

Care service inspection report

Full inspection

Glaitness Centre (Care Home) Care Home Service

34 Queen Sonja Kloss
Glaitness
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2004059956

Inspection Visit Type: Unannounced

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

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

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Summary

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

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

We gave the service these grades

Quality of care and support	3	Adequate
Quality of environment	3	Adequate
Quality of staffing	4	Good
Quality of management and leadership	3	Adequate

What the service does well

The short breaks and respite care service provided from the Glaitness Centre offers people with physical and sensory impairments opportunities for a short holiday or break away from their home circumstances and usual routines.

People can be supported to enjoy a range of activities in the day care service attached to the centre.

Staff had developed positive relationships with those who regularly use the service. 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 is tired and in need of refurbishment. The provider must take action to upgrade and improve the accommodation so that people using the service can enjoy a pleasant, welcoming and safe environment that promotes a positive experience for them.

The manager needed to ensure that staffing was adequate to meet the assessed needs of people who use the service. Staff training needed to be planned to meet the needs of service users and the development needs of staff, delivered within reasonable timescales and accurately recorded.

The service needed to ensure that they provided appropriate resources to enable people to have a positive experience of their stay.

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.

Since the last inspection the premises have been deep cleaned and a manager had allocated a named member of staff to manage the cleaning routines for the service. This should help to ensure that the short break flat was fully prepared for the arrival of each new guest.

Conclusion

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

1 About the service we inspected

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

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

The service is operated and managed by Orkney Health and Care, a partnership between Orkney Islands Council and NHS Orkney. The short break and respite care service is registered to provide a care service to one person with physical or sensory impairment at any one time. The service is provided from a single person flat located within a supported housing development on the outskirts of Kirkwall.

The provider also operates a combined housing support and care at home service for people with disabilities and a day care service from the site at the Glaitness Centre. People who use the short break service can also use the day care service.

The service aimed to:

- support people with a physical disability or sensory impairment to remain in their own homes by the provision of respite care in the community which is flexible and respectful of people's dignity and which acknowledges their right to make informed choices, in a sensitive and responsive environment.
- work alongside people to meet their individual needs and outcomes to achieve their full potential in a person centred way involving individuals, families and the general community.

Recommendations

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

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

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

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

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

Quality of care and support - Grade 3 - Adequate

Quality of environment - Grade 3 - Adequate

Quality of staffing - Grade 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 high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

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" 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 of the other Quality Themes for Environment, Staffing and Management and Leadership.

We wrote this report following an unannounced inspection that took place over two days on 14 and 15 June 2016. We gave feedback to the manager of the service and the operational manager on 16 June 2016.

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.

We also spoke with two people who regularly use the service during our inspection, several staff and members of the management team.

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 two people who used the service. They told us that they were generally happy with the service. They spoke highly with regard to the staff, and one person told us how much they appreciated staff taking a little time to talk to them. However, they also said that they would like some more support to enjoy activities within the community and the opportunity to spend more social time with staff.

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 day care 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 very basic level.

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 came for a break and that they could continue to access the day care facility during their break. One person told us that the service had got better recently as staff spend more time with them.

Areas for improvement

Risk assessments needed to be more robust and effective. This issue was highlighted in the inspection report. We found that some risk assessments contained more detail than others. While some had identified the risk presented, none had evaluated the impact on the person or the efficacy of existing control measures which would lead to consideration of any additional supports that would manage these risks better. Where specific risk has been identified for example use of bed guards, the provider must ensure that a comprehensive risk assessment has actually been completed and is reviewed prior to each stay. This will ensure that the information and guidance for staff is kept up to date. The requirement has not been met.

We noted that the service still did not undertake comprehensive dependency assessments for people using the service. There was little evidence that the service took account of all of an individual's support needs to inform the direct care hours each person required; that informed appropriate staffing levels in the care home. This was an issue we highlighted in the inspection report dated November 2014. Since that time, a shift planner had been introduced which allowed staff and the manager to identify core times when support with physical and personal care needs were required. However, this did not include people's social and psychological needs or how the service would support these. For one person planned social time was scheduled with staff during their stay; however this was not linked to an assessment of needs. We learned that staffing was sometimes stretched when the short break service was in use and that one person regularly had to wait up to 50 minutes before staff could attend to their needs. This was an issue picked up by the manager in the performance meetings and some changes had been made to recording procedures to give more accurate data on this issue. The requirement has not been met.

