

Care service inspection report

Full inspection

Hayfield Support Services with Deaf People Support Service

260 Moffat Street
Glasgow

Service provided by: Hayfield Support Services with Deaf People

Service provider number: SP2004006901

Care service number: CS2003000849

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	4	Good
Quality of environment	4	Good
Quality of staffing		N/A
Quality of management and leadership		N/A

What the service does well

The service continued to provide a range of activities to meet the needs and preferences of people who used the service.

A long standing and experienced staff team provided consistency and continuity for service users.

What the service could do better

We have highlighted some areas for improvement and made recommendations in this report including staff training, safer recruitment, record-keeping and issues related to the environment.

What the service has done since the last inspection

A requirement and recommendations we made following the last inspection have been met or partially met.

The manager reported that the day care and residential sides of Hayfield services were working better together. This was shown through the close partnership working at reviews.

Communication methods had further developed since the last inspection with the introduction of 'Graphic Facilitation' and interactive wall boards.

Conclusion

We continued to find high levels of satisfaction from people who received the service. The manager should now develop a service development plan to guide the continuous improvement of the service and take forward the issues highlighted in this report and those raised by all stakeholders including people who use the service.

1 About the service we inspected

Hayfield Support Services with Deaf People is registered to provide a care service to a maximum of 36 adults who are deaf and who may also have additional difficulties related to physical disability, learning disability and/or mental health.

The premises are leased from Glasgow City Council.

One of the key themes of the service is to "enhance the independence and quality of life for deaf people with additional disabilities and to provide a warm, caring and supportive environment where open communication stimulates development".

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.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 4 - Good

Quality of environment - Grade 4 - Good

Quality of staffing - N/A

Quality of management and leadership - N/A

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

This unannounced inspection was carried out by one inspector on the following days: 24 May 2016 and 25 May 2016 between the hours of 8am and 5pm. We gave the manager feedback on our findings at the end of the inspection.

We took account of the completed annual return and self assessment forms that we asked the provider to complete and return to us.

We sent out questionnaires to the staff team and received seven back.

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

We interviewed:

- nine people who used the service with the help of a support worker or sign interpreters
- three support workers
- the cook, the admin assistant, and two cleaning staff
- the manager

We carried out a walkround of the building in the company of the manager and also observed staff practice during lunchtime and afternoon activity breaks on both days of the inspection and during an activity session on the second day of our visit.

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

- support plans and review paperwork
- health and safety checks such as hot water temperature checks
- environment risk assessment
- staff training records
- team meeting minutes
- staff supervision records
- review and support plan paperwork
- certificate of registration
- notifications of incidents
- accident and incident records
- activity programme timetable
- service user involvement meeting minutes

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. The self assessment provided 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.

However, we noticed that the self assessment was heavily focused on systems and inputs and did not evidence service user or other stakeholder involvement. We discussed with the manager at feedback about producing a more outcome focused self assessment whereby stakeholder input was evidenced and the impact of these systems and inputs on service users could be measured and considered.

Taking the views of people using the care service into account

We spoke with nine people with the aid of two sign language interpreters and one of the support workers. In general, people were complimentary about the service.

Comments included,

- "I have lots of friends here"
- "Staff are good signers"
- "Staff do not get angry"
- "Staff watch out for any bullying"
- "Staff know me well"
- "I like the food, they know I don't like mushrooms"
- "I play badminton and table tennis and go to college for computers"
- "Drawing birds and use different colours. I like the nail varnish and facials, we went to Ayr"
- "I do cooking and weights, swimming and badminton"
- "If there was a fire I would know to go to the exit"
- "The whiteboard is good for meetings, easy to follow"
- "The service has given me more confidence, helped me with my problems"
- "This is the best"
- "I feel respected"
- "I need help with the stairs"

Some other comments from people who used the service are referred to under the quality statements within this report.

