

Grianan Resource Centre Support Service

Grianan
Westview Terrace
Stornoway
HS1 2LD

Telephone: 01851 822755

Type of inspection: Announced (short notice)
Inspection completed on: 15 November 2017

Service provided by:
Comhairle Nan Eilean Siar

Service provider number:
SP2003002104

Care service number:
CS2003009717

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.

Grianan Resource Centre is operated by the local authority, Comhairle Nan Eilean Siar, and is registered to provide a day care support service to a maximum of 44 adults/older people with learning disabilities, mental health problems and physical and sensory impairments, of which 24 can attend the Grianan Day Centre and 20 can attend the satellite Carloway Day Centre.

The service operates Monday to Saturday between the hours of 8am and 5pm. The service provided transport for those who require some support to get to the service and for community based activities.

The service is based in the main town of Stornoway on the Island of Lewis and the satellite service at the community centre at Carloway 24 miles away. Grianan is close to a range of local amenities and people who used the service could easily access local amenities.

The aims of the service included:

- to actively involve people as far as possible
- to work in partnership with other agencies and carers
- to work in a holistic and consistent way promoting a partnership approach which supports and encourages appropriate communication.

What people told us

We received nine completed care standards questionnaires from people who used the centre and their relatives. Their views are reflected here. During our inspection visit we spoke with seven people who came to the centre regularly. People were generally positive about the service and the support received from staff. A relative thought that communication about what people were involved in at the centre could be better and another person thought that activities that men enjoyed were limited. People we met told us about the things they enjoyed about Grianan Resource Centre. One person said that they just liked coming to the centre to see their friends and to use the pool while another told us how important participating in different activities was to them. People spoke about the good relationships they had with staff and how excited they were helping with the Christmas preparations. People were very happy with the service and thought they were well supported by staff that knew them well and understood their needs.

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	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We looked at this theme to consider how well the service met the health and wellbeing needs of people who used the service. We found that the service's performance in this area was good. This grade applies to performance characterised by important strengths which have a significant positive impact. The service should continue to further improve areas of important strength and take action to address the areas for improvement.

People had a choice of activities which they enjoyed. Many of these were focused on arts and crafts which were an important aspect of the community culture. However the service could consider offering more relevant activities which would demonstrate how they were working with other services to support people to develop skills and achieve good outcomes.

Individual personal plans had been reviewed and information updated. Staff had removed old and irrelevant information from the plans which better protected people's privacy and dignity. Review records were better documented. They had started to record some of the discussions about how the service supported people and the changes needed to enable staff to do this well. Assessments of need were either outdated or missing. The service would benefit from updating or completing new assessments to reflect the current needs and aspirations of people coming into the service to help inform the support planning process.

Risk assessments had improved and were generally reviewed alongside personal plans. However, some work was still needed in recognising and managing specific risks. For example, where people have known mental health issues. Where this is the case staff should list the stressors that have the potential to trigger episodes of declining health or depression.

Reviews were mostly held within statutory timescales however, the service needed to be vigilant and ensure that everyone using the service had their personal plans reviewed when there were changes in circumstances and at least once in each six month period. This is to ensure that the support offered by the service continued to meet the needs of people.

The service had begun to note feedback from people who experienced care and their relatives through the review meetings and was mostly positive. It would be useful to collate the expressed views of people and use

them to inform the service development plan. The service should continue to develop other means of gathering feedback from different key stakeholders in order to assess their contribution to improvement and to identify areas for development.

The range of activities could be further developed to provide people with opportunities for learning and development such as self-care, leisure and employment/volunteering. This would support people's self-esteem, build confidence and would show how the service supported good outcomes for people as detailed in 'The keys to life' strategy.

In general there was a noted improvement in the recording of personal plans. However, these would be strengthened by the addition of a weekly planner which identified which groups or activities people were involved in and when these took place. Personal plans could be improved further by identifying clear outcomes from each group or activity and include fuller descriptions of the support each person requires to participate.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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 good reflecting important strengths.

The service was provided from purpose built accommodation near to the town centre. The building also accommodated other community services. The accommodation provided a number of rooms and spaces to allow different group activities to take place at the same time. This included computing, hairdressing, art and craftwork and a practical skills workshop. This meant that people could enjoy varied activities which supported skills development.

The service benefitted from a fully equipped gym and small hydrotherapy pool on site, which were accessible by members of the public. This meant that people could be supported to keep active, make healthier choices and improve wellbeing. The dining area was spacious and provided good access for wheelchair users. We heard about plans to develop a small café in this area that would be open to members of the public. This would be a good addition to the facilities available at the centre and provide a good training resource for people who experience care.

