

Care service inspection report

Full inspection

Glaitness Centre (Support Service) Support Service

33 Queen Sonja Kloss
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2003009094

Inspection Visit Type: Announced (Short Notice)

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	4	Good
Quality of management and leadership	3	Adequate

What the service does well

The Glaitness Centre support service provides a homely setting where service users can be supported to enjoy a range of activities. The management team have plans to extend opportunities for people to access events and activities in the local area which will provide greater prospects for developing further options for people.

The staff had developed positive relationships with service users. This enabled them to develop good knowledge of people's health needs and the assistance they require.

What the service could do better

The accommodation looks tired and in need of refurbishment. The service needed to ensure that the changing room complied with best practice on infection control. The plan for improving opportunities for community activities should be progressed.

What the service has done since the last inspection

There have been changes within the management team and the service had appointed a new service manager.

Conclusion

The staff have continued to improve opportunities for developing skills and supporting greater independence for people. However, they needed to work in partnership with the people who use the service to take this forward so that the service delivers good outcomes for people in a planned and structured way.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

The support service is one of several care services provided from the Glaitness Centre, a purpose built care facility located in Kirkwall. The support service is registered to provide a day care service for up to 12 service users with physical and sensory impairments. The service is operated and managed by Orkney Health and Care, a partnership between Orkney Islands Council and NHS Orkney to improve and develop social care, community health and wellbeing.

The provider also operates a combined housing support and care at home service for people with disabilities and a short break and respite care service from the site at the Glaitness Centre. People who use the support service also use the supported accommodation or the respite service. The support service operates on Wednesdays, Thursdays and Fridays each week between 9am and 5pm.

The service aimed to support individuals to live in the community, promoting independence and self-management and to support people to feel as physically and emotionally well as they can be.

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 4 - Good

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

From the 1 April 2016 the way in which we carry out an inspection has changed. We choose which quality themes and statements are inspected for better performing services, to be more proportionate and targeted in our work. In highly performing services, inspections will consider Quality Theme 1: Quality of Care and support, Quality Theme 1, Statement 3 "We ensure that service user's health and wellbeing needs are met." This will be considered during all inspections. We will also look at one other quality theme.

This service is not eligible for this type of inspection. Therefore, in addition to Quality Theme 1, Statement 3; we also looked at Quality Theme 1, Statement 5 "We respond to service user's needs using person centred values." We also looked at two statements under each Quality Theme for Environment, Staffing and Management and Leadership.

We wrote this report following an announced (short notice) inspection that took place over two days on 15 and 16 June 2016. At the end of the inspection we gave feedback to the manager of the service and the operational manager.

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 into account feedback from service users, and staff who returned Care Standards Questionnaires to us before the inspection.

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 Aims and Objectives for the service
- minutes of meetings involving people who use the service and carers
- daily recordings
- individual support plans
- risk assessments
- review records
- the facilities within the building.

We also spoke with a number of people during our inspection including; five people who use the service, several staff, members of the management team and a volunteer.

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 completed self-assessment document from the service provider. We were satisfied with the way the service provider had completed this and the relevant information included for each heading that we grade services under.

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

Taking the views of people using the care service into account

We spoke with five people who used the service. They told us that they were generally happy with the service. They spoke highly with regard to the staff, but some were disappointed with the food provided. People also told us that they wanted to have some different activities and to have a greater say in how the service was run.

Taking carers' views into account

There were no carers available to speak with us during 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 3

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

Service Strengths

We looked at a range of evidence presented in support of this statement and considered that the service was performing at an adequate level of performance.

The 'adequate' grade applies to performance at a basic level where the strengths have a positive impact on the experiences of users, however weaknesses are constraining performance.

People who use the service also use the other services provided from the Glaitness Centre so their needs were well known to staff. There was some written information in people's support plans about their general health and support needs, but this was at a basic level.

Staff and supported people discussed the plans for the day at the morning meeting. This meant all staff were aware of any changes in service users' health and were clear on what supports may be required.

Each person had a key worker who was responsible for overseeing their care. People we spoke with knew who their key workers were and felt they could talk to them if they had any concerns. People spoke highly of the staff and said they were 'a good laugh'.