While reviews were held usually six monthly, agreed changes did not update the support plan. For example one person had asked for a nightly check, however this was not included in the new support plan and no reference was made in the daily service provision record to remind staff to do this. Support plans need to be fluid documents that change in response to the changing needs and wishes of people who require support. The provider needed to ensure that support plans were updated at least after each review. **(See**

Recommendations)

Meals were usually home cooked by support staff however, we learned that they were often batch cooked and frozen prior to the person arriving at the service for their short break and reheated when needed. Staff told us that this was because they did not have scheduled time to prepare and cook meals within their daily routines. This restricted choice for people who used the service. The manager needed to consider how meals and the experience for people during mealtimes can be improved.

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. This would help staff and others working with supported people to understand their needs and preferences; how each person experiences pain, distress or discomfort and how best to alleviate this. Communication passports are highly personalised and supports a person centred approach.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The provider should ensure that support plans were 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, Short Breaks and Respite Care Services: Standard 4 - Positive Experiences and Standard 7 - Individual Agreement.

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 day care service in addition to the short break / respite 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 short break service included; type of accommodation offered, how people could access the service and how the cost of the service would be calculated. Information on a number of relevant policies was also 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 information brochure needed to be updated and reflect the service that will be provided as part of the Short Break service. **(See Recommendations)**

Individual service agreement should be reviewed and updated to reflect the contract between the provider and person using the service. This should reflect the information detailed in the National Care Standards for Short Breaks and Respite Care 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. **(See Recommendations)**

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The provider should review the information brochure for the respite and short break service. The brochure should reflect the detail outlined in the National Care Standards for Short Breaks and Respite Care Services and kept up to date so the information is reliable using language that people can easily understand. Information about the service should include details that give confidence that the break will meet people's social needs as well as those for care and support.

National Care Standards, Short Breaks and Respite Care Services: Standard 1 - Informing and Deciding.

2. The provider needed to ensure that each person using the service had an individualised service agreement that detailed their own and their carer's wishes from the service and what will be provided. This should include an assessment of their needs, carried out by the provider and how the service will meet those needs. The provider should ensure that these documents were signed by all parties and dated.

National Care Standards, Short Breaks and Respite Care Services: Standard 7 - Individual Agreements.

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

Access to the accommodation and the main complex was well maintained and there were systems in place to ensure the walkways were kept safe for people to use.

Records showed that safety checks were made regularly to ensure safety for people using the accommodation or short breaks. Maintenance records were up to date and followed safe practise.

Fire safety procedures were followed, staff had 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

At this inspection we noted that not all staff had completed training on infection control practice. In discussion, the operational manager told us that planned training for staff on infection control had not yet taken place. The requirement made in the last inspection report has not been met.

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 and did not include specific reference to the short break accommodation. For example at the inspection visit in February 2016 we noted that the overhead hoist had been condemned, but was still operational. Staff were to use mobile hoists for transfer, but there was no reference to this in the risk assessment. At this visit we learned that a new hoist had been delivered and awaiting installation in the accommodation. This would appear to be an exceptionally long period for a service such as this to be without a useable overhead hoist and there were no contingency measures noted in risk assessments. **(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, Short Breaks and Respite Care: Standard 8 - Feeling Safe and Secure.

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 service was provided from a purpose built facility and part of a wider community complex. The accommodation was attached to the main staff hub

and day care centre. There was good disabled access throughout the complex which meant that people with mobility problems could access local facilities and resources independently.

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

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

People who used the short break service could also use the day care facility if they wanted to. This provided opportunities for people to join in scheduled activities and organised events. This facility enabled opportunities for socialisation and for people to meet friends and make new acquaintances.