The service had developed a computer suite within the centre. A range of IT equipment and technology was available and people we spoke with confirmed that they had access to the internet. This improvement enabled people who used the service to make full use of this resource.

During the inspection, the environment appeared bright, attractive and tidy with sufficient storage to help ensure that any potential hazards were minimised. Safety checks were carried out annually on all electrical equipment including; hoists, slings and other mobility aids, to ensure they were safe and in good condition. However, there were high open ceilings in larger areas that are seldom cleaned because of the difficulty in accessing these areas. We observed layers of dust and cobwebs in the upper areas. This meant that the accommodation was not thoroughly clean and could present risks for people with complex health issues. **(See Requirements)**

Requirements

Number of requirements: 1

1. It is the responsibility of the person in charge to ensure that the care environment is safe for practice (this includes environmental cleanliness/maintenance). The person in charge must act if this is deficient. The care environment must be:

- visibly clean, free from non-essential items and equipment to facilitate effective cleaning;
- well maintained and in a good state of repair; and
- routinely cleaned in accordance with the Health Facilities Scotland (HFS) National Cleaning Specification: Staff groups should be aware of their environmental cleaning schedules and clear on their specific responsibilities. Cleaning protocols should include responsibility for; frequency of; and method of environmental decontamination.

SSI 2011/210 Regulation 4(1)(d) - Welfare of users and Regulation 10(1) & 10(2)(b) - Fitness of premises.

Timescale for implementation - by 31 December 2017.

Recommendations

Number of recommendations: 0

Grade: 4 - good

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 a good standard reflecting important strengths which have a positive impact.

Staff we spoke with clearly enjoyed their work. They told us how rewarding it was to see people develop skills, become more vocal in expressing their choices and preferences and become more independent. Transport was an issue that all staff we spoke with brought up. This was an area of contention as it took time away from the direct delivery of support for people and the planning and assessment time needed to develop good group work or support programmers to enable the development of skills for people.

Staff told us that the team were supportive of each other and we saw this during one of the group sessions.

They said they felt supported in their roles and the manager was readily available for informal advice and guidance.

From the sample of staff files we looked at, we saw that regular supervisions were happening and these events were recorded. These meetings tended to focus mainly on mandatory training completed and the arrangements for completing outstanding training. We thought that supervision records lacked a reflective element which would have helped to identify elements of good practice for individuals and areas where further learning and development maybe needed.

We saw one record of an observed practice. The manager told us this was a new development to help identify areas of practice and learning needs for staff. However, this was not embedded practice. This is an area that needed further development to enable the information to inform performance appraisal and training needs analysis. The manager should establish a programme of practice observations with a clear focus on areas of practice to enable her to assess staff competency, knowledge and practice. The outcomes from observed practice should feed into supervisions and performance appraisals.

Some staff development and appraisals had been completed. However, these too lacked an evaluation of actual performance of individual staff members. Performance evaluations would enable an accurate assessment of individual training needs that informs the annual training plan, based on the needs of the staff group. A requirement is already in place in relation to this.

Much of the information in staff appraisals focused on performance indicators, but not how these were met or the actual performance of the staff member. For example, one performance indicator was about attending and contributing to staff meetings. However, the record did not indicate if the criteria was met or gave information about the level of contribution made to staff meetings. This was important to help support senior staff to demonstrate leadership skills and to enable the development of leadership values for the staff group.

Overall, the staff were supported in their roles. They felt valued by their manager and were able to contribute to their development and learning. Leadership qualities were recognised and supported. However, this could be strengthened if there was an embedded system for assessing staff skills, knowledge and practice that informed practice learning and development.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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 area service manager and the head of service for community resources, about the plans for service development and the additional support that will be provided for the service manager, we concluded that the service was operating to a good standard at this inspection.

The service 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, the new senior day centre officer role had developed and involved some responsibilities for the day-to-day management of the service. This had helped the service to progress and supported service improvements in several areas. Whilst some improvements were in the early stages of implementation, this was a positive situation and indicated strengthening capacity.

Under the leadership of the manager, the service had begun to implement a more systematic approach to quality assurance. Improvements to date were largely based on responding to external regulation. However, there were plans to develop a wider improvement and development plan to take the service forward. These plans would be strengthened by the development of a range of options for gathering the views, experiences and suggestions for improving the service from people who use the service and their relatives and other professionals with an interest in the service. Leadership skills and values were beginning to be recognised and encouraged within the staff group. This helps foster a learning culture that supports continuous improvement.

