means whereby service users or their families could comment on the service anonymously.

- There were regular meetings with families. This provided opportunities for people to influence the care and support that people experienced. We saw that people were consulted on their food preferences and more recently, those families who used the respite service frequently were consulted on the planned refurbishment of the service.

- Review records showed that people's needs were being discussed at least six monthly and changes noted. We saw that risk assessments and support plans were updated to reflect changes and people's preferences. This helped the service to prepare an appropriate package of care and support for people coming to the service for a short break.

Areas for improvement

The provider should continue to seek engagement with people who use the service, their families and other professionals for their views about the service and suggestions on how the service can improve. This should include feedback about how well people were supported during their stay, staff performance and the management of the service.

In previous inspection reports we made a recommendation that the participation statement should be reviewed to reflect an outcome focused approach and the provider developed action plans that identified what the service will do in response to feedback and how they will inform people of the changes made as a result of that feedback. At this inspection we saw that some progress had been made. For example, we saw that the service consulted with families about redecoration and renewing the carpets and soft furnishings in the accommodation in June 2015. However, when we visited in January the work to progress this had still not begun. The recommendation has not been met and shall be restated. **See Recommendations**

The service aimed to provide an environment where people were encouraged to maximise independence and realise optimum potential, but does not detail how will this be achieved. The provider needed to continue to develop the Statement of Aims and Objectives to reflect outcomes stated in their overarching statement and detail how staff will support people to maximise potential and independence and ensure they have a positive experience while using the service.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should continue to review the participation statement for the service to reflect an outcome focused approach. They should develop an action plan that clearly states what the service will do in response to feedback and how they will inform people of the changes made as a result of that feedback. In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services have been taken into account; Standard 4 - Positive Experiences.

Statement 5

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

Service Strengths

We thought the service was performing to an adequate standard in the areas covered by this statement. We thought this after we looked at personal support plans, review documents, daily records and comments made by service users and their families. The 'adequate' grade applies to performance where the strengths have a positive impact on service users. However, whilst weaknesses will not be important enough to have a substantially adverse impact, they are constraining performance.

Some of the strengths we saw included:

- People had personal plans or care plans which contained personalised information about the support that people needed to help them maintain their skills. Personal Plans had been reviewed regularly which helped people to plan their care and support at a pace acceptable to them.

- Recording of personal plans had improved and some of the written information contained within these documents was more personalised. These highlighted things that were important to the person and what support they needed to have a good day. For example, there was person centred information about how someone chose to communicate and how staff should communicate with them. This helped people to express their views and for staff to provide relevant information in a way that the person could understand.

- People who used the short breaks services could access the day care service next door if they chose to. This offered a range of activities, opportunities for socialisation and a hot lunch on three days per week.

Overall, we thought that the support provided by the service was sufficient, but improvements could be made that would enable the care service to deliver a more enjoyable experience for people who use the service. The operational manager for Orkney Health and Care who is currently overseeing the day to day of the service was committed to making improvements that would support the delivery of improved care and support and enable people to have a positive short break which would help to improve outcomes for people.

Areas for improvement

The service did not appear to have an information brochure to inform people what the service was and what it could provide to help people make a decision about whether they wanted to use the service. **See Recommendations**

Individual service agreements should be in place for each person who uses the service. This should set out the purpose of the service being provided, length of the short break and the cost of the service to the person. Information on costs should detail services included such as personal support, meals and any extras that individuals need to pay for themselves. This might include newspapers, meals out or admission to local events. **See Recommendations**

Although some of the personal plans that we sampled were detailed and gave good guidance for staff on how to deliver care and support in the ways people wished, this was not consistent in all the personal plans we sampled. Personal plans needed to be more detailed and provide guidance for staff on people's personal preferences. This will help staff to deliver care in accordance with personal preferences and enable people to have a more positive experience of the service.

In the inspection report dated 6 November 2014, we made a requirement that comprehensive risk assessments should be completed that clearly identified the risks, triggers and control measures for each person and clear guidance on the action staff must take to manage risks safely. At the following inspection in March 2015, we saw that there had been some improvements in the recording of risks and mitigating factors; however this progress has not been sustained.