Taking carers' views into account

We did not speak with any carers at this 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: 4 - Good

Statement 3

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

Service Strengths

The service was performing well in relation to this statement. We concluded this from speaking with people who used the service, staff, including ancillary staff, the manager, observing practice and looking at records.

Following the last inspection, we recommended that the provider should develop a clear system which alerts management and staff when six monthly reviews were due, in line with the statutory duty to review support plans within a minimum six month period. A review tracker system was now in place as per the previous recommendation. We noted a few overdue reviews by some months which need attention and pointed this out to the manager to address.

Support staff had received adult protection training and those staff we spoke with confirmed that they had a clear understanding of their role in protecting people from harm. They knew about the provider's Whistleblowing policy and described an open culture within the service, where any staff wrongdoing would be reported and acted upon by managers. Staff described managers as approachable and responsive. The manager provided notifications on adult protection incidents and external agencies were involved where appropriate.

We spoke with the administrative worker about financial systems and sampled records and money kept on behalf of service users. We found an accountable system with appropriate checks in place. This meant that any discrepancies could be quickly identified and addressed, protecting service users from financial abuse.

Service users took part in a wide ranging activities programme. This included, opportunities to promote physical and mental health and wellbeing. For instance, general fitness, healthy eating and nutrition classes were provided on a weekly basis and service users routinely used the centre's sports hall and training kitchen. Community facilities such as the local sports centre shops, leisure facilities, colleges and public transport were also part of the service's curriculum. Service users gave us positive feedback on the activities they participated in and told us they particularly enjoyed the social aspects of activities and the range of opportunities for fun and pleasure or to pursue their interests.

We observed staff interactions with service users and noted that relationships were based on mutual respect, acceptance, warmth and empowerment. Where individuals showed signs of distress, staff were observed to manage these situations with understanding and sensitivity.

Health and wellbeing were appropriately prioritised in support plan and review processes. For instance, we noted strong communication between the residential and day centre elements of Hayfield services which meant that all relevant medical information, appointments, medications, reviews and outcomes were identified, recorded and known.

Medication was administered to one service user by the manager or identified staff trained in medication management. Medicines were kept securely in a locked cabinet and medication records were also kept. We make further comment about the latter under "Areas for Improvement".

We examined staff training records and noted that staff received a good range of relevant training. This included, Graphic Facilitation, person centred planning, CALM de-escalation techniques and first aid accreditation. We spoke with the support worker who was trained and qualified as a CALM and Escapes

Techniques instructor. The inclusion of this resource within the team meant that team members received regular practice sessions and service users were better protected as a result.

Areas for improvement

We noted a few instances where a scribble on medication administration records indicated that medicine was not given. This was not in line with good practice. We discussed with the manager the need for a clearer coding system to record the reasons why a prescribed medicine was not administered. Hayfield was currently revising their medication procedures in line with guidance from our pharmacy adviser.

From people's feedback and our observations, we could see that access to the upper floor of the centre would become more and more of an issue in the future, in terms of the ageing service user population. We understood that plans to provide a passenger lift remained under consideration by the provider.

The cook had not received nutritional training. In addition, some support staff spoken with identified nutrition and dementia training as something they, and consequently service users, would also benefit from (See Recommendation 1).

In anticipation of staff's responsibility to be accountable for maintaining their own continuous professional development when registered with the Scottish Social Services Council (SSSC), we talked with the manager about how the service might embed a culture of self-directed learning at the service. Resources to enhance their skills and knowledge included the 'Hub' at the Care Inspectorate website, SSSC Step into Leadership programme and the Institute for Research and Innovation in Social Services (IRISS). The HUB is an online library of resources which includes publications, policy and legislation in social care as well as good practice guidance. SSSC is responsible for registering the social care workforce. IRISS promotes positive outcomes for the people who use Scotland's social care services.

The manager confirmed that ancillary staff had not received adult protection training and agreed to take this forward right away (See Recommendation 1). The service followed safe recruitment practices, but we were concerned to find that the Protecting Vulnerable Group (PVG) checks for one staff member who

was recruited last year had not been formally completed by the manager. When we pointed this out immediate action was taken to address this and protect service users, but the manager acknowledged that this situation should not have happened in the first place (See Recommendation 2).

