Highbank Day Centre for Older People
Support Service

Cairngreen Unit
Midlothian Community Hospital
70 Eskbank Road
Bonnyrigg
Dalkeith
EH22 3ND

Telephone: 0131 270 5640

Type of inspection: Unannounced
Inspection completed on: 18 January 2017

Service provided by: Midlothian Council
Service provider number: SP2003002602

Care service number: CS2003017795
About the service

Highbank Day Centre for Older People is located within the Cairngreen Unit of Midlothian Community Hospital in Dalkeith. The centre is provided and managed by Midlothian Council.

The centre is registered to provide a care service to a maximum of 20 older people at any one time and provides breaks for clients and carers. There is a range of activities on offer, with various outings to resources outwith the unit. Transport to the centre is, at present, provided free of charge to people living in the local area, but this may change in the near future.

The aim of the service is to continue to provide a good quality service to clients and carers that enables people to live, as long as possible, independently in the community.

What people told us

We received the following comments from people using the service.

‘I enjoy coming to day care where I have a laugh and I feel well looked after.’

‘Amazing team.’

‘Happy and content with day care at present.’

‘I enjoy coming to day care, the staff are really good.’

Self assessment

The service did not complete the self assessment process. We asked the manager to complete this as soon as possible.

From this inspection we graded this service as:

<table>
<thead>
<tr>
<th>Quality of care and support</th>
<th>4 - Good</th>
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<tr>
<td>Quality of environment</td>
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<td>Quality of management and leadership</td>
<td>4 - Good</td>
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Quality of care and support

Findings from the inspection

We found that the performance of the service was good for this theme. The service delivered care that resulted in positive outcomes for people using the service.
People using the service had good support plans that identified a range of care needs. We were able to see that these plans reflected individual needs accurately and that support assessments were updated according to current need. We found that the frequency of reviews was sporadic, with most plans being reviewed only once a year, instead of at least once every six months. We have made a requirement in this regard. (See requirement 1)

Some information in personal plans was written in the first person and from the service user’s point of view. The outcomes for service users were clearly stated. The personal plans were in a format that were user-friendly and took account of health and communication needs. Risk assessments covered all aspects of the users’ support plans and included reviews and updates, where required.

We asked the manager to review the medication needs of people using the service, especially people living with dementia. We discussed how the service may have to adapt its policy and practice around the management of medication and we have made a recommendation in this respect. (See recommendation 1)

We found good examples of recording of how service users’ healthcare needs were being monitored.

We observed the practice of staff within the centre and saw examples of good, person-centred care. Staff worked well and we saw that they had a great rapport with the service users. We saw that health and wellbeing changes were quickly picked up on.

We found well-trained, skilled, knowledgeable staff, able to respond to health issues that affected people using the service. The practice of staff we observed was of a good quality and their approach was patient and respectful.

We saw that each person using the service received an information pack. The pack contained all expected information around service delivery and the complaints processes. This gave people using the service the opportunity to be listened to and empowered to make decisions about the service.

Requirements

Number of requirements: 1

1. The provider of the care service must review a service user’s personal plan at least once in every six month period whilst the service user is in receipt of the service.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(2)(b)(iii).

Timescale: to commence on the receipt of this report and be completed by 30 June 2017.

Recommendations

Number of recommendations: 1

1. The manager should review the policy and procedure for people who may require their medication to be organised for them. The manager should ensure that the staff who are doing this are knowledgeable, trained to do so, following up-to-date practice guidance, and are fully aware of the provider’s systems for giving medication.
National Care Standards Support Services: Standard 2 - Management and staffing arrangements.

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

We found that the performance of the service was good in the areas covered by this theme.

The service is registered to accommodate and provide a care service to a maximum of 20 older people each day. The staffing schedule for the service was checked for the time of the inspection and found to be in order. The service had an up-to-date insurance policy.

An environmental risk assessment was in place and was regularly reviewed and updated. We suggested that a designated member of staff, accompanied by people using the service, complete a regular review of the risk assessment.

We examined risk assessments governing the transportation of people to and from the centre, particularly the assessment for staff working on their own. We discussed the content of the assessment with the manager, especially in relation to the use of mobile telephones. We found that staff had to use their own telephones on these journeys, as those provided by the service were ineffective or inoperable. We have made a recommendation in this regard. (See recommendation 1)

We saw that the environment met the needs of the people who used the service and it enhanced their experience, as much as possible. The service made good use of the space available including outdoor areas.

The environment provided opportunities for people to have independent space or to socialise with others in the service. Everyone we met looked very relaxed and we received many positive comments about the environment from people using the service.

We saw that service users had personal emergency evacuation plans within their personal plans. Staff were aware of service users’ individual needs in respect of fire evacuation.

Staff were trained in adult support and protection and infection control. We examined the service’s policies and procedures relating to health and safety, accident reporting and infection control.

There was a secure-entry system and service users and visitors signed attendance and other registers. These systems contributed to service users feeling protected from risk or harm.