For example, where bed rails were used to prevent people falling from their beds, there was no indication that a full risk assessment had been undertaken to address the risks associated with the use of bed rails, such as the risk of entrapment and injury. We could not evidence that staff had fully considered risks associated with the environment or people's emotional health and wellbeing. Risk assessments did not clearly detail all the risks presented to individuals and we could not evidence that staff made links between their daily recordings, risk assessments and care planning. This requirement has not yet been met and will be reviewed again at the next inspection.

We noted that the service did not undertake dependency assessments for people using the service. There was little evidence that the service took account of all of an individual's support needs to inform the direct care hours each person required or inform adequate staffing levels in the care home. This was an issue we highlighted in the inspection report dated November 2014. Since that time, a shift planner had been introduced which allowed staff and the manager to identify core times when support with physical and personal care needs was required. However, this did not include people's social and psychological needs or how the service would support these. For example, one of the support plans that we looked at recorded feelings of loneliness, isolation and being restricted if left on their own for too long. We made a requirement that the provider complete dependency rating assessments of service users' overall care and support needs and use this to inform appropriate staffing levels within the unit. In order to support the development of a needs or dependency analysis, we signposted the manager to a number of tools available for this purpose including the adapted Indicator of Relative Need which could be adapted for this purpose. This requirement has not been met and shall be looked at again at the next inspection.

We found that medication records were inadequate. The service used only one Medication Administration Record (MAR) between home, the short break service and day care service, returning the MAR to home once the person using the service had left the service. This does not provide a clear audit trail of medicines into and out of the service or how people's medicines were managed and administered while they were using the service. The provider must develop robust systems for the safe management and recording of medication. **See Requirements**

These areas for improvement are significant and require to be addressed as a matter of priority in order to reduce risks and improve the quality of care delivered to people who use the service.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that they develop and implement robust procedures for the safe handling, administration and recording of medications in accordance with legislation and best practice guidance. The provider is required to maintain accurate and up to date records of the medicines people who use the service take, and which the service is responsible for storing on the premises. This should include:
- medicines like flu vaccines or injections that will be stored in the service for NHS staff or community nurses to administer
- all medicines that have been ordered, taken, not taken or disposed of
- 'all medicines' include homely remedies and those supplied by or for a person using the service.
This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - Welfare of Users

Recommendations

Number of recommendations - 2

1. The provider should develop an information brochure detailing what people can expect from the respite and short break service. The brochure should be kept up to date so the information is reliable using language that people can easily understand. Information about the service should include details that give confidence that the break will meet people's social needs as well as those for care and support. In making this recommendation the following National Care Standards for Short Breaks and Respite care have been taken into account; Standard 1 - Informing and deciding.

2. The service agreements should be more detailed and set out the terms for using the short break service. This should include:

- the aims of the service and they type of care and support people can expect to be provided
- the basic cost of the service and the likely charges people may expect to pay
- your rights and responsibilities as a user of the service including insurance cover for you and your belongings
- risk assessment procedures
- arrangements for changing or ending the agreement
- arrangements that will be made if the service closes or if there is a change of ownership; and
- the complaints procedure and how to use it.

In making this recommendation the following National Care Standards for Short Breaks and Respite Care services have been taken into account; Standard 6 - Individual Agreements

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

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

At this inspection we saw that consultation had taken place with people who use the service and their relatives about refurbishment of the décor and furnishings to improve the appearance of the premises and provide a more homely, comfortable setting for people using the short break service. The service now needed to progress with plans for the refurbishment as a priority.

Areas for improvement

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

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

We thought the service was performing to an adequate standard in the areas covered in this statement. We concluded this after we took account of the premises, facilities staffing, and a sample of people's personal plans. Here are some of the strengths we saw:

- There was a secure door entry system to restrict unmonitored access to the premises. This helped people who used the service to feel safe.

- There was good disabled access to the premises so that people with mobility problems could access the building independently.

