

Care service inspection report

Full inspection

Glenurquhart Centre (Support Service) Support Service

31 Coiltie Crescent
Drumnadrochit
Inverness



HAPPY TO TRANSLATE

Service provided by: Glenurquhart Care Project

Service provider number: SP2003001700

Care service number: CS2003017886

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.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

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

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

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

The service is valued by those who use it, they feel that by attending it helps maintain their health. The service consults well with those who are using the service and there is a high level of activity within the service. There is good liaison with other agencies involved in the care of service users.

What the service could do better

The service needs to further develop its quality audit and ensure that there is adequate recording of areas such as staff training and education.

What the service has done since the last inspection

The service has continued to deliver a valued service to those in need in their catchment area.

Conclusion

The Glenurquhart Centre is a valued resource that delivers a very good level of care to those who use it.

1 About the service we inspected

The Glenurquhart Centre is located in modern, purpose-built premises in a residential area of Drumnadrochit.

The centre was developed and is operated by the Glenurquhart Care Project. It offers a service to older people in Drumnadrochit, Glenurquhart, Strathglass, Kiltarlity and the surrounding areas.

The main aim of the centre is to provide a service which would assist older people to enjoy an enhanced quality of life while continuing to live in the community. It also aims to provide a safe, supportive, stimulating environment in which people are encouraged to maximise their physical, intellectual and emotional potential. The centre also recognises the needs of carers and aims to provide support to them as well as the people they care for.

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.

Recommendations

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

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

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or

orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

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

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

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We spoke with:

- 11 service users
- three carers
- the manager
- a director
- the handyman/driver/carer
- the cook.

We looked at:

- evidence from the service's most recent self assessment
- information about the service including policies and procedures
- minutes of meetings
- care plans/support plans/care notes/reviews
- medications and records
- questionnaires
- audits
- staff training records
- risk assessments for people who use the service
- information pack
- complaints records
- accident and incident records
- maintenance records
- the environment and equipment
- observing how staff work.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

We received a fully completed self assessment document from the service provider. The service provider had completed this with the relevant information for each heading that we grade them under. The service provider identified what they thought they did well, some areas for development and any changes they had planned.

Taking the views of people using the care service into account

Residents said the staff were friendly and caring and all of respondents to our questionnaires were happy overall with the care provided at Glenurquhart Centre. Comments included:

"We are fortunate to have this day care service in Glenurquhart, I find all the staff are helpful and meals excellent."

"The service is very efficient and the staff kind and caring in their attention."

"High standards of care at the centre remains constant."

"I have been to the Glenurquhart Centre since it opened, and have been very happy there, the girls do a great job and we are very lucky to have it."

"What they (the staff) do is very good."

"We are well looked after."

"They know what you need."

(There are) "benefits to coming here".

"We benefit from the interplay with other people."

Taking carers' views into account

We received two returned questionnaires from relatives; unfortunately we did not have the opportunity to speak to relatives during our inspection.

Overall relatives were happy with the care provided at Glenurquhart Centre but one expressed concerns about staff changes which stressed staff and did not help with the smooth running of the service.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

At this inspection we found the performance of the service to be very good for this statement. We found this after inspecting information available for service users and relatives, minutes of service users' meetings, questionnaires for service users, relatives, and other stakeholders as well as service users' and relatives' involvement in reviews and from feedback from service users.

There was a variety of information available for service users and relatives in the reception area of the service. These included information on making suggestions and complaints, advocacy, the last inspection report and the participation policy of the service. Having this type of information readily available ensures that service users and relatives know possible avenues for communicating with the service and making their views known.

The participation policy is a way of encouraging stakeholders to communicate with the service. Information in the centre included a theme of the month, which is on areas of importance to the service user group such as respiratory conditions. Other types of information near the door included a number of folders on subjects such as dementia.

Service users' meeting minutes showed evidence of consultation on matters during meetings such as having an open day, discussion and choice on buying vegetables to grow in the greenhouse, meals and food in the service, and choices of where to go on outings. There was some evidence of service user suggestions being taken forward.

