

## Ardseileach Centre Support Service

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Type of inspection: Unannounced  
Inspection completed on: 17 February 2017

**Service provided by:**  
Comhairle Nan Eilean Siar

**Service provider number:**  
SP2003002104

**Care service number:**  
CS2003009718

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://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 Ardseileach Centre is operated by the local authority, Comhairle Nan Eilean Siar, and is registered to provide a day care service to a maximum of 50 adults with learning disabilities, mental health problems and physical and sensory impairments at any one time in the day care centre. The service may also be provided to service users in the community and their own homes. The service operates between Monday and Saturday. The service also provided transport for those who require to be taken to and from their homes and also for community based activities.

The service is based in the main town of Stornoway on the Island of Lewis. The centre was near to a range of local amenities and service users could come and go from the premises as they wished.

The aims of the service included; 'to provide a high quality day care service supporting adults with learning difficulties and disabilities, promoting equality, independence and respect for individuals.'

## What people told us

Generally, feedback from people who completed our Care Standards Questionnaires (CSQ's) was positive. They said that they felt well supported and safe and that staff were skilled and treated them respectfully. People we spoke with during our inspection were not able to give their views about the service directly. However, we saw people engaged in a number of activities that they appeared to enjoy. We observed that there were good relationships between them and staff who supported them. Staff seemed to know people's needs well and were responsive to people's cues for support. However, some told us they found it difficult to offer a balanced range of activities to meet the needs of people with competing needs and differing levels of ability.

Some staff told us that they very much enjoyed their jobs while others thought that the provider could support them better and deliver better outcomes for people who use the service. Most staff we spoke with, were keen to learn and improve their practice.

Although staff were very supportive of their manager, there was a general recognition that leadership of the service was constrained by the breadth of the managers responsibilities for other services she managed.

## Self assessment

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider had identified what it thought the service did well, some areas for improvement and any changes it had planned.

## From this inspection we graded this service as:

Quality of care and support	2 – Weak
Quality of environment	3 – Adequate
Quality of staffing	3 – Adequate
Quality of management and leadership	2 – Weak

## Quality of care and support

### Findings from the inspection

We looked at this quality statement as it allowed us to consider how well the service meet the health and wellbeing needs of people who use the service.

We concluded that the service's performance in this area was weak, demonstrating significant concerns, which are important enough to have a substantially adverse impact on people's health, wellbeing and overall experience.

In general, people were happy with the service at Ardseileach Centre. They could choose from a range of different activities each day and people were supported to participate in activities they enjoyed. Transport was available for those who had difficulty in travelling independently. This was helpful as it enabled people to access leisure and recreational activities, community services and supported the building of friendships and fulfilling relationships for people who might not otherwise be able to come to the centre.

We found that there was limited information about individuals in their support plans, risk assessments and review records. Although support plans were in place for people, these did not detail their support needs and how these should be met at the centre. For example, where people had communication issues, their support plan did not detail what staff should look for or describe facial expressions or other behaviours that had specific meaning for that person. This meant that people had less opportunity to be involved in shaping their care and support around what was important to them. **(See Recommendations)**

There was insufficient information about people's personal care needs to guide staff in supporting them appropriately so that their dignity and comfort was maintained. For example, there was no information to guide staff in supporting people who used continence aids or who may require a change of clothing whilst at the centre. Support plans were designed to cover several different services. This meant that much of the information was not relevant to the support people needed from the service at the Ardseileach Centre.

We saw that staff supported some people with their medication. However, there did not seem to be an assessment of people's capabilities that indicated that people required this level of help. The assessment should show the level of support each person requires. For example, if they are able to retain control of their own medicines but need assistance with simple mechanical tasks such as opening bottles or where more assistance may be required. Medication records were not accurately maintained. We found several discrepancies between the number of medicines the service should have on site and that which was stored in the medication cupboard and several medicines were found to be out of date. **(See Requirements)**

Although some people's support plans were reviewed regularly, this practice was not consistent for all people. The service must ensure that people's support plans were reviewed with them and their families at least once in each six month period and each time there was a significant change in their circumstances. **(See Requirements)**

We found that risk assessments contained insufficient detail to guide staff in keeping people safe from avoidable harms and some risks had not been recognised by the service. **(See Requirements)**

## Requirements

### Number of requirements: 3

1. The provider of the care service shall ensure:

- a) there is a system in place for staff to have adequate information to support them to monitor people's medication and the specific condition the medication is prescribed for.
- b) that staff understand their role in, and accountability for monitoring medication and ensuring there is sufficient stock.
- c) that staff administer medicines in a way that recognises and respects people's dignity and privacy taking into consideration the daily routine of the person.
- d) that the services policies and procedures reflect up-to-date best practice in Scotland.
- e) that staff understand their responsibility to keep accurate and current records of medicines (including quantity) for the use of service users which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service.
- f) ensure there is a system in place for regular reviews of MAR charts to remove items no longer prescribed, used or needed.
- g) that if a regular medication is not given or taken that staff record the reason why along with any further action that was taken including the outcomes of the action.