- There was a small enclosed garden surrounding the premises which could be used by service users to enjoy fresh air and outdoor activities.

- Safety checks were carried out annually on all electrical equipment, to ensure they were safe and in good condition.

- A camp bed was available for guests to stay overnight. This meant that there were facilities to support people who wanted to have the reassurance of the presence of a relative or a carer overnight.

- People who used the service could access the day care service attached to the premises on three days per week. This provided some opportunities for socialisation and recreational activity during their stay.

- The service was located close to local amenities. This meant that people using the service could get out and about to shops, pubs and local events and participate in community activities that enhance their quality of life.

Areas for improvement

We saw from the comments made by people who used the service that their access to company and local facilities was limited and often depended on family members or carers from other providers to support people to attend and participate in leisure and recreational activities. We could not evidence that the service had fully assessed the social and recreational needs of people who used the service and staffed the service adequately to support these. This has impacted negatively on people's ability to have a positive experience while using the service. We highlighted this issue in Quality Theme 1, Statement 5 and made a requirement.

At the last inspection we noted that the accommodation was not as clean as it should have been and that there was an unpleasant odour in the bedroom which suggested some significant action needed to be taken. The poor standard of cleanliness had also been brought up by service users and their families in feedback. We made a recommendation that the provider should develop and implement a cleaning routine that will ensure that in addition to day to day cleaning and household management, the respite accommodation is thoroughly and systematically cleaned at the end of each period of respite. In the Action Plan submitted following the inspection, the provider told us that they would 'implement cleaning schedule for the service as per infection control guidance' and 'arrange deep clean.' At this inspection, we were assured that a deep clean of the service had been completed in preparation for a service user arriving the following day. However, we found that this had not actually happened. There was a persistent unpleasant smell emanating from the bedroom carpet, the bed rails were dirty, the shower chair showed signs of rusting and some of the fixed furniture was in need of urgent repair. We discussed infection control procedures and staff training on infection control at some length with the manager who agreed that the practice demonstrated was not of an acceptable standard. **See Requirements**

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that the health, safety and welfare of people who use the service is protected. In order to achieve this, they must ensure that:

- the premises were clean and free from offensive odours
- they developed robust procedures for infection control in accordance with best practice guidance
- these procedures were rigorously applied following each period of respite and whenever required
- staff had appropriate training on infection control issues, including risk factors and safe management of bodily fluids
- there was a quality check prior to the premises being occupied to ensure that the accommodation was clean, fixtures and furnishings were appropriate and in a good state of repair and ready for occupation.

This is in order to comply with SSI 2011/210 - Regulation 4(1)(d) - Welfare of Users; and Regulation 10(2) - Fitness of Premises.
Timescale for implementation; 6 months from receipt of this report.

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement.

The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of staffing, are detailed in Quality Theme 1 Statement 1.

Areas for improvement

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

The manager should consider how service users' views about the staff that support them could meaningfully contribute to their performance appraisal and ongoing professional development.

At the last inspection, the manager informed us that the service had started to consult service users and their relatives in recruitment processes. However, no further progress had been made in this area and needed to be progressed.

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Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service Strengths

We thought the service was performing to an adequate standard in the areas covered by this statement. We thought this after we looked at a sample of personal plans, team meetings, staff supervision and training records available.

We saw from the personal plans and records that we sampled that staff were respectful in giving service users some choice in what they wanted to do as part of their support. We felt that staff knew service users' needs and were prepared to accommodate people's wishes as much as possible, for example with food that people liked and activities they enjoyed. Daily recordings were written in a respectful way.

There were systems in place to ensure that staff had access to regular supervision and support meetings with team leaders. This provides a valuable forum for staff to reflect on their practice and ethical dilemmas and supports their professional development. From the sample that we looked at we saw that staff were supported to think through practice issues such as professional boundaries and taking responsibility for challenging poor practice.

From the training needs analysis submitted by the operational manager, we could see that staff had some input into the development of an annual training plan for the service that was based on their training needs. This showed that the management team trusted staff judgement and valued their input.