The Scottish Government's learning disability strategy, "Keys to Life" was available to staff, but those we spoke with did not all have a clear understanding or how this needed to underpin and inform their work with service users. The manager agreed to take this forward. We also suggested to the manager that the graphic facilitation could be used to adapt the Easy Read version of the "Keys to Life" strategy for service users who would benefit from a different format.

We made a recommendation following the last inspection that records should include actions taken in the aftermath of an accident or an incident. Regarding accident records, we noted that records now reflected further actions taken. However, there remained scope to improve incident records by including a section to evidence manager overview and signing off, and any lessons learnt or further action taken, such as debriefing of staff after a violent incident (See Recommendation 3).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The manager should progress further training for staff in line with service users needs, such as dementia awareness training, nutritional training for the cook and staff, and adult protection training for all ancillary staff.

National Care Standards (NCS) 2 Support Services - Management and Staffing Arrangements

2. The manager should ensure that the provider's safe recruitment and vetting procedures are followed at all times.

NCS 2 Support Services - Management and Staffing Arrangements

3. Incident records should include management investigation/overview, be signed off by a member of management and indicate actions taken and/or lessons learnt.

NCS 2 Support Services - Management and Staffing Arrangements and NCS 10 Support Services - Feeling Safe and Secure

Statement 4

"We use a range of communication methods to ensure we meet the needs of service users."

Service Strengths

The service was performing very well in relation to this statement. We concluded this from speaking with people who used the service, staff, including ancillary staff, the manager, observing practice and looking at records.

The self assessment indicated that Hayfield planned to develop a health and hospital passport for each service user. This would help to inform medical and hospital staff about the person's communication needs, likes and dislikes, etc... and would be in keeping with the Scottish Government's Keys to Life strategy.

We were impressed by the range of communication aids used by the service, as it meant that service users were given every opportunity to get their views across and be understood by staff who supported them. For instance, the centre had visual aids, projectors, computer graphics, white wall boards and two enhanced interactive wall boards which were used on a regular basis, for example, to facilitate review meetings.

Staff had recently received training in graphic facilitation. This communication method was a more immediate method of communication based on large scale imagery to lead groups and individuals towards a goal and facilitate various processes such as meetings. We could see that this graphic facilitation was beginning to be used more and more within the service, for instance, to record service user involvement meetings and give them feedback on what was discussed, agreed and actions taken. Plans were in hand to put service users through graphic facilitation training as well.

Support staff were trained to a minimum of BSL level 2 and some had level 3 or higher. Refresher courses in signing skills continued. We noted that there was little turnover in staff and this meant that service users benefitted from staff who knew them well and understood the signs they used which were often unique to them. The well established staff group provided consistency and good

understanding of each service user's emotional, social and health care needs.

The complaints procedure, service user surveys, reviews and other key information processes were translated into pictorial and graphic form to make them user friendly.

When we spoke with service users, using the assistance of sign language interpreter or a support worker, they told us that communication was not a problem in the service. Comments included,

"Staff help me to communicate...I feel listened to"

"I like the white board"

"All the staff are good at signing. If I don't understand something I will ask staff, they are all as good"

We noticed a warm and friendly atmosphere in the centre, which encouraged communication, learning and cooperation.

Since the last inspection, signage around the building to orientate people to their environment had improved. Consequently, we observed freedom of movement around the building and people we spoke with were clear about the day centre layout such as location of fire escapes and offices.

We noticed that preferred methods of communication were recorded in care records. Reviews recorded the person's preference on how they wanted assistance to communicate their views, such as a support worker or an interpreter, and who they wanted to attend. In general, we found that the review system was an effective system for tracking peoples progress with identified outcomes.