### Requirements

**Number of requirements:** 0
Recommendations

Number of recommendations: 1

1. The provider should ensure that staff receive mobile telephones, for use in the transportation of people using the service, in keeping with the current lone working risk assessment, to enable safe systems of work and safe practices.

National Care Standards Support Services: Standard 2 - Management and staffing arrangements.

Grade: 4 - good

Quality of staffing

Findings from the inspection

We found that the performance of the service was good in the areas covered by this theme.

At this inspection, we had direct discussion with the manager and support staff. We also looked at records regarding staff development. Staff said that they received good support to carry out their roles and responsibilities. Staff were very positive and complimentary about the care service and added that they were committed to and enjoyed working at the centre.

We found that the service maintained a range of good methods to support staff. These included regular individual one-to-one supervision, staff appraisal system and a range of training opportunities.

We suggested that the management team could monitor the practice of staff at all levels and provide supervision based on these observations. We asked that people using the service be involved in this process. This would mean that the staff would have personal development plans informed by people using the service and the formal opportunity to reflect on, or develop their practice.

People using the service gave positive descriptions of their contact with staff. We saw staff interacting with service users and observed that they promoted choice, dignity and respect and demonstrated effective communication. We saw that staff were professional and motivated in their approach.

We looked at staff personnel files and saw that these, and other office-based systems, were well organised to support staff. We saw evidence of staff training and that it matched the needs of the people using the service, as well as personal development opportunities.

We asked the manager to make use of their training analysis to inform a yearly training plan for the development of the staff team. We have made a recommendation in this respect. (See recommendation 1)

There was a relaxed atmosphere throughout the service during this inspection.

Requirements

Number of requirements: 0
Recommendations

Number of recommendations: 1

1. The manager should ensure that they have a staff development strategy and an effective yearly training plan for all staff.

National Care Standards Support Services: Standard 2 - Management and staffing arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We found that the performance of the service was good in the areas covered by this theme.

We found a range of systems in place and opportunities to involve individuals in quality assurance, such as regular questionnaires and action points from meetings.

We saw that the manager had collated the results of previous questionnaires and actions from these had been shared with the respondents. We suggested that the service could compile an annual report, with input from people using the service, and how results from questionnaires could be included as part of that format.

We saw examples of how daily notes and personal plans were audited to check for proper completion, with remedial action recommended, where required. We asked the manager to make this a more formal and regular system and suggested that a quality manual be devised to enable this and other processes of quality assurance. We suggested that people using the service could be involved more in these processes, perhaps with the involvement of independent advocacy services, where appropriate. We made a recommendation in this regard. (See recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager should ensure that people using the service take part in managing the support service, by contributing to monitoring the quality of care and developing plans for the support service.

National Care Standards Support Services: Standard 8 - Making choices.

Grade: 4 - good
Previous requirements

Requirement 1

The assessed needs of each resident must be accurately recorded in care/support plans to ensure that their health and welfare needs are known and inform staff practice. In order to do so, the provider must ensure that:

a) Assessments which help to identify service users’ needs and inform the way care/support is planned are completed accurately including risk assessment, personal profile and likes and dislikes.

b) Care plans identify all of the individual service users’ needs, and clearly set out how those needs are to be met including any specific behaviours.

c) Care plans are revised and updated as the service users’ needs or circumstances change, including as a result of the outcomes of accidents, incidents and falls risk assessments.

d) Where reference is made to DNAR (Do not attempt resuscitation) or AR (Attempt resuscitation) the records must show where this information has been obtained and in the event of DNAR the appropriate documentation must be in place.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) and Regulation 5(1) and (2). Regulations about the welfare of users and personal plans. Consideration should also be given to the National Care Standards Support Services: Standard 4 - Support arrangements and Standard 11 - Exercising your rights.

Timescale for achieving this requirement: to commence on receipt of this report and to be completed by 31 July 2015.

This requirement was made on 27 May 2015.

Action taken on previous requirement

We found that assessments had been completed and accurately reflected the current needs of people using the service, and how any identified needs would be met.

Met - within timescales

Requirement 2

The provider must make provision for the health, welfare and safety of service users in order to ensure service users are safe when attending the day centre. In order to do so, a risk assessment must be in place which takes account of the safety of the environment. This should include any equipment in use, the general facilities and any aspects of the environment which may compromise service users’ safety, for example flooring and hazards such as trips and falls.
This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of users. Consideration should also be given to the National Care Standards Support Services: Standard 6 - Your environment and Standard 10 - Feeling safe and secure.

Timescale for implementation: to commence on receipt of this report and be completed by 30 June 2015.

**This requirement was made on 27 May 2015.**

**Action taken on previous requirement**
We found that a risk assessment was in place governing the environment of the centre.