SSI 2011/210 Regulation 4 (1)(a) and (b) - Welfare of Users.

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

2. The provider must make sure that personal support plans are reviewed with each resident and their carers or representative if appropriate, at least once in each six month period to ensure that the care and support provided continues to meet the needs of each individual. The provider should keep a record of these meetings and a minute taken. Minutes should contain a summary of the discussion held, the decisions made as a result of the discussion and when this will be reviewed again.

SSI 2011/210 Regulation 5 - Support Plans.

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

3. The provider must further develop risk assessments to ensure appropriate strategies to minimise the likelihood of any identified harms occurring had been put in place.

SSI 2011/210 Regulation 4(1)(a) – Welfare of Users.

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

## Recommendations

**Number of recommendations:** 1

1. The provider should ensure that people have good support, including knowledgeable staff and access to communication aids and equipment, including communication passports to help people express their needs, views and choices.

National Care Standards for Support Services: Standard 9 – Supporting Communication.

**Grade:** 2 – weak

## Quality of environment

### Findings from the inspection

We looked at this quality theme as it allows us to consider how well the environment meets the individual needs of people who use the service. We found that the service performance in this area was adequate. This grade represents a service where basic standards are met, however, weaknesses were constraining performance.

The purpose built accommodation provided good spaces in two separate buildings for a range of group activities. This included rooms for arts and crafts, games and quiet areas where people could relax and talk to friends if they chose to. The second building provided a large comfortable sitting room which lead on to a decked area where people could sit out and enjoy fresh air when the weather permitted. There was also a multi-sensory room to stimulate people's senses and promote feelings of wellbeing. There was office space for seniors and the manager and a staff room where staff could keep their valuables safe.

Safety checks were usually carried out annually on all electrical equipment, including hoists, slings and other mobility aids, to ensure they were safe and in good condition. We noted that some of the electrical equipment in the kitchen did not display a current safety pass. The manager said that this was because items recently bought were awaiting a competent person to conduct the appropriate PAT test. She should ensure that all electrical equipment was tested regularly to ensure it was safe and fit for purpose.

The building was well used. It looked tired and in need of refurbishment. Furniture was worn and some of the seating was worn through. The décor was bright and attractive. However, as the service supported several people with autism this may be over stimulating for people with autistic spectrum disorder. The provider needed to plan refurbishment of the centre in order to provide a warm, safe and comforting environment for all the people who used the service. **(See Recommendations)**

Continence aids were kept in bathrooms, however these were not stored appropriately in airtight containers to prevent absorption of moisture which could affect their effectiveness. The manager should take steps to address this immediately.

Gloves and aprons were available for staff supporting people with personal care. However, some areas of good practice were not well promoted in the service. For example, surfaces were sticky to the touch and the waste bins in bathrooms were push top opening or open bins leaving people at risk of infection. The manager needed to ensure that all staff were aware of and supported good infection control practice. **(See Recommendations)**

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should plan a refurbishment programme for the centre; taking account of the needs of differing service users, to provide a welcoming environment where people who use the service are supported to enjoy as positive a quality of life as possible.

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

2. The provider should ensure that all staff were aware of good practice in infection control measures. The policy and procedures for infection control should be easily accessible to all staff and the manager should consider appointing an infection control 'champion' for the centre.

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

**Grade:** 3 – adequate

## Quality of staffing

### Findings from the inspection

We looked at this quality theme as it allowed us to consider how well the staffing arrangements meet the needs of people who use the service. We concluded that the service was operating to an adequate standard in this area.

Staff worked well together and showed a strong commitment to providing a positive experience for the people they supported. However, the service lacked robust systems to support staff with training appropriate to their roles and responsibilities.

The provider had begun to support staff to study for SVQs in Social Care at Level 2. This will enable staff to complete a professional qualification that demonstrates their skills, knowledge and abilities in caring for people. This is a positive step for the service and will enable staff to further develop skills and knowledge.