We saw details of a questionnaire that service users, relatives and other stakeholders had been sent where they were free to comment on aspects of the service. On the whole the responses from everyone were very good for the care being delivered by the service. Stakeholders were similarly sent questionnaires and their responses showed that they valued the service. Questionnaires give the service an opportunity to gauge the feelings of those in contact with the service as to the quality of the service at that point.

We saw a five-year business plan recently drawn up for the centre. Within the plan was a clear commitment to continuing to consult with service users. By including this in the plan the service helps ensure that users of the service are more likely to be consulted. We also observed one of the directors of the provider for the service visiting and speaking for some time to service users. This is reportedly a regular occurrence and ensures that the service users have both formal and informal routes to those in executive positions.

When speaking to service users, they informed us that there was plenty to do when in the service and that people were happy with the activities, care and social contact. The service users indicated that they knew who to talk to if they had an issue, they felt they would be listened to and that, if necessary, something would be done.

The service has close links with the local community, there was evidence of children from schools and nurseries coming into the service, work placements being offered to students and the centre held an open day last year where service users were part of the planning and delivery on the day.

Each service user had a record of a six-monthly review of their care. We could see that service users were invited to and participated in the reviews. This again

helps to meet the service's participation policy and ensures that service users have a say and choice in the care offered.

Areas for improvement

Although there was evidence of service users and others being consulted there was less evidence of whether any action was taken or of any feedback to those consulted. This will be further commented on in Quality Theme 4 - Statement 4.

There is historical evidence of carers' meetings taking place but there were no records of any being held in the past year. Although there was several mentions in records of an intention to send out a newsletter, none had been produced in the last year. The provider should consider and implement ways in which they might inform and consult those in contact with the service.

Several of the service users had records which showed they had communication difficulties linked to conditions such as dementia. The provider should look at producing approaches to information gathering that compensate for any such communication difficulties.

The service had sent out questionnaires very early last year to service users but did not repeat these within the timescales stated within the participation strategy. The provider should ensure the participation strategy is followed in this regard.

The provider should consider how it might consult with service users on issues that impact on their lives such as the national care standards; do they know them; do they understand them and their rights under them? Service users might also wish to discuss and comment on wider issues and initiatives such as self-directed support and changes to benefits. The provider should consider ways in which they might support service users in these areas.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“We ensure that service users' health and wellbeing needs are met.”

Service Strengths

We found that the service was performing to a very good standard in the areas covered in this statement. We came to this conclusion after we inspected care plans looked at reviews of the care and support plans, attended daily care meetings, looked at minutes of multi-disciplinary meetings, looked at stakeholder questionnaires, discussed meals and menus with the chef and looked at returned care standards questionnaires.

We attended two meetings held each morning before the service users attend and in the late afternoon following their departure. During the morning meeting there was discussion and information concerning ongoing care of service users who were to attend that day. There was also information about care issues that the care at home service had encountered over the previous day, evening and night in regard to service users who were to attend that day or why they were not attending. The staff were then able to plan for any interventions that may be required. During the afternoon meeting there was a short review of the changing needs of the service users who had attended and note made of any issues that needed to be passed to the care at home service. This close communication between different services helps ensure that service users' care is responsive to service users' needs at that point.

We saw regular reviews of the care plans, found that necessary changes were made to the care/support plans and saw service involvement in the reviews. The reviews covered the care of the individual and other matters such as pensions, reviews power of attorney and welfare guardianship. Regular reviews ensure the care plans are appropriate to the current needs of the individual and service user/relative involvement is an essential part of this process. Within the care plans inspected we found evidence of current risk assessments for the service user with individual risk management plans in place.

We saw minutes of 'integrated' meetings held on a monthly basis with at least the manager of the service and a GP present. We saw evidence that as well as the 'core members' of the team being present, a variety of other care providers

attended or were invited. These included community nurses, community psychiatric nurses, occupational therapists, social workers, care managers and physiotherapists. During the meetings there was discussion concerning the ongoing health needs of those attending the service. These 'integrated' meetings are an important way of taking a holistic view of the service users and ensuring good communication and co-ordination of provision from the various parties involved.