**Met - within timescales**

**Requirement 3**

In order to ensure the health, welfare and safety of residents, the service provider must ensure that all staff follow Midlothian Council policies and procedures in regard to reporting any incidents and accidents in the service.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1) - Welfare of users and consideration should be given to the National Care Standards Support Services: Standard 2 - Management and staffing arrangements.

Timescale: to commence on receipt of this report and to be completed by 30 June 2015.

**This requirement was made on 27 May 2015.**

**Action taken on previous requirement**
We found that the service followed Midlothian Council policies in regard to reporting incidents and accidents in the service.

**Met - within timescales**

**Requirement 4**

The provider must ensure that persons employed in the care service have the necessary skills and training appropriate to the work they are to perform to meet the assessed needs of the resident group. In order to do so, the provider must:

a) Undertake a written training needs assessment for each member of staff.
b) Ensure that all staff receive mandatory and/or refresher training as identified from the training needs assessment appropriate to their role in the service and this is recorded.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 - Welfare of users and Regulation 15(a)(b)(i) - Staffing.

Consideration should also be given to the National Care Standards Support Services: Standard 2 - Management and staffing arrangements and Standard 4 - Support arrangements.
Timescale for implementation: to commence on receipt of the report and a) to be completed by 30 June 2015 and b) to be completed by 31 July 2015.

This requirement was made on 27 May 2015.

Action taken on previous requirement
We found that the service had completed a training needs assessment and that this was being used to inform the training plan for the staff team.

Met - within timescales

Requirement 5

In order to ensure the health, welfare and safety of service users, the service must have enough staff on duty at any given time to meet the assessed needs of the service user group. In order to do so, the provider must review the current staffing arrangements. This review must include:

a) Using a dependency assessment tool to accurately determine the needs of each service user at any given time. Thereafter, ensuring that each dependency assessment of need is regularly reviewed.

b) Duty rotas in the service show that staffing had been provided to reflect the outcomes of the dependency needs assessments.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of users and Regulation 15(a) - Staffing. Consideration should also take account of the National Care Standards Support Services: Standard 2 - Management and staffing arrangements, Standard 4 - Support arrangements and Standard 10 - Feeling safe and secure.

Timescale for implementation: to commence on receipt of this report and be fully implemented by 30 June 2015.

This requirement was made on 27 May 2015.

Action taken on previous requirement
We found that there was a sufficient number of staff working in the centre to meet the needs of the people using the service.

Met - within timescales

Requirement 6

In order to ensure the health, welfare and safety of service users the service provider must ensure that all future changes in the service and all significant events are notified to the Care Inspectorate without delay.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 - Welfare of users.

This requirement was made on 27 May 2015.
Action taken on previous requirement
The service has advised the Care Inspectorate of significant events.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1
The manager should develop a system to regularly gain the views of other people with an interest or involvement with this service such as professionals who may refer service users with the aim of contributing to the overall quality of the service provided and developing the overall service.

This is in order to meet the National Care Standards Support Services: Standard 12 - Expressing your views.

This recommendation was made on 27 May 2015.

Action taken on previous recommendation
We found that the manager had sought the opinions of people using the service and other relevant stakeholders. The recommendation has been implemented.

Recommendation 2
The manager should investigate and use alternative communication systems to assist service users who find communication difficult to express their views.

This is in order to meet the National Care Standards Support Services: Standard 11 - Expressing your views and the Scottish Government’s - Standards of Care for Dementia in Scotland (2011).

This recommendation was made on 5 May 2015.

Action taken on previous recommendation
The recommendation has been implemented. We found that the service used strategies to assist people to communicate.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com
No enforcement action has been taken against this care service since the last inspection.

### Inspection and grading history

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<tr>
<th>Date</th>
<th>Type</th>
<th>Gradings</th>
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<tr>
<td>29 Apr 2015</td>
<td>Unannounced</td>
<td>Care and support 2 - Weak, Environment 2 - Weak, Staffing 2 - Weak, Management and leadership 1 - Unsatisfactory</td>
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<tr>
<td>31 Mar 2014</td>
<td>Unannounced</td>
<td>Care and support 3 - Adequate, Environment 3 - Adequate, Staffing 3 - Adequate, Management and leadership 3 - Adequate</td>
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<tr>
<td>13 Dec 2010</td>
<td>Announced</td>
<td>Care and support 5 - Very good, Environment Not assessed, Staffing Not assessed, Management and leadership Not assessed</td>
</tr>
<tr>
<td>4 Feb 2010</td>
<td>Announced</td>
<td>Care and support 5 - Very good, Environment Not assessed, Staffing 5 - Very good, Management and leadership Not assessed</td>
</tr>
<tr>
<td>8 Jan 2009</td>
<td>Announced</td>
<td>Care and support 4 - Good, Environment 4 - Good, Staffing 4 - Good, Management and leadership 4 - Good</td>
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 Celebrity दे हिंदी पुस्तक मध्ये कुंठे व्या लेखन कः निअमे डीम्स पुस्तक मध्ये स्थिर नेकाच यो।

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