Areas for improvement

Not all staff we spoke with felt that the staff team shared a common high standard of communication when it came to individual service users' more idiosyncratic sign language . In addition, a comment from a staff questionnaire suggested that "one or two staff have favourites and treat people differently." These were areas of communication that the manager could explore further with the staff team as learning and development topics.

We noted that the service user satisfaction survey included a number of closed questions requiring yes and no answers. We suggested to the manager that more open questions would generate more understanding of service users individual views.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 – Good

Statement 2

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

Service Strengths

The service was performing well in relation to this statement. We concluded this from speaking with people who used the service, staff, including ancillary staff, the manager, observing practice and looking at records.

We made a requirement following the last inspection to ensure that service users were protected from scalding. In response, the provider had fitted thermostatic mixing valves (TMVs) to all hot water outlets used by service users. We also sampled records for checking hot water temperatures and found that the temperatures recorded were within safe limits as indicated in guidance from the Health and Safety Executive. This requirement was now met.

Better signage was a recommendation we made following the last inspection and we found that this recommendation was now met.

We made a second recommendation for the provider to produce a cohesive environmental risk assessment. This recommendation was now met, but we noted from sampled records that the assessment was not fully up to date and pointed this out to the manager to address.

We sampled records and noted that equipment inspections and servicing was up to date. This meant that appropriate steps were taken to protect service users from faulty equipment.

We carried out a walkround of the building. The standard of cleanliness during this unannounced inspection was of a very good standard. The cleaners raised no issues of concern about the environment and service users told us that they were pleased with the accommodation.

The building had a controlled entry system and visual alarms were used to inform service users of events such as fire drills and evacuations. People we spoke with were clear about what they needed to do in the event of a fire.

Each service user was issued with a locker to store and keep safe their personal belongings.

Access to computers was filtered through security software to protect people from inappropriate websites.

We observed staff practice during the inspection and noted that they were mindful of safe care and required health and safety measures.

The painted pedestrian access in the car park had faded and needed attention so that service users with reduced safety awareness remained safe. The manager reassured us that he had plans to address this issue as part of ongoing building remedial work taking place in the service at the time of inspection.

Areas for improvement

We noticed that the car park area had uneven surfaces in places which could pose a potential trip hazard. We have made a recommendation in connection with this issue (See Recommendation 1).

As noted previously, the building had some limitations in respect of people who had restricted mobility accessing the upper floor. Installing a lift, which we have commented on during previous inspections, would be a major piece of work and financial outlay for the provider. However, this matter was becoming more of a priority as the years go on, in line with the changing needs of service users.

We signposted the manager to resources from Stirling University Dementia Unit to assist with carrying out a self assessment of the environment. This would help in assessing how well the environment was meeting the needs of people with dementia, a relevant issue for this service.

As noted elsewhere in this report, incident records sampled would benefit from a section on management overview to ensure practice was assessed and lessons learnt, where appropriate.

Where an individual may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, a tailor made 'escape plan' known as a Personal Emergency Evacuation Plan (PEEP) should be put in place (See Recommendation 2). We signposted the manager to online resources to assist him in devising PEEPs for service users, where appropriate.

We looked at food safety and kitchen records and found that these had not been kept in an accountable fashion (See Recommendation 3). In addition, the main kitchen had not received a local authority environmental inspection. We signposted the manager to the local authority website so that he could take this forward.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The uneven surfaces in the car park area should be rectified to protect service users and others from a potential trip hazard.

NCS 5 Support Services - Your Environment

2. Where an individual may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, a tailor made 'escape plan' known as a Personal Emergency Evacuation Plan (PEEP) should be put in place.

NCS 10 Support Services - Feeling Safe and Secure

3. Food safety and kitchen environment records should be kept in an accountable fashion.

NCS 2 Support Services - Management and Staffing Arrangements and NCS 5 Support Services - Your Environment

Statement 3

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

Service Strengths

The service was performing well in relation to this statement. We concluded this from speaking with people who used the service, staff, including ancillary staff, the manager, observing practice and looking at records.