The service had good links with other agencies such as health and social

services. This meant that staff could access advice and guidance to help them support people in the most appropriate way.

People who used the service told us that they liked to come to the service to meet with their friends and enjoy 'a cup of tea and a bit of a blether'. Some of the group activities, such as carpet bowls generated excitement and competition for people. This provided good stimulation for people and promoted cognitive skills and dexterity.

Areas for improvement

The detail in support plans needed to be improved. This should include nutritional needs and how people will be supported to eat or drink; any support people needed with medication and personal care and how this should be delivered; any activities enjoyed and how this supports re-ablement, physical or mental health for people. **(See Recommendations)**

Risk assessments needed to be more robust and effective. This issue was highlighted in the last inspection report. The recommendation made in the last inspection report in relation to risk assessments has not been met and has been restated. **(See Recommendations)**

From the information in the minutes of performance meetings provided to us we saw that the management team had recognised issues in relation to the required frequency of reviews. We note that in March 2016 at least 50% of reviews were outwith the required timescales. The manager now needed to push forward with their plans for improvement and ensure that everyone's support plan is reviewed at least once in each six month period; that there is a record of the discussion held and the decisions made and that support plans were updated with new information and changes in support arrangements following the review meeting.

It would be beneficial to develop personal communication passports for people who have communication issues and do not or cannot use technology such as iPads to assist them to be heard. This would help staff and others working with supported people understand their needs and preferences; how each person experiences pain, distress or discomfort and how to alleviate this.

Communication passports are highly personalised and supports a person centred approach.

The service provided lunch in the form of a frozen meal which was heated on site. People who used the service told us that they thought these were frequently unappetising and often not good value for money. Nutritious and appetising meals are considered one of the foundations of building and maintaining good health and wellbeing. **(See Recommendations)**

People told us that they wanted more variety in the choice of activities offered and some new board games. They told us that their suggestions for different activities did not result in any significant changes in the planned programme for activities. A varied programme of activities helps stimulate people and improves both physical and mental dexterity and wellbeing. We discussed this with the new manager who had agreed that there was a need to look at the activities with people who use the service to develop a more exciting and enjoyable service for people. We shall look forward to seeing how this develops and improves the experience for people at the next inspection.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The provider should ensure that support plans are updated to include all relevant information including health and wellbeing needs and how these will be met; any dietary needs and how these will be catered for; arrangements for taking medication; leisure interests and preferred activities and decisions around potential risks and risk taking.

National Care Standards, Support Services: Standard 4 - Support Arrangements and Standard 16 - Keeping Well.

2. The provider must ensure that risk is considered as part of the planning for all activities that people are supported with. Where risk is identified then a risk

assessment should be completed to include the control measures in place and the additional supports and adjustments individuals may require to help maintain their safety.

National Care Standards, Support Services: Standard 4 - Support Arrangements and Standard 5 - Your Environment.

3. The provider should review the meal provision for people who use day care service to ensure that meals provided were attractive, substantial enough to satisfy people's hunger and meet people's nutritional and identified dietary requirements.

National Care Standards, Support Services: Standard 15 - Eating Well.

Statement 6

"People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides."

Service Strengths

We considered evidence in support of this statement including the new service brochure that encompassed all services provided from the Glaitness Centre and from talking to people who use the service. We thought that the service was performing to an adequate level.

The service brochure reflected all the services provided from the Glaitness Centre including supported accommodation and a small short break/respite care service in addition to the day care service. The service's stated aims included 'to deliver tailored services at home, or in a homely setting that promotes independence and self-management, to support people to feel as physically and emotionally well as they can be and for people to experience a service that is safe, effective, person centred and barrier free'.

Information about the day care service included; when the service operates, costs for example the charge for a meal and how people's contribution to these would be assessed; and information on a number of relevant policies was included. This gave people some basic information about what they could expect from the service.

Better information was provided through trial visits which could be arranged for people before they made a decision on whether this was a service they wanted

Areas for improvement

The service brochure provided very limited information about the day care service and what was available for people who might want to use this service. The provider should review the service brochure highlighting the benefits the service provides and include the kind of support that will be provided, such as support to access community services and resources; people's rights,

responsibilities and any restrictions when using the service. This will help people to make an informed decision on whether the service is right for them.