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

Areas for improvement

At the last inspection we noted that the accommodation was not as clean as it should have been and that there was an unpleasant odour in the bedroom which suggested some significant action needed to be taken. The poor standard of cleanliness had previously been brought up by service users and their families in feedback comments. We made a requirement that the provider should develop and implement a cleaning routine that will ensure that in addition to day to day cleaning and household management, the respite accommodation is thoroughly and systematically cleaned at the end of each period of respite and that staff were appropriately trained on infection control issues. At this inspection, we were assured that a deep clean of the service had been completed and a named member of staff had been allocated responsibility for the care and maintenance of the short break accommodation. We were not able to access the accommodation to validate this, however the operational manager agreed that staff training on infection control had not been delivered.

The requirement has not been met and we shall look again at this issue at the next inspection.

In the last inspection report we highlighted that access to companionship and local recreational facilities was limited and often depended on family members or carers from other providers to support people to access leisure and recreational activities. At this inspection we saw that there was some recognition of people's social needs, however the action taken to address this was very limited. We could not evidence that the service had fully assessed the social and recreational needs of people who used the service and staffed the service adequately to support these and enable people to enjoy a positive experience while using the service. The requirement made in the last inspection report has not been met. (See Quality Theme 1, Quality Statement 3). We shall look again at this issue at the next inspection.

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 people or support them to have a positive experience. 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 - 1

1. 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, Short Breaks and Respite Care Services: Standard 4 - A Positive Experience.

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.

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. In discussion, the operational manager informed us that following advice from the Care Inspectorate professional advisor – pharmacy; training now provided to staff met the competencies detailed in professional qualifications such as that in the SVQ level 3 module HSC375/CHS3 Administer Medication to an Individual. This was good practice and will promote staff confidence in this area.

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 requirement. As highlighted elsewhere in this report the operational manager agreed that staff training on infection control procedures and practice had not been fully delivered and the requirement has not been met. The service would benefit from having a member of staff who has a sound knowledge of infection control procedures and good practice. **(See Recommendations)**. We shall look at progress made by the provider at the next inspection.

Training records showed that staff training in medication had not been delivered to all staff who needed this and for a small number of staff, this was shown to have been delivered a number of years ago. In discussion, the operational

manager informed us that all staff had completed medication training, however the records did not support this. We have made a recommendation about maintaining accurate up to date records.

The outcomes from 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, Short Breaks and Respite Care Services: Standard 5 - Management and Staffing Arrangements.

2. The provider should 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, Short Breaks and Respite Care Services: Standard 5 - Management and Staffing Arrangements.

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 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 how people would be supported with their healthcare and social needs and include information about the things that were important to people. This will help staff to deliver a more personalised plan of care and support tailored to individual needs.

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 operational 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. **(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, Short Break and Respite Care Services: Standard 5 - 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 some 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 highlighted this issue in the last inspection report and made a recommendation. We saw no evidence that this had been taken forward. The recommendation has not been met. 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. However, this was just at the beginning stage and we shall expect to see some significant improvements at the next inspection. 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 - 2

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, Short Breaks and Respite Care Services: Standard 5 - Management and Staffing Arrangements.

2. The provider should continue to review the participation statement for the service to reflect an outcome focused approach. They should develop an action plan that clearly states what the service will do in response to feedback and how they will inform people of the changes made as a result of that feedback.

National Care Standards, Short Breaks and Respite Care Services: Standard 5 - Management and Staffing Arrangements and Standard 11 - Having Your Say.

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

Previous requirements

1. The provider must make proper provision for the health and welfare of service users by fully implementing and embedding robust quality assurance arrangements that evidence improving outcomes for service users.

This is in order to comply with: SSI 2011/210 Regulation 3 - Principles and Regulation 4(1)(a) Welfare of Users. We took also account of the National Care Standards, Care Homes for Short Breaks and Respite Care Services; Standard 5 - Management and Staffing Arrangements.

Timescale for implementation - six months from receipt of this report.

This requirement was made on 23 September 2013

At the last inspection in February 2016 we noted some progress made in that the operational manager had set up regular performance meetings with seniors. This was to look at how they implement systems that would inform a quality assurance tool and highlight where improvements needed to be made. This was a good start, however further progress in this area had been limited. In discussion the operational manager acknowledged that this was due in part to her limited availability to support progress. However, the new manager for the service is now in post and it is expected that a system for quality assurance that is meaningful and inclusive will be developed and implemented.