Most staff had completed training on medication, however it was clear from the recording practices that this was not robust. The manager was not able to confirm if the training on medication was accredited and there were no arrangements in place to assess competency of staff in administering medication to people. **(See Requirements)**

Staff training on managing behaviours perceived to be challenging was significantly out of date. This exposed people to unnecessary risk and needed to be addressed urgently. **(See Requirements)**

Formal support and supervision for staff was limited. Supervision records we sampled showed supervision for most staff was irregular and the main focus was managing support for people who used the service. This can serve to undermine staff practice and impede their professional development. **(See Recommendations)**

Annual appraisals for staff did not reflect an evaluative approach to individual staff performance. This suggested that appraisals were not considered a useful tool to support staff practice and learning. Individual learning needs identified by staff showed good insight regarding their professional strengths and development needs. However, this was not followed up in an action plan for individual learning, which would inform an annual training plan for the service.

Core essential training including induction was completed. However, training to support people with specific needs such as autism, epilepsy, learning disabilities and mental health were not evident. Staff told us that they welcomed training on these issues, which would benefit their professional development. The provider needs to develop and implement an effective training plan for the service, based on individual training needs analysis for staff. **(See Requirements)**

## Requirements

### Number of requirements: 3

1. The provider must ensure that the training for staff who administer medication to residents reflects the competencies outlined in unit HSC 375 Administer Medication to Individuals (Professional Development Award) and have systems in place to regularly assess staff competencies and assure themselves that staff can still perform the tasks for which they are employed.

SSI 2011/210 Regulation 15 – Staffing.

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

2. The provider must ensure that training on managing behaviours perceived to be challenging is provided to all staff and there are appropriate systems in place to enable this training to be kept updated in accordance with the programme guidance.

SSI 2011/210 Regulation 15 – Staffing and Regulation 4(1)(a) – Welfare of Users.

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

3. The provider should conduct a staff training needs analysis in relation to the aims and objectives of the service for each member of staff and implement a training programme to deliver it, and update this as necessary.

SSI 2011/210 – Regulation 15(b)(i) – Staffing and SSI 2011/28 – Regulation 4(1)(a) – Records, Notifications and Returns.

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

## Recommendations

**Number of recommendations:** 1

1. The provider to ensure that staff supervision and support, staff appraisals and team meetings are carried out regularly in accordance with organisational policy.

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

**Grade:** 3 – adequate

## Quality of management and leadership

### Findings from the inspection

We looked at this quality theme as it allowed us to consider how well the management and leadership arrangements support appropriate procedures for people who use the service. We concluded that the service was operating to a weak standard in this area, demonstrating concerns that were important enough to have a substantially adverse impact on people's experience.

The manager had management responsibilities for other registered care services. As a result, there was a limited management presence within the service. We saw ineffective leadership and direction and could not evidence that the manager maintained overall day-to-day responsibility for the operation of the service. For example, action points on the service improvement plans had not been completed; quality audits were significantly out of date and areas for improvement had not been followed through. The management arrangements did not adequately support staff practice and learning or support positive outcomes for people. **(See Requirements)**

Quality assurance systems were not sufficiently robust to enable effective monitoring of service delivery and quality. For example, quality audits were inconsistent and infrequent; feedback from people who use the service, carers and other professionals was not routinely sought. Reviews were a missed opportunity for exploring how the service made a positive impact on people's lives and what they could do to make their experiences better. **(See Requirements)**

At the last inspection we made a recommendation that the provider involves people who use the Ardseileach Centre and their relatives in improving the quality of the service. Questionnaires had been sent out to people who use the service and relatives seeking their feedback, but it was difficult to evidence how the results from this had informed the improvement plan. **(See Recommendations)**

## Requirements

**Number of requirements:** 2

1. The provider must consult with the Care Inspectorate on the management arrangements for the service and demonstrate how they meet the criteria for peripatetic management arrangements.



SSI 2011/210 - Regulation 17(1)(c) - Appointment of Manager.

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

2. The provider to devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users.

SSI 2011/210 Regulation 3 - Principles and Regulation 4(1)(a) - Welfare of Users. We also took account of the National Care Standards for Support Services: Standard 2 - Management and Staffing Arrangements.

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

## Recommendations

**Number of recommendations: 1**

1. The provider should further develop service user participation in assessing and improving the quality of all aspects of the service, including the quality of staffing and the quality of management and leadership in the service. The provider should inform people about the action the service had taken as a result of their feedback.

National Care Standards for Support Services: Standard 12 - Expressing Your Views and Standard 2 - Management and Staffing Arrangements.

**Grade:** 2 - weak

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

## Previous requirements

### Requirement 1

Personal support plans and risk assessments should contain clear and detailed information about individuals support needs so that they can be provided with the support they require to ensure their health, welfare and safety needs can be suitably met.