Individual service agreement should be reviewed and updated to reflect the contract between the provider and person using the service. This should include the days and times the service will be provided for them; what support will be provided; ie support with personal and intimate care needs, mobility, transport, meal arrangements and support to access other professional services. The service agreement should be reviewed alongside the review of personal support plans so that changing needs and usage of the service is appropriately reflected.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 2

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

Service Strengths

We considered a range of evidence in support of this statement. We considered that the service's overall performance to be adequate.

There was appropriate mobility aids and equipment to ensure people were cared for in a safe manner for example; hoists, slings and so on. A personal care room was available to assist people with intimate personal care and more complex health needs. This ensured privacy for people and protected their dignity.

Records showed that safety checks were made regularly to ensure safety for people using the building. Maintenance records were up to date and followed safe practice. Fire safety procedures were followed, staff had appropriate training and there were regular fire drills. This helped to ensure that equipment was safe and staff were familiar with safety procedures that helped to protect people.

Areas for improvement

We noted that storage space was limited and additional supplies and equipment such as folders and filing cabinets were kept in the personal care room. Some of this required to be moved for staff to reach gloves and aprons. This was an issue highlighted in the last inspection report and a requirement was made that the provider ensured appropriate measures and controls including staff training and monitoring of staff practice and cleaning routines for the control of infection and safe management of care equipment. At this inspection we noted that not all staff had completed training on infection control practice and that there had been little change in the internal environment within the personal care room. This gives rise to concerns regarding risk to people who use this room from cross contamination and

infection. The requirement has not been met and we have agreed that the timescale for meeting this requirement is extended to six months from receipt of this report. The provider is directed to the Standard Infection Control Precautions (SICPs); NHS Scotland National Infection Prevention and Control Manual.

An updated risk assessment for the premises had been completed following our last inspection. This contained basic information regarding standard risks including food preparation, slips, trips and falls, equipment and biological hazards. However, we found that the assessment was not as detailed as we would have expected. For example, the hazards identified in the work environment, did not include those arising from different types of flooring used or detail further actions needed to mitigate risks from inappropriate storage. In discussion the operational manager told us that planned training for staff on risk assessment had not yet taken place. **(See Recommendations)**

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should ensure a comprehensive risk assessment for the premises is undertaken to ensure people who use the service and staff are adequately protected from avoidable risk. To assist with this the provider is directed to the Health and Safety Executive for further information on risk assessment and risk management.

National Care Standards, Support Services: Standard 2 - Management and Staffing Arrangements.

Statement 3

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

Service Strengths

We considered the evidence presented to us and found that the service was performing at an adequate level in relation to this statement.

The premises were a purpose built facility and part of a wider community complex. The building was well used by the staff group, visiting professionals and users of other services. There was good disabled access to the premises which meant that people with mobility problems could access the building independently.

The service benefitted from spacious garden grounds surrounding the premises which could be used by service users for outdoor activities. Part of the garden area was enclosed providing a safe space for people to sit outside and privacy could be ensured.

There was ample indoor space for different activities to take place at any one time. This gave people choices for joining activities with small or larger groups or for pursuing individual activities.

A personal care and treatment room was available so that people could be assisted with personal and intimate care in a dignified and respectful manner.

The service provided transport to take people to and from the service. This made it much easier for people with mobility issues and who lived further afield to access the service. Occasional local trips and outings could be arranged so that supported people could enjoy local events or activities outwith the centre.

Areas for improvement

In the last inspection report we highlighted that the garden area could be better used to provide accessible outdoor activities for people. We made a recommendation about this. In discussion the manager agreed that they had

not moved forward with this but had planned to consult with people who use the service to plan changes to the outdoor space, including the garden. This recommendation has not yet been met and has been restated. **(See Recommendations)**

We also highlighted that the interior décor looked tired and showed obvious signs of wear. We thought that this aspect did not help to cultivate an attractive and welcoming environment that would promote wellbeing for service users. We made a recommendation that the provider redecorate and plan a refurbishment programme to keep the building in a good state of repair and provide a welcoming and attractive setting for people who use the service. This recommendation has not been met and has been restated. **(See Recommendations)**

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The manager should include service users in the development and use of the garden so that they can enjoy opportunities for outdoor activities in accordance with their individual goals and aspirations and help to promote wellbeing for people.