The building boasted a range of areas for service users to participate in activities such as art, drama, exercises and team sports, cooking, communication and computer work.

Classroom and sports areas were well equipped. Aids and adaptations were provided as needed, such as a newly fitted walk in shower area.

We noted that service users' artwork and craftwork were displayed around the building and provided them with a sense of ownership of their surroundings.

A range of communication aids were provided to support people in their environment.

Service users actively contributed to service and to each others activities. For instance, through the service user involvement forum people were given a voice to comment on the service provision. We could see that recreational, social and personal development were essential elements of the service objectives and people's quality of life

Areas for improvement

The service was located in a large sandstone building over two floors. Ways to de-institutionalise the environment should continue to be explored and acted on.

We did not see evidence of ongoing evaluation of activity programmes and supported individual service user's personal development within the activity programme. We acknowledged that evaluations of progress would usually be discussed in staffs' supervision sessions, but records showed that supervision had been infrequent, indicating another area for improvement (See Recommendation 1).

Service users told us that activities were mainly done in groups. For instance, one person said: "I go out more but always group activities, I have not had one-to-one time for a long time". With the current transformation taking place within social care under the Scottish Government's self directed support, this may be an opportune time for the provider to review how well this day centre service is meeting the challenges of the personalisation agenda. By looking at the main elements (the building, the services and the relationships between the clients, staff and each other), there may be scope to further develop an even more flexible, outcome focused and person-centred service while providing more alternatives to large group activities that traditional day centres are normally associated with.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The manager should develop a more formal process of ongoing activity programme evaluation to assess specific service user outcomes and to measure the extent of meaningful activity in the service.

NCS 8 Support Services - Making Choices

Quality Theme 3: Quality of Staffing

Quality theme not assessed

Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

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

Previous requirements

1. The provider should ensure that hot water temperatures adhere to safe limits as per Health and Safety Executive guidance. This is to adhere to SSI 210 Regulation 4(1) (a). Timescale; 1 week from receipt of report.

This requirement was made on 30 April 2013

This requirement was now met.

Met - Outwith Timescales

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

Previous recommendations

1. The provider should develop a clear system which alerts management and staff when six monthly reviews are due. This is to comply with NCS Support Services, Standard 4.6 Support Arrangements.

This recommendation was made on 30 April 2013

This recommendation was now met. We make further comment about this under quality theme 1, statement 3.

2. The provider should record post accident/incident actions taken including any reporting carried out by staff. This is to comply with NCS Support Services, Standard 2.1 Management and Staffing Arrangements.

This recommendation was made on 30 April 2013

This recommendation was partially met. We make further comment about this under quality theme 1, statement 3.

3. The provider should ensure that appropriate signage is put in place to help orientate service users and visitors to the building. This to adhere to NCS; Support Services, Standard 5.2 Your Environment.

This recommendation was made on 30 April 2013

This recommendation was now met.

4. The provider should produce a cohesive environmental risk assessment, which identifies potential hazards, risks and actions taken to minimise risks. This is to adhere to NCS; Support Services; Standard 5.3 Your Environment.

This recommendation was made on 30 April 2013

This recommendation was now met. We make further comment about this under quality theme 2, statement 2.

5. The provider should ensure that staff appraisals are carried out as per organisational policy. This is to comply with NCS Support Services, Standard 2.4 Management and Staffing Arrangements.

This recommendation was made on 30 April 2013

This recommendation was now met. However, we noted that staff supervisions were not happening on a regular basis in line with the provider's own policy guidance. The manager agreed to address this.

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
30 Apr 2013	Unannounced	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
18 May 2010	Announced	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>Not Assessed</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>Not Assessed</div>
10 Jun 2009	Announced	<div>Care and support</div> <div>5 - Very Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>5 - Very Good</div> <div>Management and Leadership</div> <div>4 - Good</div>
2 Jun 2008	Announced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>3 - Adequate</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and Leadership</div> <div>3 - Adequate</div>

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nìthear iarrtas.

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

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