

Interlink Day Services Support Service

Fergushill Resource Centre
Fergushill Road
Kilwinning
KA13 7LR

Telephone: 01294 551899

Type of inspection: Unannounced
Inspection completed on: 1 November 2017

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Care service number:
CS2003001155

About the service

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

Interlink Fergushill is a Support Service (Day Care) for Adults with both learning and physical disabilities. The service is owned and operated by North Ayrshire Council and is situated in the town of Kilwinning. There are a maximum of ninety service user places available Monday to Friday.

The service aims to : "adopt a person centred approach and recognise everyone as an individual with individual needs, preferences and experiences. Our mission statement incorporates treating each individual with dignity and respect, whilst promoting independence, empowerment and anti discrimination."

What people told us

We received 15 completed care standards questionnaires and spent time in the service observing activities, interactions and speaking with people using the service.

A care inspectorate inspection volunteer supported the inspection, spending time with and speaking to people using the service. The feedback that we received was mixed although everyone who completed a care standard questionnaire agreed or strongly agreed that staff knew how to support them and that overall they were happy with the quality of care and support from the service.

We have included some of the comments made and taken account of service users views when commenting on each of the quality themes.

"Would like to see more outings and activities"

"We talk about things at the Q café on Wednesdays"

"I sometimes go to the office to help with interviews for new people"

"Communication through daily diary, reviews and regular meetings ensure all parties are involved in (my relatives) care and staff are up to date".

"needs better communication between staff if client moves from one base room to another - all information doesn't always get passed on".

"Needs decorating - very dull and drab surroundings".

'I don't like some of the staff - they tell people what to do. I avoid them'

'My key worker is very good'

'Staff are alright'

'They need more staff to help with running the building. They need more support'

'It's so confusing in here' (comment on layout)

'This building is too busy, too full up, too noisy'

'I work on the front desk. I do photography on other days'

'I was out at golf this morning. It was very good'

Self assessment

The Care Inspectorate has not requested services to complete a self assessment for this inspection year. We looked to the services own improvement plan and quality assurance paperwork to demonstrate their priorities for

development and how they were monitoring the quality of the provision within the service. This is an area for development for 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 found that the service was performing at an adequate level in relation to the quality of care and support.

During the course of the inspection we observed that there were often times where people using the service were not engaged. Activity groups were often large with limited staff numbers leading to those with higher support needs not being able to have the support they required to actively participate in the session. We saw that there was a range of activities in the timetable including activities in the community, for example golf and that staff were being supported to develop sensory activities (such as the bear hunt) with the help of the speech and language therapist. However we also heard that groups often had to be changed/cancelled in response to staffing levels meaning larger group sizes and less choice.

We found that support plans were not outcome focussed, didn't identify individuals goals/aspirations and some were missing essential information about the person and their support needs. A number of documents and pieces of information we saw were old and did not evidence having been reviewed. We were also concerned about references we saw being made to physical interventions, both in support plans and progress notes. These are restrictions to people's freedom and infringe on their human rights. There should be clear evidence of why these may be required, under what circumstances and who has been involved in making the decision that it is an appropriate and safe intervention.

Risk assessments that we saw tended to be quite generic and not focussed on risks/hazards specific to the individual. We also saw examples of where risk assessments were not in place when other parts of the support plans clearly identified that there was a risk that required managing. This is important as staff need to have the right information to guide how they work with people to keep them and others safe. If this information is not accurate or up to date they are not able to do this effectively.

We saw that the service is working on developing outcome focussed plans and ensuring that people's legal status is clearly recorded.

The manager needs to ensure that improvements are made to the recording of health needs, especially epilepsy as we found that there was not sufficient information in this area.

We saw that some improvements had been made to medication processes. There was a separate room where medication was stored and individuals could receive their medication whilst maintaining their privacy and dignity.

The service should continue to develop and review their medication systems and recording to ensure that they meet best practice standards.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 5

1. Behaviour management guidance should be in place for those individuals who display challenging behaviours. This information should clearly identify what interventions should be used, in what order and at what points in time. This includes the use of preventative and de-escalation techniques, as required medication and physical interventions.