National Care Standards, Support Services: Standard 5 - Your Environment.

2. The provider should undertake a redecoration and refurbishment programme so that the fabric of the building, fixtures and fittings are maintained in a good state of repair and the premises provides an attractive, welcoming and safe environment for people.

National Care Standards, Support Services: Standard 5 - Your Environment.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 – Good

Statement 3

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

Service Strengths

The staff we spoke with were knowledgeable, competent and had completed appropriate training to meet the needs of people who used the service to a good level. The 'good' grade applies to performance characterised by important strengths which have a significant positive impact.

There was a good induction pack that showed where new employees were in their initial training and induction to Glaitness. This also recorded when staff felt confident to work in each area of their practice. This helped to ensure that staff were knowledgeable about the needs of the people they were supporting and competent to deliver this safely.

The service had a staff training plan in place which consisted of core training and induction. Regular updates and refresher training helped to ensure that staff knowledge followed new guidance on safety issues such as moving and handling and first aid. Training records were held electronically. There was a system in place to alert the manager or seniors when updates were due. This helped the service to ensure that all staff completed statutory training and that this was kept up to date with current legislative requirements.

Staff had regular supervision meetings with a senior member of staff. These were recorded and we could see where reflection on individual practice had helped staff look at better ways of working with people.

Staff could request additional training based on the needs of the people who used the service. We could see from staff supervision records where this was

agreed. These showed the progress made by individual staff in developing their knowledge and practice.

Areas for improvement

The training needs analysis highlighted a number of gaps in the training provided for staff. Issues of protection and safety for people who use the service, such as risk assessment and adult support and protection training must be prioritised.

We looked at the electronic training records provided and compared them against the records staff kept in their own files. We saw that these did not match and that recent records of completed training had not been updated in the electronic record. The provider is required to retain accurate records of training and details of delivery for staff. This issue was highlighted in the last inspection report and we made a recommendation about this. The recommendation has not been met and has been restated. **(See**

Recommendations)

The infection control practices of some staff were not in keeping with best practice guidance and could potentially present a risk to service users particularly those with complex health issues. The provider needed to ensure that staff were aware of and were following infection control guidance and Standard Infection Control Precautions. This issue was highlighted in the last inspection report and we made a recommendation. In discussion the operational manager agreed that staff training on infection control procedures and practice had not been fully delivered. The recommendation has not been met and has been restated. **(See Recommendations)**

Direct observation of staff practice could be included as part of staff supervision and appraisal. This would help to assess staff competence in their practice and support staff to develop professionally.

Although training was discussed with staff in supervision and their suggestions were included in the annual training plan for the service, the provider should ensure that this continues to develop so that an evaluation of individual staff skills was embedded in supervisory practice.

Grade

4 – Good

Number of requirements – 0

Recommendations

Number of recommendations – 2

1. The provider must ensure that accurate training records for all staff are maintained and updated as required.

National Care Standards, Support Services: Standard 2 – Management and Staffing Arrangements.

2. The provider must ensure that all staff were competent and effective in their practice. In order to achieve this, the provider must ensure that all staff complete training on infection control and had a sound knowledge of best practice guidance and standard infection control precautions. Training should be updated on a regular basis to ensure that staff knowledge remained current and staff followed best practice. The provider should also consider the appointment of a staff 'champion' in infection control practices who has specific knowledge or an interest in infection control and could act as a mentor for other staff.

National Care Standards, Support Services: Standard 2 – Management and Staffing Arrangements and Standard 5 – Your Environment.

Statement 4

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

Service Strengths

We considered a range of evidence in support of this statement. We concluded that the service was performing to a good standard.

Staff were observed throughout the inspection to be respectful and encouraging towards supported people and each other. We saw how they promoted individual choice for people and respected the decisions they made; supported independence with sensitivity upholding people's dignity; and respected their abilities enabling people to retain and build skills and confidence. Staff knew people's needs very well and adopted a flexible, relaxed approach to meet these in ways that were acceptable to those they supported.

