

Ardseileach Centre Support Service

Macdonald Road
Stornoway
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Type of inspection: Announced (short notice)
Inspection completed on: 6 October 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

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 is 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

We met with several people who used the service during our inspection and spent time chatting with them and observing how they were supported. Most people we spoke with told us about the things they enjoyed at the centre. 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. Due to the significant communication difficulties experienced by some people, we did not seek their views on a formal basis. However, it was clear that staff were very familiar with people's needs and how these could be supported.

Staff 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 competing needs and differing levels of ability.

Self assessment

The service have not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring of the quality of the provision within the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

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 found that the service's performance in this area was adequate. This grade applies to performance at a basic level where strengths have a positive impact on the experiences of users, but weaknesses are constraining performance.

Most people who used the day care support were happy with the service at Ardseileach Centre. They could choose from a range of different activities each day and staff knew which activities people most enjoyed. However, the service had few systems for gathering meaningful feedback about the choice of activities offered or how they experienced the support provided. The service would benefit from regular consultation with people who use the service and their relatives or guardians about improvements the service could make that would enhance people's experiences.

Personal plans needed to take an outcome focused approach and would benefit from greater detail about people's needs and how the service would support them. For example, one plan noted that the person had the ability to develop new skills, but there was no further information to guide staff on particular activities that would support this or how staff would monitor progress.

Basic information such as high risk alerts and health needs were sometimes missing or out of date. Examples of this would be how people's anxiety or stress affected them or preferred forms of communication used by people who were non-verbal. This meant that people had less opportunity to be involved in shaping their care and support around what was important to them. A recommendation to make improvements in this area was already in place.

There was little significant change to the recording and reviewing of risk assessment. Risk assessments needed to clearly identify the hazard, the level of potential harm, the control measures already in place and any additional measures needed to manage the risk effectively. A requirement to make improvements in this area was already in place.

Personal plans followed a generic model where one person's plan could be copied and used in several other services such as respite, or care at home services. However, personal plans were not screened to protect privacy. This meant that staff often had access to information about people's personal care needs and routines that was not required. The manager should screen personal plans to remove personal and private information that was not required in order to support someone.

Overall people attending the service had a range of activities that they enjoyed and could engage with. They appeared to get on well with their support staff and relatives were confident that people were well cared for. The service linked with professionals from other services to support smooth transitions and consistency in supporting individuals. However, the service needed to adopt an outcome focused approach to supporting people and improve the processes for support planning, risk assessment and review.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

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.

The service was provided from two spacious buildings that were located next to each other and easily accessible for people with mobility needs. Accommodation in the main building included a large central room with space for dining, relaxing and watching TV. This room was where people gathered to watch entertainers perform. A large conservatory provided space for arts and crafts and simple meals and snacks could be prepared in a small kitchen. There was office space for seniors, the manager, and a staff room where staff could keep their valuables safe.

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 and promote feelings of wellbeing. Transport was available for those who had difficulty in travelling independently. This was helpful as it enabled people to access leisure and recreational activity, community services and supported the building of friendships and fulfilling relationships for people.

Given the layout of the buildings and level of activity taking place, the provider should consider if and how the environment affected people with autism.

Although the décor was bright and attractive, the accommodation looked tired and in need of refurbishment. Furniture and equipment was badly worn and outdated. Some computers were available for people to use for different projects, but they were not connected to the internet. We discussed this with the manager who told us that there were plans to offer internet access to everyone in the near future. The manager advised us that new chairs had been ordered to replace some worn furniture; however, this was not in place at the time of our visit. A recommendation to make improvements in this area was already in place.

Overall we thought there was adequate space for people to engage in a range of activities that they were interested in and which supported learning and development. However, the internal decoration, fixtures and furnishings were in need of upgrading and replacement.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 – adequate

Quality of staffing

Findings from the inspection

We looked at this theme as it allows us to consider how well the staffing arrangements meet the needs of people who use the service. We thought that the service was performing to an adequate level at this inspection.

Staff continued to work well together and were committed to providing a positive experience for the people they supported. However, the service lacked consistent systems to support staff in their roles. Records that we sampled showed some improvement in the formal supports staff could access. For example supervision was more regular, however these would benefit from showing some reflection about practice issues that support learning and development. Staff appraisals had begun and an individual plan to support staff learning and development had started to be developed. However, appraisals tended to be descriptive rather than an honest evaluation of staff performance or their capacity to improve their knowledge and practice. A recommendation to make improvements in this area was already in place.

Our observations showed that staff were very busy, particularly around lunchtime. People who were supported to eat their lunch experienced good support from staff. They showed good understanding of people's needs about eating and managed this sensitively. However, there were staff who did not recognise people's cues for support or engagement during or after their meal and could not respond appropriately. We discussed with the manager how people's experiences at lunchtime could be improved.

Staff had completed core training and induction. However, mandatory refresher training was not up to date for many staff. The manager acknowledged that training to support people with specific needs such as learning disabilities and mental health had not been available. Staff told us that they welcomed training on these issues, which would benefit their professional development. We did not see an effective training plan for the service, based on individual training needs analysis for staff. A requirement to make improvements in this area was already in place.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

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. In light of the information provided by the head of service for community resources, about the future plans for the service and the additional support that will be provided for the service manager, we concluded that the service was operating to an adequate standard at this inspection.

The manager had management responsibilities for other registered care services. As a result, there was a limited management presence within the service. Since the last inspection staff had benefited from some additional management time however, this was insufficient to enable consistency and a clear vision and direction for the service to be developed. For example, action points on the service improvement plan remained incomplete. An example of this would be the infection control audit that was not completed.