National Care Standards: Support Services, Standard 4 – Support arrangements and Standard 10 – feeling safe and secure.

2. The manager should consider how the service users medication support needs are recorded to ensure that adequate information is given in relation to the specifics of how each service users takes their medication, how consent is obtained and privacy and dignity maintained.

National Care Standards: Support Services, Standard 4 – Support arrangements

3. Risk assessments should accurately identify and reflect the risks associated with the needs of the individual and the supports required to reduce these risks.

National Care Standards: Support Services, Standard 4 – Support arrangements

4. Health needs should be clearly documented in the support plan and links made to other relevant documents for example risk assessments, specialist assessments and protocols/guidelines for support.

National Care Standards: Support Services, Standard 4 – Support arrangements

5. The manager should ensure that people to have the support they require to actively participate in activities and that there are appropriate types and numbers of activities on offer to meet individuals needs.

National Care Standards: Support Services, Standard 4 – Support arrangements

Grade: 3 – adequate

Quality of environment

Findings from the inspection

We found that the service was performing at an adequate level in relation to the quality of the environment.

In general the building is very tired looking and in need of redecoration and attention. Plans have been in place for a number of years to move the service to a new building which would resolve some of the issues we found with the current environment. There were however issues we identified which were not related to the need for new premises. These included infection control issues such as arjo trolleys not being thoroughly cleaned after use, pad bin overflowing and pads/wipes being left out and open.

There were large amounts of equipment that were being stored in corridors, entrance ways and rooms. We noted lots of bags, cushions/pillows stored on the floors in bathrooms and kitchen items on the floor in kitchen areas. We also saw anti bacterial handwash/gels, washing up liquid and tins of Nutralis (prescribed fluid thickener) easily accessible to service users. This caused us concern there is a risk that one of the many people we saw accessing these areas unsupervised could use these items inappropriately.

We felt that the environment did not support people to find their way around. It is a large building with a number of rooms and many of these (including bathrooms) did not have signs on to tell people where they were or what the room was for. We would expect to see more use of easy read and pictorial information to support those with complex needs and communication difficulties to orientate themselves and understand information around the centre.

Whilst we acknowledge that the service is aware of some of the issues with the environment and the planned move to new premises will address some of these, It is important that health and safety standards (infection control and hazards) are addressed in the current environment as far as they are able.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The manager should consider how the environment could be improved and infection control standards increased in the current premises.

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

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found that the quality of staffing was adequate.

We concluded this from sampling written documents, speaking to staff, managers, people using the service and observing interactions during the course of the inspection.

There was low morale among the staff team and this had been previously highlighted by staff themselves at

team meetings. We saw that staff meetings were taking place on a fairly regular basis which gave staff an opportunity to discuss people they were supporting and the service in general. The manager was trying to arrange additional training/information sessions to take place alternating with the team meetings. It was good to see although team meetings could also be utilised more as a forum to discuss best practice and staff development.

We did not feel that staff practice was as good as it could be. We discussed with the manager how certain observations we made and information we read led us to believe that some staff did not have the appropriate knowledge or training in certain areas, particularly in relation to positive behaviour support and the management of people with behaviours that may challenge.

Although staff told us that generally they felt training was good, we felt that there were areas where additional training was required which should have been identified through the quality assurance processes, for example support planning and risk assessments.

Supervision and appraisal (personal development reviews) were not happening in line with the services own policy. This is important as these sessions are to support the personal and professional development of staff. Staff told us they were able to seek informal support/supervision when they required it but that does not replace the need for formal, recorded sessions to be undertaken.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy. The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

National Care Standards, Support Service. Standard 2 - Management and Staffing

2. The manager should ensure that all staff have and demonstrate the skills required to undertake their role. This includes refresher training where staff have undertaken courses some time ago to ensure that they are aware of any changes in practice and guidance.

National Care Standards, Support Service. Standard 2 - Management and Staffing

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We concluded that the management and leadership of the service was adequate.