Areas for improvement

Training records were not available for us at the time of our inspection; however, following the inspection visit the operational manager sent some electronic records that we took into consideration. These included:

- the training needs analysis for the service
- staff training records
- staff supervision programme
- the service improvement plan.

We found that training records did not correspond to the information detailed on the training plan. For example, the training plan recorded numbers of staff that had attended specific training such as continence management or diabetes care, but the training records showed that the actual attendance was less. In another example, we saw that community nurses had highlighted skin care and pressure prevention as a training need for staff and training was planned for later in the year. However, the training records gave no indication that this event had actually occurred or which staff had attended. Training records must show an accurate reflection of the training undertaken by staff and the areas where further training is needed to ensure that staff skills and knowledge is kept up to date. **See Recommendations**

From the records provided we saw that essential staff training such as Moving and Handling, First Aid and Adult Support and Protection training was out of date for several staff members. We could see that refresher training had been planned, but the records did not evidence that the training actually took place. The provider must ensure that staff were up to date with all statutory training and there are systems in place to support this. **See Recommendations**

Staff training records showed that more that 50% of the staff group had not completed training on managing and administering medication. Of those that had, there was no indication in the records of who delivered the training or how the provider could be assured that staff were competent in their practice in this area.

The provider needed to ensure that all staff that managed or administered service user's medication had the skills and knowledge to do this safely and in accordance with best practice guidance. **See Recommendations**

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider should ensure that staff records detail accurate and up to date information about the training needs of individual members of staff, the mandatory training and updates completed by each staff member and any additional training undertaken relevant to their needs and the needs of the service users they work with. The provider must keep accurate records of any training delivered and details of who delivered the training. In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services have been taken into account; Standard 5 - Management and Staffing Arrangements.

2. The provider should ensure that staff are trained to administer medicines safely and in accordance with best practice guidance. In order to achieve this, the provider should:

- consider how they can support staff to work towards a professional qualification in medicine management such as the Professional Development Award or Unit DK2X 04 (HSC 375/CHS3) (SVQ Health and Social Care, Adults; Level 3) Administer medication to individuals.

- At a minimum the provider should ensure that training in medicine management should enable staff to demonstrate the competencies found in the unit HSC 375/CHS3 - Administer medication to individuals.

- Additionally, the provider should have systems in place to regularly assess staff competencies and assure themselves that staff can still perform the tasks for which they are employed.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

We thought that the service was performing to an adequate standard in the areas covered by this statement.

The methods used by the service to involve service users and their relatives or representatives in assessing and improving all areas of the service, including the quality of management and leadership are detailed in Quality Statement 1 under the Quality Theme for Care and Support.

Areas for improvement

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

The manager had highlighted in the self-assessment document that the provider intended to develop questionnaires for service users and families as part of the wider consultation process on service provision. This would have been a good opportunity to involve people and could have extended opportunities for participation and involvement in assessing the quality of the service.

In the last inspection report we made a recommendation that the provider should create a development plan for the service outlining key objectives for improvement and when these would be implemented.

At this inspection we saw that some ideas had been discussed, but not taken any further forward. The service development plan needed to take account of the needs and ideas of the people who use the service and other stakeholders and feed into the service's quality assessment processes. The recommendation has not been met and shall be restated.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

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

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

In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services have been taken into account; Standard 4 - positive experiences and Standard 5 - Management and Staffing Arrangements

Statement 3

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

Service Strengths

We thought the service was performing to an adequate standard in the areas covered by this statement. We decided this after we considered a range of evidence presented including minutes of staff meetings, staff training records, a sample of supervision records and results of the staff survey. We also took into account information given by the provider in the Annual Return and Self-Assessment documents. Some of the strengths we saw included:

- Staff had planned supervision regularly throughout the year and annual performance appraisal giving staff opportunities for reflection on their own performance and opportunities to discuss future training needs.

- Staff had access to a range of training as detailed on the provider's training plan. Staff were now being encouraged to identify training relevant to their needs and the service were utilising training from a range of local resources such as community health services.