The requirement has not been met. We have agreed to an extended timescale for meeting this requirement by 31 March 2017.

Not Met

2. The provider must ensure that comprehensive risk assessments are completed for each service user that is relevant to their particular needs and circumstances and clearly identifies the risks, triggers and control measures in place for each person. Risk assessments must contain clear guidance on what action staff must take in order to manage identified risks safely. Risk assessments should be reviewed and updated as often as required and at

least once in each six month period alongside reviews of individual support plans.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) Welfare of Service Users.

Timescale for implementation - by 31 January 2015.

This requirement was made on 04 November 2014

At the last inspection in February 2016, we could not evidence robust risk assessments that guided staff practice and ensured due consideration of existing control measures and additional steps that may be needed to manage identified risks appropriately. At this inspection we found that little progress had been made in meeting this requirement and that information on known risks were missing from people's support plans. In discussion, the operational manager told us that planned staff training on risk assessment had not yet taken place. This gives cause for concern about the service's ability to provide support that protects people appropriately including staff. The provider was directed to the HSE website for further information on conducting and completing risk assessments. This requirement has not been met and has been restated. We shall look again at this issue at the next inspection.

Not Met

3. The provider must compile dependency rating assessments of service users' overall care and support needs and use this to inform staffing levels within the unit.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 4(1)(a) and 15(a) - Requirements to make proper provision for the health and welfare of service users, and requirements to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Timescale for implementation - within three months of receipt of this report.

This requirement was made on 04 November 2014

The manager told us that the service had adopted the Indicator of Relative Need assessment tool to support care planning and assess the staffing required to meet

people's physical, social, psychological and recreational needs. However, whilst we could see that action had been taken in some instances to support social and psychological needs, this was not detailed as required and was not seen to be consistent practice for everyone who used the service. The legislation requires providers; "For everyone using the service, to keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care; and record this in each care plan as this will inform the direct care hours for the individual."

We could not see how the service used information on individual needs to inform staffing levels and deployment of staff to meet these needs. The requirement has not been met.

Not Met

4. The provider must comply with the conditions under which the registration for the service was granted.

This is in order to comply with: The Public Service Reform (Scotland) Act 2010 Section 60 - Registration of Care Services.

Timescale for implementation - three months from receipt of this report.

This requirement was made on 04 November 2014

Since the last inspection, the manager successfully applied to the Care Inspectorate to vary the conditions under which the service was registered. This was to take account of the type and nature of the service provided. This requirement has been met.

Met - Within Timescales

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

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - Welfare of Users.

Timescale for implementation - by 30 November 2016.

This requirement was made on 24 February 2016

The operational manager told us that new procedures had been developed following consultation with the Care Inspectorate Professional Advisor - Pharmacy, however there was no evidence that practice in recording medication for people had changed. The requirement has not been met.

Not Met

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

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

This is in order to comply with: SSI 2011/210 - Regulation 4(1)(d) - Welfare of Users; and Regulation 10(2) - Fitness of Premises.

Timescale for implementation - six months from receipt of this report.

This requirement was made on 24 February 2016

Since the last inspection, the premises had been deep cleaned and a checklist prepared to help staff ensure that the premises were ready for new guests. A member of staff had been allocated responsibility for ensuring cleaning of the premises between guest stays, however the training records show that they had not completed training on infection control. The manager had acknowledged that staff

training on infection control procedures and practice had not yet happened. This requirement has not been met.

Not Met

7. The provider must ensure that all staff who work in the short break service are registered with a professional body.

This is in order to comply with: SSI 2011/210 Regulation 9(2)(b) - Fitness of Employees.

Timescale for implementation - six months from receipt of this report.

This requirement was made on 24 February 2016

We checked the information provided by the service which indicated that all staff who were required to be registered were registered with a relevant professional body. We verified a random sample of staff registration with the Scottish Social Services Council and were satisfied that this requirement has been met.

Met - Within Timescales

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

Previous recommendations

1. The provider should continue to review the participation statement for the service to reflect an outcome focused approach. They should develop an action plan that clearly states what the service will do in response to feedback and how they will inform people of the changes made as a result of that feedback.