We spoke to service users about their care needs and whether they were being met and they stated, "What they (the staff) do is very good", "we are well looked after" and "they know what you need". This helps confirm that the care provided is appropriate to need.

Areas for improvement

Within the care plans inspected we found little evidence of assessment and interventions or approaches on some service users' ongoing issues such as mobility, skin integrity, continence and mental health. Some service users were having regular recordings taken in respect of weight or mood with little to no rationale as to why within the care plans, or what to do should matters deteriorate. Where there are issues with service users' health that require intervention the provider should ensure that there is a plan of care appropriate to that intervention. This would include, where necessary, assessment of the mental health and wellbeing of service users with appropriate interventions.

(See Recommendation 1)

The service should consider if it should offer to take base line information on service users such as weight, blood pressure and pulse so they can monitor these in the longer term. The provider should also give consideration to the use of measurement tools such as Waterlow scores and Malnutrition Universal Screening Tool (MUST) screening.

Although we saw reviews of care plans in the service user notes it was not clear whether relatives or carers had been invited to attend. The provider should ensure that the review also includes information on who had been invited but could not attend.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider is to further develop the care plans and associated assessments for service users in order that they clearly identified individual health care needs and have plans of care that respond appropriately to these.

National Care Standards support services. Standard 4: support arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service Strengths

See Quality Theme 1 - Statement 1.

Areas for improvement

See Quality Theme 1 - Statement 1.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

"We make sure that the environment is safe and service users are protected."

Service Strengths

We found that the performance of the service was very good for this statement. We undertook a walk round of the service, viewed general cleanliness and maintenance, read the minutes of meetings, examined environmental risk assessments and looked at records of repair, maintenance and testing.

There was a maintenance book available for staff to write any repairs that needed to be carried out, the handyman signed these off when completed. If a contractor is needed for more complex work, the manager had direct access to

the management group who could authorise the work. Whilst in the service there was an external contractor who was carrying out repair work.

During the inspections we visited most areas of the centre and performed a visual check. We found the centre to be maintained to a good level of cleanliness and did not find any areas that had any offensive smells. We saw records of kitchen cleaning which were complete and up to date. There are regular temperature checks of the fridge.

We looked at environmental risk assessments for the service. These were completed for the majority of areas of the service and were reviewed on a regular basis.

All of the service users who filled out the care standards questionnaires and those we spoke to on inspection, either agreed or strongly agreed that the centre provided a safe environment for them.

We saw records of ongoing maintenance within the service. We saw evidence of regular hot water testing, up-to-date Personal Emergency Evacuation Plans (PEEPs), evidence of Portable Appliance Testing (PAT) testing of fire alarms and emergency exits and records of drills and evacuations.

On the day of the inspection there was sufficient staff to meet the needs of the service users, which was in line with the staffing schedule.

Each day, at the morning meeting, a member of staff is delegated with a safety role. On interview the member of staff so allocated identified that it was their responsibility to ensure that the area was safe for service users to move about in.

Areas for improvement

In the toilets there were swing bins provided for hand towels these should be replaced with foot operated bins.

In the bathroom we found containers of shared toiletries, these should be disposed of and service users should use their own toiletries.

In the bathroom we found hoists, screens and clothing hung up. The provider should ensure that these items are stored elsewhere and only equipment for use in a bathroom should be in the area.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

See Quality Theme 1 - Statement 1.

Areas for improvement

See Quality Theme 1 - Statement 1.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service Strengths

We found that the performance of the service was good for this statement. We found this after looking at the induction programme for new staff, talking to staff, records of training, SVQ training, staff meetings, supervision records and a staff training materials.

We saw evidence of an induction programme for staff; no new staff have been employed in the past year but the programme would give them a good foundation to deliver care.

We saw some records of staff training; there was evidence of some reflective accounts following training showing how the individual would use the training to inform their practice.

The majority of staff had undertaken training to at least SVQ level 2 and several were currently undertaking this training.