We felt that the management were very focussed on the development of the new service possibly to the detriment of what was actually happening currently in the service. Whilst it was good to see that there was a focus on trying to get people involved and design a really good service to move into, the issues that were happening and being raised within the current service were not being given the attention they required.

We saw that there were some audits being undertaken for areas such as the environment and medication, these could be further developed to make them more robust and produce better information. The quality assurance process needs to be developed to ensure that there is a system in place which audits a range of areas and enables the manager to have an accurate overview of where the service is at and where they need to develop. The manager should also consider how the use of formal practice observations could contribute to the quality assurance process in terms of assessing staff competency, suitability of activities and service user engagement/ participation.

One requirement and recommendations were made in the previous inspection report, only the requirement has been met, the recommendations will be repeated in this report as they have not been achieved.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The manager should ensure that there is a robust quality assurance process in place and systems are used to inform the development of the service and improve outcomes for people using it.

National Care Standards, Support Service. Standard 2 - Management and Staffing

2. The manager should ensure that they maintain accurate overviews of key areas in the service such as staff supervisions, reviews and training.

National Care Standards, Support Service. Standard 2 - Management and Staffing

3. The manager should ensure that there is a service development plan in place. This should be informed by feedback from people using the service, relatives, stakeholder, staffs and quality assurance processes.

National Care Standards, Support Service. Standard 2 - Management and Staffing

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The management team must ensure that the Care Inspectorate is notified of all relevant accidents and incidents as detailed in the guidance document issued to services by the Care Inspectorate entitled "the Records that all registered care services (except childminding) must keep and guidance on notification reporting." This is a requirement made against the Public sector Reform (Scotland) Act 2010, and against

Time scale for meeting this requirement is immediately on receipt of this report.

This requirement was made on 16 December 2014.

Action taken on previous requirement

All notifications appear to have been made as required.

Met - within timescales

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

Previous recommendations

Recommendation 1

Behaviour management guidance should be in place for those individuals who display challenging behaviours. This information should clearly identify what interventions should be used, in what order and at what points in time. This includes the use of preventative and de-escalation techniques, as required medication and physical interventions.

National Care Standards: Support Services, Standard 4 - Support arrangements and Standard 10- feeling safe and secure.

This recommendation was made on 16 December 2014.

Action taken on previous recommendation

We saw examples of where information is still not sufficient in this area and so this recommendation has not been met.

Recommendation 2

The manager should consider how the service users medication support needs are recorded to ensure that adequate information is given in relation to the specifics of how each service users takes their medication, how consent is obtained and privacy and dignity maintained.

National Care Standards: Support Services, Standard 4 - Support arrangements

This recommendation was made on 16 December 2014.

Action taken on previous recommendation

Some progress has been made in this area but there is still work required to ensure appropriate consent is recorded (section 47's in place) that dignity is maintained and processes are in accordance with best practice. This recommendation has not been met.

Recommendation 3

Risk assessments should accurately identify and reflect the risks associated with the needs of the individual and the supports required to reduce these risks.

National Care Standards: Support Services, Standard 4 - Support arrangements

This recommendation was made on 16 December 2014.

Action taken on previous recommendation

Risk assessments remain generic and require further development to clearly identify individual risks/hazards. This recommendation has not been met.

Recommendation 4

Health needs should be clearly documented in the support plan and links made to other relevant documents for example risk assessments, specialist assessments and protocols/guidelines for support.

National Care Standards: Support Services, Standard 4 - Support arrangements

This recommendation was made on 16 December 2014.

Action taken on previous recommendation

Supervisions and appraisals are still not being undertaken as per the organisations policy. This recommendation has not been met.

Recommendation 5

The manager should ensure that the system for regular staff supervision is implemented in full.

National Care Standards: Support services, standard 2 - management and staffing arrangements.

This recommendation was made on 16 December 2014.

Action taken on previous recommendation

We found examples of where important information was still either missing or not sufficient in support plans. This recommendation has not been met.

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	
16 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
17 Jan 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
24 Nov 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Nov 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
20 Feb 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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