National Care Standards, Short Breaks and Respite Care Services: Standard 4 - Positive Experiences.

This recommendation was made on 06 November 2014

We could not evidence that any further work had taken place in relation to this recommendation since the last inspection of the service. Satisfaction surveys were due to be sent out to people who use the service in the weeks following this inspection. The operational manager told us that this feedback will inform an action plan and people who use the service will be advised about what changes will take place as a result of their feedback. However, this recommendation has not yet been met and we shall look again at this issue at the next inspection.

2. The provider should develop an information brochure detailing what people can expect from the respite and short break service. The brochure should be kept up to date so the information is reliable using language that people can easily understand. Information about the service should include details that give confidence that the break will meet people's social needs as well as those for care and support.

National Care Standards, Short Breaks and Respite Care: Standard 1 - Informing and Deciding.

This recommendation was made on 06 November 2014

Since the last inspection visit the service had developed a service brochure that reflected all the services provided from the Glaitness Centre including the short break service, supported accommodation and a small day care service. The brochure gave very limited information about the short break/respite care service and what people who might want to use this service could expect. The provider should review the service brochure highlighting the aims of the service and include information detailed in the National Care Standards for Short Breaks and Respite Care. This will help people to make an informed decision on whether the service is right for them. The recommendation has not been met and we shall look again at this issue at the next inspection.

3. Service agreements should be more detailed and set out the terms for using the short break service. This should include; the purpose of the break, and the type of care and support people can expect to be provided:

- the basic cost of the service and the likely charges people may expect to pay - your rights and responsibilities as a user of the service including insurance cover for you and your belongings
- risk assessment procedure
- arrangements for changing or ending the agreement

- arrangements that will be made if the service closes or if there is a change of ownership; and
- the complaints procedure and how to use it.

National Care Standards, Short Breaks and Respite Care Services: Standard 7 - Individual Agreements.

This recommendation was made on 24 February 2016

The operational manager for the service told us that a new service agreement had been drafted but not yet implemented. The recommendation has not yet been met and we shall look again at this at the next inspection.

4. The provider should ensure that staff records detail accurate and up to date information about the training needs of individual members of staff, the mandatory training and updates completed by each staff member and any additional training undertaken relevant to their needs and the needs of the service users they work with. The provider must keep accurate records of any training delivered and details of who delivered the training.

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

This recommendation was made on 24 February 2016

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.

5. The provider should ensure that staff are trained to administer medicines safely and in accordance with best practice guidance. In order to achieve this, the provider should: consider how they can support staff to work towards a professional qualification in medicine management such as the Professional Development Award or Unit DK2X 04 (HSC 375/CHS3) (SVQ Health and Social Care, Adults; Level 3) Administer medication to individuals.

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

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

National Care Standards, Short Breaks and Respite Care Services: Standard 15 - Keeping Well - Medication.

This recommendation was made on 24 February 2016

The operational manager for the service told us that some staff training has taken place. This consisted of a DVD or online workbook which was followed up by a training session delivered by the local pharmacist. In discussion the operational manager had confirmed that the new medication training met the competencies outlined in unit HSC 375/CHS3. However, not all staff who administered medicines to individuals had completed this training and we did not see any systems in place which would enable the provider to regularly assess staff competency in this area. This recommendation has not yet been met and we shall look again at this issue at the next inspection.

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

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

National Care Standards, Short Breaks and Respite Care Services: Standard 4 - Positive Experiences and Standard 5 - Management and Staffing Arrangements.

This recommendation was made on 25 March 2015

We saw that a service development plan had been produced, but there did not seem to be a process for reviewing progress on implementing improvements. This recommendation has not been met and we shall look again at this issue at the next inspection.

7. The provider should develop and implement a programme to ensure that all staff will achieve the qualification requirements for continued registration with SSSC or any other professional body.

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

This recommendation was made on 24 February 2016

Records we sampled showed that all staff had completed or were working towards a relevant qualification that meets the SSSC requirements for continued registration. This recommendation has been met.

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 Feb 2016	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>3 - Adequate</div> <div>3 - Adequate</div> <div>3 - Adequate</div> <div>3 - Adequate</div>

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

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

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

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