We looked at records of carers' meetings and attended a meeting whilst on inspection. In the minutes there was evidence of discussing aspects of the care offered to service users. There was evidence of consultation with the staff and evidence of staff making suggestions which were listened to. Within the meeting there was discussion about the needs of service users, and the staff had begun to discuss an aspect of the national care standards during their meetings.

We saw evidence of regular supervision of staff, this was confirmed by staff on interview who felt they received supervision/mentoring on a regular basis.

We saw evidence that when staff were in the team or attached to the team and had expertise they were encouraged to pass on that knowledge to other team members, this had happened with teaching slots on nutrition.

The staff were clear about the lines of accountability within the service and felt supported by the manager.

Areas for improvement

Although there was evidence of some training having been undertaken and staff reported receiving training/supervision there were few records available of either statutory or non-statutory training. The provider should ensure that records of any training undertaken should be held within the service, there should also be consideration given to developing a plan for what training should be provided in the future.

There were records of supervisions in place but action plans were put in place to ensure future aims and objectives were met. It would be helpful for staff to

make a consistent, short, reflective note about how the supervision impacted on their practice.

Although there was evidence of regular supervision of staff, there were no yearly appraisals of staff. Yearly appraisals allow a review of the staff members' performance over the past year, establishing if objectives are being met, what development and training needs the member of staff might have and setting of objectives to be attained. This helps develop the member of staff and enhances their skills in the delivery of care to the service. The provider should consider the implementation of yearly appraisals for staff. Establishing the training needs of staff can be used to inform the training plan for the service.

The provider should consider other ways of providing training and education for staff by using for example e-learning resources.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

See Quality Theme 1 - Statement 1.

Areas for improvement

See Quality Theme 1 - Statement 1.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

Service Strengths

We found that the performance of the service was good for this statement. We found this after looking at information provided within the service, meetings with service users, relatives and staff. We looked at audits carried out by the service, the business plan stakeholder questionnaires, supervision and review of care plans.

We looked at the aims and objectives of the service, the business plan, the information brochure and the participation policy of the service. We found all of these documents endorse the involvement of service users, relatives and stakeholders in the review and development of the service. Service users we talked to were able to identify who they should talk to if they wished to make a suggestion or complaint. Details of the complaints procedure were readily available on the notice board and the brochure. We saw evidence in the minutes of service users' meetings with consultation concerning areas within the service.

There was evidence available of questionnaires being sent out and received back from service users, relatives and other stakeholders. Feedback from the questionnaires indicated that the majority of respondents were positive about the service provided.

We saw evidence of meetings with carers during which there was discussion of the care of service users, changes in the service and safety issues. We saw evidence of six monthly reviews of care plans with service user involvement when they wished.

Service users had access to advocacy services and information regarding these services was posted within the communal area.

The service completed their self assessment as requested by the care inspectorate and also notified the inspector of any untoward occurrences.

Questionnaires were returned to the Care Inspectorate by service users and relatives prior to the inspection. All stated that they felt involved in the service and that they were asked for their views.

We saw that there were regular audits carried out within the service covering areas such as care planning and environment. These were reviewed regularly and we could see that these had been recently completed.

Areas for improvement

We saw evidence of consultation with service users, carers, staff and stakeholders but it was difficult to see if these had been taken forward or implemented and then evaluated. The provider should consider ways of recording actions and review of initiatives.

Although there were some ways to assess the overall quality of the service, this could be further developed. In order to support the manager and staff, the provider should develop and implement formal quality assurance methods. This would then ensure that all aspects of the service were assessed with clear guidelines for development and improvement.

Questionnaires should be issued on a more regular basis to provide an ongoing audit of performance of the service in line with the participation policy. From the responses to the questionnaire there were concerns raised as to activities and vegetables; it was not clear what if anything had been done to respond to these concerns. The service also needs to develop action plans and timescales to deal with any issues arising from the results of the questionnaires.

The service should review its policies on a regular basis and should look at ways it can involve service users in that review.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

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	
16 Jan 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
9 Nov 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
1 Feb 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
9 Feb 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Other languages and formats

This report is available in other languages and formats on request.

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

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۔

ਬੈਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.