care inspectorate

Burns Day Service
Support Service

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Telephone: 01294 218663

Type of inspection: Unannounced
Inspection completed on: 21 May 2018

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Care service number:
CS2003034607

HAPPY TO TRANSLATE

About the service

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

Burns Day Service is owned and managed by North Ayrshire Council.

The service is provided from purpose-built premises which can accommodate up to 30 service users each day (16 frail elderly and 14 living with dementia).

The service is equipped and furnished to a high standard. There are two units (Heather and Bracken). Each of the units have an open plan lounge with an area for making hot drinks and snacks. There is also an open plan dining/kitchen area and quiet room in each unit. There are adequate toilet facilities and shower area with a tracking hoist. There is a good sized secure garden which can be accessed from each unit.

What people told us

We spoke with seven people using the service. They were all very positive about the service provided. They told us about the activities and outings they had enjoyed and also how caring, warm and welcoming staff were. People said:

'I am so glad I came here, it makes a difference to my week and I look forward to coming'.

'I would just be sitting looking at the four walls, this gives me a purpose'.

'Staff are so good, they just want to make it a good day for everyone'.

'The buses that come to pick us up are terrible. They are forever breaking down. We have spoken to people here about it and it has been passed up the line but the bosses don't listen to us'.

A lady using the service overheard this discussion and said, 'He is right it's a disgrace, we get the worse buses - they are old and falling apart'.

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

What the service does well

Burns Day Service continued to use a number of methods to seek the views of those using the service. This included the use of service user meetings, surveys and day to day discussions. People had made suggestions about activities, entertainment, food and outings for service users, and a number of these had been actioned. People using the service were encouraged to participate in the support planning process and in six monthly reviews. The recommendation made in the last inspection about the frequency of reviews had been met.

A personal plan was in place showing the levels of support individuals required with activities of daily living such as personal care, mobility, communication, social interaction and medication. Risk assessments were carried out for areas of support needs with appropriate control measures identified and put in place to reduce any identifies risks. The information in personal plans were linked to the new Health and social Care Standards. The recommendation made at the last inspection relating to the use of specific risk assessments such as multi-factorial risk assessments had been met.

Personal plans took account of the outcomes that individuals wanted to achieve from their attendance at the service. These were mainly to reduce isolation and loneliness and have the opportunity to pursue their interests, participate in stimulating activities and also try new things. Individual goals were reviewed at each review meeting and support plans updated to reflect decisions made at the review.

Records were maintained showing how each service user had spent their day at the service, including any activities they had participated in.

A key worker system was in place. The key worker is a nominated member of staff who takes a particular interest in specific individuals' care and support arrangements. The service should continue to develop the scope and responsibility of key workers as part of a staff development plan.

There was a good rapport between staff and service users. We saw service users being assisted with personal care in a discreet manner, ensuring their privacy and dignity was respected at all times.

People spoke about how much they enjoyed and looked forward to coming to the service. They told us what a difference it made to their lives. One person said, 'I look forward to coming here, it's difficult for me to get out and I have no family nearby'. People using the service told us that there was plenty to do, that the food was good and that they felt they had a say in what was available for them.

There were good examples of people accessing groups in the local community and there had been opportunities for intergenerational activities with pupils for two local primary schools.

North Ayrshire Council had a comprehensive range of policies and procedures available to support staff in their role. This included policies in training, development and recruitment.

Training records showed that staff had accessed training relevant to their role and the needs of people attending the service. Training records now included 'pre and post training discussions' which included an opportunity to reflect on the training completed and how this had informed practice and could be used to improve outcomes for service users. The recommendation made in the last inspection relating to the quality of training records had been met.

Staff had completed dementia training at Skilled Level linked to the Promoting Excellence Framework. This informed staff practice and enabled them to support those people with dementia who attended the service.