- There were some opportunities for staff to develop leadership skills through taking on 'championship' roles such as legionella champion.

- Results of the staff survey indicated that staff thought that their views and opinions were valued by the management team.

- There was an open door policy in the service so people can approach the management team for discussion. Visitors and relatives were welcome in the service at any time.

Areas for improvement

We did not see how people who used the service or staff were involved in the self-assessment process. This was a missed opportunity to improve engagement and consider future improvements for the service. We spoke to the manager about developing a more inclusive approach, that valued everyone's contribution and suggested ways to involve staff, people using the service and other important people in the self-assessment process. The provider should consider appointing an involvement champion to promote engagement with people and take this forward with a view to identifying areas for improvement and developing the service.

The provider should also consider how to support staff's leadership development, both those currently in senior posts and those who wish to prepare for a leadership role; for example through SSSC's Step into Leadership materials or another approach. This would recognise the benefits for the service and people who use the service to challenge staff thinking and progression within the service.

Staff were required to register with a professional body such as the SSSC (Scottish Social Services Council) or the NMC (Nursing and Midwifery Council) This was to help ensure that people working in care services were skilled, competent and professional in the performance of their work. From the information in the Annual Return submitted by the provider we saw that not all staff were registered with a professional body. The provider needed to address this and ensure that all staff working in the service were registered with an appropriate professional body as a priority. **See Requirements**

Not all staff had a professional qualification required for continued registration. The provider should take a planned approach to ensure that staff were supported to achieve an appropriate qualification to meet the requirements for continued registration. **See Recommendations**

Grade
3 - Adequate

Requirements
Number of requirements - 1

1. The provider must ensure that all staff who work in the short break service are registered with a professional body. This is in order to comply with SSI 2011/210 Regulation 9(2)(b) - Fitness of Employees
Timescale for implementation: 6 months from receipt of this report

Recommendations
Number of recommendations - 1

1. The provider should develop and implement a programme to ensure that all staff will achieve the qualification requirements for continued registration with SSSC or any other professional body. In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services have been taken into account; 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 ensure that each person's support is reviewed in consultation with the service user or representative. The service must review people's personal plan:
(i) when requested to do so by the service user or any representative;
(ii) when there is a significant change in a service user's health, welfare or safety needs; and
(iii) at least once in every six month period whilst the service user is in receipt of the service.
This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 5(2)(b) Personal Plans
Timescale: Within two months of receipt of this report.

This requirement was made on 23 September 2013

There was good evidence to support that that people who used the service now had their personal plans reviewed at least once in each six month period.

Met - Outwith Timescales

2. The provider must make proper provision for the health and welfare of service users by fully implementing and embedding robust quality assurance arrangements that evidence improving outcomes for service users.
This is in order to comply with SSI 2011/210 Regulation 3 - Principles & Regulation 4. 1 (a) Welfare of Users. We took also account of the National Care Standards: Care Homes for Short Breaks and Respite Care Services; Standard 5 - Management and Staffing Arrangements
Timescale for implementation: Six months from receipt of this report.

This requirement was made on 23 September 2013

We saw that there had been some progress made in this respect. Regular performance meetings had been set up between the management team to explore how they implement systems to meet performance indicators that inform their Quality Assurance tool and evidence service strengths. This was a good start and we look forward to seeing how this develops. However, this did not yet constitute robust arrangements for quality assurance.

Not Met

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

This requirement was made on 04 November 2014

We could not evidence that staff had fully considered risks associated with the environment or people's emotional health and wellbeing. Risk assessments did not clearly detail all the risks presented to individuals and we could not evidence that staff made links between their daily recordings, risk assessments and care planning.

Not Met

4. The provider must compile dependency rating assessments of service users' overall care and support needs and use this to inform staffing levels within the unit.
This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1) (a) and 15(a)- Requirements to make proper provision for the health and welfare of service users, and requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
Timescale for implementation - Within three months of receipt of this report.

This requirement was made on 04 November 2014

We provided the manager with information on a number of dependency assessment tools that she could use to adapt or develop a dependency analysis tool that would be appropriate to the service. However, we could not evidence that the service took account of people's psychological and social needs to inform staffing levels within the care home.