Feedback we had from people who used the service and their relatives was generally very positive. Most people we spoke with had few concerns about the service, communication with the officers or how their support was delivered. People told us they were happy to approach the service directly with any issues and were confident these would be managed appropriately.

The service had not received any formal complaints from people who experience care or from relatives, however some issues which had been raised in relation to appropriate activities and communication had not been dealt with. **(See Recommendations)**

We noted that the service did not have a robust system for regular quality checks. These have the potential to feed into and support a good system for quality assurance. This would help the provider to measure service performance and support service development. The provider should establish a system for assessing the quality of the service and the robustness of their systems. Quality checks and audits should be part of the system for supporting quality assurance. A requirement is already in place in relation to this issue.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should develop a wider range of methods of consultation with people who experience care and their relatives. This could include greater use of advocacy services, focus groups and feedback from allied professionals.

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

Grade: 4 – good

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

Previous requirements

Requirement 1

The manager must ensure that each person they support has an up to date personal support plan, setting out how the service will meet their health, welfare and safety needs based on a comprehensive assessment and clearly sets out how these will be met. Additionally, the service to further develop support plans by ensuring:

- a) personal support plans provide an outcome focussed approach
- b) daily records clearly evidence whether identified goals are being achieved.

SSI 2011/210 – Regulation 5(1), 5(2)(a) and (b) – Personal plans.

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

This requirement was made on 27 October 2016.

Action taken on previous requirement

We sampled four people's files including personal plans, risk assessments and review documents. We found good improvements in support planning, risk assessment and management and reviews. personal plans had been developed within the past six months and were based on the outcomes and decisions from the previous review meeting. There was good evidence that people's support arrangements had been reviewed with them, their keyworkers and relatives. This enabled discussion about what people wanted to achieve from attending the centre. Reviews had been arranged within statutory timescales and there was a good record of the issues discussed.

Met – outwith timescales

Requirement 2

The manager must ensure that robust risk assessments are completed for each person supported by the service. Where an assessment of risk is undertaken and action identified to manage risks appropriately, the assessment must:

- a) identify the hazard
- b) describe who might be harmed and how
- c) evaluate the risks and decide on precaution
- d) record findings and implement them
- e) review the assessment and update as required.

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 27 October 2016.

Action taken on previous requirement

Risk assessments had been updated in the files we sampled and we saw good information to support people well and keep them safe while being flexible enough to support people's choices and enabling new experiences. One example of this would be where people were encouraged and supported to learn how to use public transport safely where able. This helps to promote people's independence and opens up community resources for people.

Met - outwith timescales**Requirement 3**

The provider must make sure that personal support plans were reviewed with each supported person and their carers where appropriate, at least once in each six month period to ensure that the care and support provided continued to meet the needs of each person. The provider should keep an accurate record of these meetings. Minutes should contain a summary of the discussion held, the decisions made arising from the discussion and when this would be reviewed again. Where there were changes in circumstances or where people's needs changed, the support plan must be updated to reflect these changes.

SSI 2011/210 - Regulation 5(2)(b)(i)(ii)(iii) - Personal plans.

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

This requirement was made on 27 October 2016.

Action taken on previous requirement

From the files we sampled we could see that reviews were happening at least six monthly. Review records showed good involvement from the people supported by the service and their relatives and the personal plans were updated following the review.

Met - outwith timescales**Requirement 4**

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 - six months from receipt of this report.

This requirement was made on 27 October 2016.

Action taken on previous requirement

Plans were in place for completing Staff Development Appraisals (SDAs). However, the individual staff training needs had not yet started. We were informed that this would begin once all appraisals were completed.

Not met

Requirement 5

The provider must ensure that there were sufficient skilled staff, working in the care service at all times, to meet the needs of people who use the service. In order to achieve this, the provider should review the activities provided to ensure they meet the needs of service users and that there were sufficient staff in place to enable supported people to achieve their potential.

SSI 2011/210 - Regulation 15(a) - Staffing.

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

This requirement was made on 27 October 2016.

Action taken on previous requirement

Information from the provider suggested that the service had some vacancies to fill. Discussion with the senior day centre officer confirmed that there were some staffing issues and challenges for the service. There were plans to utilise staffing from across a range of similar service so that gaps in service provision could be filled. Some of the benefits of this approach could be seen in practice and staff were being supported with group work and outings. However, staff needed time to plan activities and groupwork so that progress was measured and good outcomes achieved. The service have done enough to satisfy the requirement, but more work is required to ensure sustainability and to enable the planning process to happen. We will look again at this issue at the next inspection.