This is in order to comply with SSI 2010/210 Regulation 4(1)(a) - Welfare of Users.

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

**This requirement was made on 18 September 2014.**

### Action taken on previous requirement

We looked at a number of personal support plans during our inspection and found that there was little significant change to the recording of people's support plans. The information in people's support plans did not

reflect a person centred approach and did not contain sufficient detailed information to support people appropriately. We saw that recording had improved, but the information still lacked clarity and did not provide sufficient guidance for staff on how to deliver care and support to meet individual preferences and needs appropriately. This should be subject to regular review through the service's quality audit system.

**Not met**

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

### Previous recommendations

#### Recommendation 1

The provider should further develop service user participation in assessing and improving the quality of all aspects of the service, including the quality of staffing and the quality of management and leadership in the service. The provider should inform people about the action the service had taken as a result of their feedback.

The provider should produce an overview of service developments and demonstrate how consultation feeds into and informs that. Action plans arising from feedback from people who use the service and other people who have made suggestions for service improvement should have reasonable timescales for action to be completed.

National Care Standards for Support Services: Standard 12 – Expressing Your Views and Standard 2 – Management and Staffing Arrangements.

**This recommendation was made on 18 September 2014.**

#### Action taken on previous recommendation

The service had developed an improvement plan for 2016/17. Questionnaires had been sent out to people who use the service and relatives seeking feedback about the service provided at the Ardseileach Centre in June 2016, but the results were not available to us at our inspection. The manager confirmed that they had not yet published the results of the survey and an action plan had not been developed. It was difficult therefore to see how people's views had informed the development of this service. The recommendation has not been met. We shall look again at this issue at the next inspection.

#### Recommendation 2

The manager should ensure that there were effective systems in place to ensure that people's support plans were reviewed with them, their relatives and relevant others when there was significant changes in their circumstances and at least once every six months.

The provider should ensure that review meetings were appropriately documented and included a record of those consulted, the discussion held and the decisions arising from that discussion.

National Care Standards for Support Services: Standard 2 – Management and Staffing Arrangements and Standard 4 – Support Arrangements.

**This recommendation was made on 30 September 2015.**

#### Action taken on previous recommendation

At this inspection we saw that some people's support plans were reviewed regularly and whenever there was a change in circumstances which precipitated a change in the way they were supported. However, other people's support plan was not reviewed as regularly and some were significantly outwith the statutory timescales for review.

Some of the review documents we sampled contained good detail and information about who had attended the meeting, whilst other's had limited information. Most of the reviews we sampled were updates rather than the full discussion of what was working well, what was not, and what needed to change in order to meet personal outcomes for people. The recommendation has not been met. We have made a requirement about this.

### Recommendation 3

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 any additional supports and adjustments individuals may require to help maintain their safety.

National Care Standards for Support Services: Standard 2 - Management and Staffing Arrangements and Standard 4 - Support Arrangements.

**This recommendation was made on 30 September 2015.**

#### Action taken on previous recommendation

Risk and risk assessments were recorded and copies were retained in people's files along with their support plans. However, the risk assessments we sampled were not sufficiently detailed to guide staff in keeping people safe from avoidable harms. We also noted that not all risks of likely harms presented to individuals had been assessed. The recommendation has not been met. We have made a requirement about this.

### Recommendation 4

The provider shall make proper provision for the health, welfare and safety of service users by ensuring that they implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users. In order to do this, the provider must set baseline standards from which the performance of the service can be measured and develop cyclical auditing systems to check actual performance so that gaps can be identified and resolved. The provider must develop and share any action plans that arise from the quality assurance audit with all stakeholders and advise them when progress would again be reviewed.

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

**This recommendation was made on 30 September 2015.**

#### Action taken on previous recommendation

We saw some evidence that file audits had been completed, but this was not consistent and there was no evidence that action points arising from the audit had been completed. Feedback from people who used the service or their relatives had not been considered as part of the quality assurance framework and we could not evidence a detailed audit of staff learning and development needs which impacts on the quality of the service. The improvement plan provided by the manager did not evidence an evaluation of the measures they had identified to improve the quality of the service and there was no evidence that the measures they had agreed had been implemented. The recommendation has not been met. We have made a requirement about this.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
30 Sep 2015	Announced (short notice)	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Mar 2014	Announced (short notice)	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
26 Sep 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
21 Sep 2011	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	Not assessed

Date	Type	Gradings	
4 Aug 2010	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
14 Dec 2009	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	Not assessed
20 Mar 2009	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

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