Not Met

5. The provider must comply with the conditions under which the registration for the service was granted.
This is in order to comply with The Public Service Reform (Scotland) Act 2010 Section 60 - Registration of Care Services.
Timescale for implementation Three months from receipt of this report.

This requirement was made on 04 November 2014

We have discussed various options with the manager about how they could progress with meeting this requirement. The manager will now progress with application to vary the conditions for registration to take account of the type and nature of the service provision.

Not Met

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

Previous recommendations

1. The provider should review the participation statement for the service to give a range of options for people to give their comments of the quality of the service they receive including the quality of the care and support provided and to make suggestions for improvements. The provider should clearly state what action they will take in response to feedback and how they will inform people of the changes made as a result of that feedback.
In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services; Standard 4 - Positive Experiences.

This recommendation was made on 04 November 2014

We saw a new Participation Strategy had been developed giving a range of ways in which service users and their families could give their views and mage suggestions for service improvement. These included questionnaires, focus meetings, suggestion box, support planning and personal contact with members of staff. However, this needed to be further developed to include all stakeholders, the frequency of consultation events, how they will feedback the outcomes from consultation and how they will inform people about the actions the service will take as a result of their feedback and suggestions for improvements.

2. The provider should implement a redecoration and refurbishment plan for the service. On making this recommendation the following National Care Standards for Short Breaks and Respite Services have been taken into account; Standard 4 - Positive Experiences.

This recommendation was made on 26 March 2015

Some progress has been made in this area. Service users and their families have been consulted and involved in choosing new carpets, curtains and paint colours. However, the service now needed to progress with this and ensure redecoration of the respite accommodation occurs speedily to create an attractive and welcoming environment for people who use the service.

3. The provider should ensure that a deep clean of the respite flat is undertaken as a priority and that this is completed following each period of respite. The provider needed to develop cleaning routines for day to day management and regular thorough cleaning of reusable equipment as part of an equipment cleaning protocol; in accordance with their own policy and procedures for Infection Control.
In making this recommendation the following National Care Standards for Short Breaks and Respite Care services have been taken into account; Standard 4 - Positive Experiences; Standard 5 - Management and Staffing Arrangements and Standard 9 - Feeling Safe and Secure

This recommendation was made on 26 March 2015

We saw that procedures had been developed to ensure that the accommodation would be deep cleaned after each period of use. A checklist had also been developed to ensure that all cleaning and preparation tasks would be completed and signed off by the person undertaking them. However, this was not implemented to an acceptable standard. We spoke to the manager about this and we were assured that more robust arrangements would be implemented. We did not consider that the recommendation had been met and we have restated the recommendation.

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

This recommendation was made on 04 November 2014

The provider had developed a training needs analysis for the staff team which identified specific training and dates on which this would be delivered. However, the training records did not correspond to the information detailed on the training plan. We also found that local training provided by health care professionals relevant to the people using the service was not noted on staff training records. Supervision records did not show an evaluation of the training people received or demonstrate how this had impacted on their professional practice. We did not consider that this recommendation had been met and we have restated the recommendation.

5. The provider should create a development plan for the service that identifies:
- key objectives for service development
- how these are intended to improve outcomes for service users
- the actions that the service will take to achieve them
- a timescale within which they can expect each objective to be reached and
- when the outcomes will be reviewed and a new development plan published.
In making this recommendation the following National Care Standards for Short Breaks and Respite Care Services have been taken into account; Standard 4 - positive experiences and Standard 5 - Management and Staffing Arrangements

This recommendation was made on 04 November 2014

The service have started to think through ideas for a development plan, but much more work is needed to ensure this is completed with priorities identified and timescales for reviewing progress. The recommendation has not been met and has been restated.

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

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
26 Mar 2015	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
6 Nov 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
23 Sep 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate
31 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 4 - Good
9 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
1 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
7 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good Not Assessed Not Assessed

2 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
18 Nov 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
18 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
2 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good

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

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