Met - outwith timescales

Requirement 6

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 27 October 2016.

Action taken on previous requirement

A senior had been appointed to support the work of the manager in leading the development of the service. This has had some good outcomes in terms of improved support planning and reviewing outcomes for people. Supervisions were now up to date and happening regularly to support staff. In discussion the senior management team had informed us of their plans to develop the support to the manager which will provide her with better oversight of the service and scope to support the development of the service and staff learning. The service had made good progress in meeting this requirement, however the systems in place for supporting the manager are new and not yet embedded. We learned that the manager will be leaving the service soon and recruitment for a new manager has not yet been completed. We will look again at this issue at the next inspection

Not met

Requirement 7

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 27 October 2016.

Action taken on previous requirement

The service have developed an improvement plan for the service. However, this was based on meeting the regulatory requirement and recommendations from inspections. We met with the senior management team and learned about the wider vision for the development of the service. We are confident that once implemented this will result in improved outcomes for people who use the service and more focused learning and development for staff. However, the provider still needed to implement and embed a robust system for quality assurance that will support a continuous cycle of service improvement.

Not met

Requirement 8

The provider must implement methods to involve service users and relatives in the ongoing assessment and improvement of the quality of the service and evidence how it has acted on the views of service users and relatives about what would make a good quality service for them.

SSI 2011/210 – Regulation 3 – Principles. This is a requirement for providers to provide the service in a manner which promotes quality and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

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

This requirement was made on 27 October 2016.

Action taken on previous requirement

Consultation took place mainly through the review system or through the formal complaints procedure. We noted that questionnaires for people who experience care and families had not been used for some considerable time and opportunities for people to give their views on different aspects of the service were very limited. The service have met the requirement, but we have made a recommendation in relation to this.

Met – outwith timescales

Requirement 9

The provider must review the service's aims and objectives to ensure that the function and objectives of Grianan Resource Centre provided a clear focus and direction for the service.

SSI 2011/210 - Regulation 4(1)(a) - Welfare of users and Regulation 3 - Principles.

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

This requirement was made on 27 October 2016.

Action taken on previous requirement

The aims and objectives of the service have been reviewed and will be reviewed further in light of the future development of the service.

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 must ensure that where people were assessed not to have capacity to make decisions, this is fully documented and supported with signed and dated incapacity certificates and details of who is authorised to make decisions on their behalf. If people were subject to Guardianship Orders, the service should hold copies of the order granting guardianship or at least the details of the content of the order and a letter from the named guardian detailing any decisions they have agreed and delegated to the service.

National Care Standards for Support Services: Standard 4 - Support arrangements.

This recommendation was made on 27 October 2016.

Action taken on previous recommendation

Copies of guardianship orders were seen in files, however the service also needed information on the nature of the guardianship for example, whether this was for financial or welfare or both. The service should also have signed agreement from guardians as to the responsibilities and decisions the service can make on behalf of service users. In these instances the use of the Guardianship checklist would be useful to have in people's files. Where people lack the capacity to make decisions there should also be a copy of the incapacity certificate in the file.

This recommendation is not met. We shall look again at this issue at the next inspection.

Recommendation 2

The provider should review and update service agreements for everyone using the service. This would help to clarify what people are using the centre for and the support that will be provided to them.

National Care Standards for Support Services: Standard 3 - Your legal rights.

This recommendation was made on 27 October 2016.

Action taken on previous recommendation

Some good progress had been made in this area. A new service user agreement had been developed and was about to be adopted as policy prior to introduction across all support services. However, we did not see these new documents and they had not yet been implemented.

This recommendation is not met. We shall look again at this issue at the next inspection.

Recommendation 3

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 27 October 2016.

Action taken on previous recommendation

We saw good evidence that staff supervision was taking place regularly and staff report that they find this helpful in improving their practice. **This recommendation is 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	
27 Oct 2016	Unannounced	Care and support	2 – Weak
		Environment	3 – Adequate
		Staffing	2 – Weak
		Management and leadership	2 – Weak
1 Dec 2015	Unannounced	Care and support	3 – Adequate

Date	Type	Gradings	
		Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate
29 Nov 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	6 - Excellent 5 - Very good 5 - Very good 5 - Very good
29 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
16 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
8 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good

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