In previous inspection reports, we made recommendations that the provider involve people who use the Ardseileach Centre and their relatives in improving the quality of the service. We saw that there were some opportunities for people to make suggestions and share their ideas for improvement at review meetings. However, regular opportunities to provide feedback through questionnaires, discussion forums and appreciative enquiry had not been developed. It was difficult to evidence how people's views and ideas had informed the improvement plan for the service. A recommendation to make improvements in this area was already in place.

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 to identify service improvements was not routinely sought and staff ideas and suggestions were not followed through. A requirement to make improvements in this area was already in place.

In discussion, the provider outlined new plans for management support which would enable much of the outstanding work to be completed and support service development. However, a plan to implement this had not yet been developed. The provider should push ahead with the planned improvements as a priority. This will have a positive impact on the service's capacity to deliver good outcomes for people who experience care.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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 and risk assessments during our inspection and found that there was little significant change to the recording of people's support and risk. The information 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 safely. This should be subject to regular review through the service's quality audit system.

Not met

Requirement 2

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

The service had cleared out all medicines kept in stock in the medicine cupboard. The standard procedure currently was only to support people with prescribed as required medication for example antibiotics or rescue medication. Clear protocols had been written to guide staff appropriately in how these should be administered and recorded. The provider had also reviewed and updated the current staff training on administering medications to comply with best practice guidance and to enable staff to meet the competencies found in the unit HSC 375/CHS3 – Administer Medication to Individuals.

Met – within timescales

Requirement 3

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

Some progress had been made in meeting this requirement. Some of the personal plans we sampled had been reviewed within the previous six months and the plans updated to reflect agreed changes. However, there remained a number of personal plans that had not been reviewed in over 12 months. The service needed to continue to progress with the review process to ensure that everyone's personal plan was reviewed at least once in each six month period to comply with statutory requirements.

Not met

Requirement 4

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

Minimal progress had been made to meet this requirement. The service had access to a trainer in risk assessment and some staff had attended a risk assessment training session in May. However, this had not yet

resulted in reviews of current risk assessments. It is planned that as personal plans are reviewed and updated this will include review and updating of risk assessments.

Not met

Requirement 5

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

The provider had reviewed and updated training on administering medication to reflect the competencies outlined in unit HSC 375 - Administer Medication to Individuals. However, this had not yet been delivered to staff to support their learning and development and improve practice.

Not met

Requirement 6

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

The manager had acknowledged that this training had not been delivered.

Not met

Requirement 7

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

The systems to support individual training needs analysis were not yet in place. The service had not yet implemented a schedule for observed practice and the supervisions and appraisals lacked clear evaluation of gaps in knowledge, experience and practice.

Not met

Requirement 8

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

During this inspection, we met with the head of service for community resources. We heard about the plans being developed to provide support for the manager and other development that would support service improvement. Some supports had already been put in place and the service had benefitted from having additional management time. We shall look forward to seeing how the improvement plan develops and influences progress.

Met – outwith timescales

Requirement 9

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.

This requirement was made on 17 February 2017.

Action taken on previous requirement

There was little to evidence that robust quality assurance processes were in place to identify and support service improvement.

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 2017/18. This was focused on meeting the outstanding requirements and recommendations from previous inspections. The planned development of a programme for gathering feedback including surveys, participation panels and questionnaires three times annually was due to be completed by November 2017. This had not yet been implemented. It was difficult therefore to see how people's views had informed the development of this service. The recommendation is **not met**. We shall look again at this issue at the next inspection.

Recommendation 2

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.

This recommendation was made on 17 February 2017.

Action taken on previous recommendation

We saw no evidence that support for people with communication had improved. The training offered to staff did not include information or awareness of the issues affecting people who have communication issues. The manager had consulted speech and language therapy to involve them in supporting the development of communication passports for people, but this had not progressed further. The recommendation is **not met**. We shall look again at this issue at the next inspection.

Recommendation 3

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.

This recommendation was made on 17 February 2017.

Action taken on previous recommendation

We saw some improvement in the maintenance of the fabric of the building. The maintenance log showed that minor repairs and routine maintenance were identified and completed in a timely fashion. The service had not yet developed a plan to refurbish the centre. The manager informed us that new chairs had been ordered to replace worn furniture and painting the kitchen. However, this had not yet happened. The recommendation is **not met**. We shall look again at this issue at the next inspection.

Recommendation 4

The provider should ensure that all staff are 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.

This recommendation was made on 17 February 2017.

Action taken on previous recommendation

An audit on infection control issues had been started in June 2017, but this had not yet been concluded. Some issues had already been identified and action taken to support good practice. However, this recommendation is **not met**. We shall look again at this issue at the next inspection.

Recommendation 5

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.

This recommendation was made on 17 February 2017.

Action taken on previous recommendation

We saw that supervisions were happening more regularly, but these lacked detail about how staff were supported with their learning and development needs and to improve their practice. Performance appraisals had not been completed for staff. This recommendation is **not met**. We shall look again at this issue at the next inspection.

Recommendation 6

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.

This recommendation was made on 17 February 2017.

Action taken on previous recommendation

Feedback was sought from people who experienced care and their relatives at reviews. Their comments were noted but we were not yet able to evidence how this had influenced the development of the service. The provider should develop a range of methods for gathering feedback from different sources to inform service development. This recommendation is **not met**. We shall look again at this issue at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	
17 Feb 2017	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
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

Date	Type	Gradings	
		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
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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