Staff enjoyed good relationships with professionals from other agencies such as health and social work. This meant that they could access advice, guidance and support that helped them to achieve good outcomes for supported people.

Areas for improvement

Staff needed to have a better understanding of outcomes and how these link to personal goals. Support plans should have more emphasis on people's abilities showing what they can do for themselves and demonstrate how people are supported to develop choice and independence.

Support plans should include more detail about the activities people were involved with and include identified outcomes to help clarify why support is provided and ensure that as people's skills develop, support is adjusted and tailored to individual needs. This will help to promote greater independence for people and improve people's self-confidence over time.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 – Adequate

Statement 3

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

Service Strengths

We considered the evidence presented in support of this statement and assessed the service to be performing at an adequate level.

Staff were supported to achieve professional qualifications through the SVQ awards and most staff were registered with a relevant professional body. This meant that they were required to keep their learning and knowledge updated and ensure their practice met appropriate standards.

We could see from individual supervision meetings and staff meetings that staff were encouraged to identify any training and development needs that they felt would improve outcomes for people who use the service. This included epilepsy, diabetes and managing continence.

Staff were encouraged to work on their own initiative and manage key working and support planning which provided opportunities for them to demonstrate some basic leadership skills.

Areas for improvement

The operations manager told us that the service promoted leadership through 'champion' roles where named staff had specific responsibilities on important issues. However, we found that these roles were not supported with additional training to enable staff to develop an expertise in the area they were named champion for. The provider must ensure that staff who have specific roles and responsibilities are properly supported through appropriate training and mentoring so that they are confident and have the appropriate knowledge to guide and support staff practice. This issue was highlighted in the last

inspection report and we made a recommendation about it. The recommendation has not been met and has been restated. We shall look again at this issue at the next inspection. **(See Recommendations)**

From the information provided, we thought that the 'champion' roles allocated had not been fully thought through. The service had champions for routine tasks such as ordering stores, cleaning and fire safety checks which did not require a specific skillset. In order to develop a skilled, competent and confident staff group, the provider needed to challenge staff thinking and promote progression within the service. This could be achieved through developing knowledge and skills in specific areas of practice; for example - involvement activities, infection control issues, positive behaviour strategies or other relevant areas of service delivery. This will help staff to develop leadership skills and lead to better outcomes for people who use the service.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should consider ways to promote leadership values at all levels of the workforce. In order to support this they should consider offering Management and Leadership development programmes or training such as the 'Step into Leadership' detailed on the Scottish Social Services Council (SSSC) website.

National Care Standards, Support Services: Standard 2 - Management and Staffing Arrangements.

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

The service has made important improvements in developing and rolling out a quality assurance system which identifies areas for improvement. This included action plans linked to the National Care Standards and identified responsible people allocated to deliver the changes.

The provider has several registrations and one manager. One of the key changes has been around creating one plan for improvements to be made.

The provider has an easy read complaints guide that is available to people who use the service and their representatives. As the service develops, it would be good to see consideration of other more easily accessible types of documents.

Areas for improvement

We did not see how people who used the service or staff were involved in the self-assessment process. This meant that opportunities to improve and consider future improvements for the service had been limited. 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. One of the foundations of a good system for improving quality of service is feedback from all key stakeholders, including those who use the service, staff working in the service and other professionals working in partnership with the provider to deliver the service. **(See Recommendations)**

Although the systems for assessing and monitoring the quality of service were in place and a service development plan was produced, there did not seem to be a process for reviewing progress on implementing improvements. This meant that the Quality Assurance system was incomplete. The provider needed to ensure that the development plan was reviewed regularly and that there was a process for evaluating the impact of the planned changes on the quality of the service delivered and improved outcomes for people who use the service.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider needed to develop systems for gathering feedback from all key stakeholders, including people who use the service and their representatives. The collated feedback should feed into and inform the service development plan and should evidence an outcome focused approach. Satisfaction surveys for people who use the service and their representatives should invite views about the ways in which the quality of the management and leadership of the service could be further improved.