Communication systems included a meeting each morning with the staff team to plan the day to discuss specific needs of those attending and allocate tasks. Staff meetings continued to take place at regular intervals. The minutes of meetings showed that information was provided about corporate and service wide developments, including reviews of policies and procedures. Staff discussed service users' needs and shared ideas and suggestions on how to continually improve the service. An action plan was provided with the minutes and followed up at the next meeting.

Staff had regular supervision either in a one to one with their supervisor or as a group supervision session. There were good records of these sessions maintained with an action plan showing specific agreements and action to be taken.

The service continued to achieve good outcomes for the people using the service. The service did meet the aims and objective to alleviate social isolation, build confidence and to provide an essential part of the overall care packages that supported people to live in their own homes for as long as possible.

What the service could do better

People using the service would benefit from having an attractive outside space to use and enjoy. We were disappointed to see that the service users' requests for improvements to be made to the garden had still not been carried out since the last inspection in 2015. We acknowledge that some essential maintenance to address the drainage trench had been completed. However, the overall garden space remained unkempt and unattractive. The service had a good size secure garden, accessible from both units in the building which had the potential to provide an attractive, sensory space that would be of great benefit to the people using the service. The staff had tried their best with the limited time they had to plant some raised beds with colourful flowers but the condition of the garden had deteriorated to such a level that professional help was required to bring it up to an acceptable standard. (Recommendation 1)

We had made a recommendation in the last inspection report relating to the quality of information in personal plans about the support individuals required to take medication. This remained outstanding. We also noted that medication records did not include a the name of medication the person using the service required support with, only a description. Medication records should clearly state the name of the medication, dosage and time support is required. (Recommendation 2)

We noted that the bins in the service for the disposal of certain types of waste were not emptied on a daily basis. We saw that these bins had been in the premises over the weekend without being emptied. Although a contract was in place for this waste to be collected at intervals during the week, good practice would expect these to be emptied on a daily basis, possibly to an appropriate secure receptacle outside the building. The provider should review the current arrangements for dealing with this type of waste. (Recommendation 3)

North Ayrshire Council do not have a policy of routinely re-checking staff through the Protection of Vulnerable Adults scheme after a specific period. This is only done if, for example, a member of staff is appointed to a new post within the council. 'The Care Inspectorate expects care services to periodically re-check the suitability of care service staff as a matter of good practice'; (Safer Recruitment (Through Better Recruitment), Care Inspectorate and Scottish Social Services Council 2016)). (Recommendation 4)

Although a keyworker system was in place, the service should continue to develop the scope and responsibility of key workers as part of a staff development plan.

We also raised with the manager the need for staff to be mindful of some of the language used in records which showed examples of negative labelling such as 'bad behaviours'. The service should address this as a focused area for improvement, which we will revisit at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The provider should ensure that the request made by people using the service for the garden area to be 'tidied up' is carried out in order to provide an attractive and sensory space for people to use and enjoy. This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I am actively encouraged to be involved in improving the service I use, in the spirit of genuine partnership (HSCS 4.7) and; I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve (HSCS 4.8).

2. The provider should improve the quality of information in care plans relating to how individuals take medication while at the service. This should include:

- whether the individual did or did not need support
- the type of support needed
- where medication was held when in the building
- medication records should have the name of the medication, dosage and time given (descriptions of the medication can also continue to be used where needed)

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

3. In order to comply with good practice in relation to infection control and manage instances of unpleasant odours, the provider should review the current arrangements for the disposal of certain types of waste: I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11).

4. In order to comply with current good practice, North Ayrshire Council should periodically re-check the suitability of care service staff through the Protection of Vulnerable Adults scheme, (Safer Recruitment (Through Better Recruitment), Care Inspectorate and Scottish Social Services Council 2016)): I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11); and I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
1 Jul 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
15 Jul 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
23 Jul 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
14 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
15 Dec 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate Not assessed
23 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
28 Oct 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed

Date	Type	Gradings	
19 Feb 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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