National Care Standards, Support Services: Standard 2 - 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 they have effective measures and controls including staff training and monitoring of staff practice and cleaning routines for the control of infection and safe management of care equipment.

This is in order to comply with SSI 2011/210 Regulation 4(1)(d) Welfare of users.

Timescale for implementation - one month from receipt of this report.

This requirement was made on 11 June 2015

We saw that some staff training had been undertaken but generally this was still in progress. Staff spoken with had a basic understanding of infection control procedures such as good hand hygiene and using gloves and aprons. Reports indicated these were routinely used when assisting people with personal care. However, this did not appear to have resulted in a safer environment where personal care tasks were carried out. This requirement has not been met. The provider is directed to NHS Education for Scotland 'National Infection Prevention and Control Manual; Chapter 1: Standard Infection Control Precautions; 1.6 Safe Management of the Care Environment' (April 2016).

Not Met

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

Previous recommendations

1. The provider should undertake a refurbishment programme so that the fabric of the building, fixtures and fittings are maintained in a good state of repair and the premises provides an attractive, welcoming and safe environment for people.

National Care Standards, Support Services: Standard 5 – Your Environment.

This recommendation was made on 11 June 2015

We could not evidence any progress on meeting this recommendation. We shall look again at this at the next inspection.

2. The manager should include service users in the development and use of the garden so that they can enjoy opportunities for outdoor activities in accordance with their individual goals and aspirations and help to promote wellbeing for people.

National Care Standards, Support Services: Standard 5 – Your Environment.

This recommendation was made on 11 June 2015

The operational manager had agreed that the service had not made any progress towards meeting this recommendation, however, with the new service manager now in post it was hoped that discussions with people who use the service and a volunteer would take place shortly to plan changes to the outdoor space, including the garden. This recommendation has not yet been met and we shall look again at this issue at the next inspection.

3. The provider must ensure that accurate training records for all staff are maintained.

National Care Standards, Support Services: Standard 2 – Management and Staffing Arrangements.

This recommendation was made on 11 June 2015

Since the last inspection, staff records had been updated to include records of training they had completed with dates of the training provided. Additionally the provider kept an electronic record of all training undertaken by staff. This included a system to alert the service when core training was due to be updated. This helped ensure that staff kept up to date with changes in care practice. This recommendation has been met.

4. The provider must ensure that all staff were competent and effective in infection control practice. In order to achieve this the provider must ensure that all staff complete training on infection control and had a sound knowledge of best practice guidance. Infection control training should be updated on a regular basis to ensure that staff knowledge remained current. The provider should also consider the appointment of a staff 'champion' in infection control practices who has specific knowledge or an interest in infection control and could act as a mentor for other staff.

National Care Standards, Support Services: Standard 2 – Management and Staffing Arrangements and Standard 5 – Your Environment.

This recommendation was made on 11 June 2015

As highlighted in the Outstanding Requirements section in this report, staff training in infection control had not been completed by all staff. This recommendation has not been met and we shall look again at this issue at the next inspection.

5. The provider should ensure they improve the service by considering ways to promote leadership values at all levels of the workforce. In order to support this they should consider offering Management and Leadership development programmes that consider leadership skills such as leadership and vision, power and influence and positive risk taking.

National Care Standards, Support Services: Standard 2 – Management and Staffing Arrangements.

This recommendation was made on 11 June 2015

We could not evidence that any progress had been made by the service in meeting this recommendation. In discussion the operational manager told us that some staff had taken on 'champion' roles but did not detail any support provided to staff to support them in developing leadership skills. This recommendation has not been met and we shall look again at this at the next inspection.

6 Complaints

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

7 Enforcements

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

8 Additional Information

9 Inspection and grading history

Date	Type	Gradings
11 Jun 2015	Unannounced	<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>
6 Nov 2014	Unannounced	<div>Care and support</div> <div>3 - Adequate</div> <div>Environment</div> <div>3 - Adequate</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and Leadership</div> <div>3 - Adequate</div>
9 Nov 2011	Unannounced	<div>Care and support</div> <div>5 - Very Good</div>

		Environment Staffing Management and Leadership	Not Assessed 5 - Very Good Not Assessed
8 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
27 May 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good
18 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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