

Fiveways Day Centre Support Service

2-4 Caird Avenue
Dundee
DD3 8AW

Telephone: 01382 825624

Type of inspection:

Unannounced

Completed on:

31 July 2018

Service provided by:

Dundee Age Concern

Service provider number:

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Service no:

CS2016352097

About the service

The Fiveways Day Centre provides a day service for up to 40 adults. Although the majority of people who attend the centre will be over 65, the service wants to have the flexibility to provide a place to people under 65 who meet their criteria. People can choose to attend for either half a day or full day.

The service operates 5 days a week between the hours of 10.00 and 15.30 for service users but the Centre is staffed from 09:00 to 16:30. Occasionally an event may be planned in the evening or at the weekend.

The service is provided to people living in the Dundee area. We found that the service used the term 'clients' to describe the people supported by the service and we shall use this throughout this report.

What people told us

We sent out 15 questionnaires and received nine back. Five 'strongly agreed' and four 'agreed' that overall they were 'happy with the quality of care the service' provided. Four people 'disagreed' that their opinion on how the service could improve was asked for, and three people did not know the service's complaints procedure. Also, four people did not know they could complain to the Care Inspectorate.

The general positive impression given about the service is summed up by a relative's comment, 'staff are very friendly and my Dad loves going to Fiveways. We would be lost without this service, I can't praise them enough'.

Self assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing.

A self assessment was not required to be completed at this inspection; however, the service spoke about their goals and aspirations for the forthcoming year.

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	3 - Adequate

Quality of care and support

Findings from the inspection

We found that the client files and care plans were well ordered and held useful information. We particularly liked that they included a section to identify a person's preferred name, 'Likes to be known as...'. This shows that the service treats people as individuals in a person-centred way. We felt that the client files would benefit from a greater degree of detail and hold more information particularly in respect of activities and what outcomes clients were working towards. We also saw that there were inconsistencies in some of the documents that they contained, e.g. Dependency Tools.

We were told by clients, and saw for ourselves, that they were treated with dignity and respect. We also saw several examples of this, as we observed mealtime interaction, and through a variety of activities. We heard how people appreciated the three-course meal and that they were able to make suggestions for inclusion on the four-weekly menu. People also commented on the commitment of staff to provide high quality care.

We saw that the service was considerate to introducing new clients through a process of 'pre-visits' to ensure that the building and activities provided suited their needs and their choices. We could see that people attending appreciated the company and 'banter' and were told from several clients, relatives and stakeholders that the service prevented isolation. Relatives told us that there was good communication through the transport staff on duty and they felt they were kept informed about any service activities.

We were told from several sources that people did not feel their opinion was asked for and we thought this could be amended by a more robust process of consultation. We suggested that the service should introduce regular client meetings and relative meetings. Some people also told us that they felt that there could be more creative ideas for activities and we discussed such initiatives as doing joint projects with local nurseries, pet therapy or Care About Physical Activity (CAPA).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

We found the environment to be clean and well cared for. The décor was bright and the general atmosphere welcoming. There was good signage around the building and information boards were well stocked with current information and resources.

We saw that there was good records in relation to water checks, which also included regular temperature checks to minimise the risk of Legionella. We also saw records that evidenced good fire alarm tests around the building. This showed us that the manager observed their health and safety requirements.

We thought the maintenance of the environment could be improved with the introduction of a 'repairs' book or record so that repairs could be monitored to ensure they were undertaken timeously. Likewise, a Service Contract Folder may also assist in the monitoring of environmental maintenance checks such as the lift or kitchen equipment, for example.

Some people told us that they thought the introduction of accessible computers for clients would be an invaluable resource in terms of research, communication with family, hobbies or reminiscence.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We saw that that the service followed good recruitment practice and this was evident in staff records. We also read within the service's own recruitment policy that they 'should always consider effective ways of including clients'. However, we could not see any recent evidence of this involvement occurring. We also thought a recruitment checklist within the initial section of the staff file would show, at a glance, that safer recruitment practice had been followed.

We read, and were told, that the service offered a comprehensive variety of training for staff. Several staff told us that they had recently undertaken cancer awareness training which they had found very informative. We also heard that there had been a significant investment of staff time to raise awareness and knowledge of dementia. This level of training had resulted in staff feeling equipped to provide competent and professional care.

We noted from records and staff told us that inductions were not always consistent. We suggest that staff induction is formalised and a clear record kept within the staff file.

We noted that the registered manager was in the process of reviewing the service's supervision policy and we were glad to see that this was being done.

The service should ensure that the formal processes of staff support are clear and regular (**See Recommendation 1**). This should include making clear links with an annual appraisal, personal outcomes, identifying training need, any professional registration requirement and service development.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should schedule and implement regular supervisions and appraisals to support staff in their professional practice and development. This is to ensure care and support is consistent with the Health and Social Care Standards.

Health and Social Care Standards 3.14 states:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their own professional and organisational codes.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

All those we spoke to, staff, clients and relatives, thought highly of management and appreciated their support. They also told us that management were approachable and accessible and operated an open-door policy, but were often within the buzz of activities and liked to be involved in direct care and support.

We thought that the service needed to tighten up on it's schedule of reviewing the support plans of those that attend. This is a legal requirement (The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 for all registered services to ensure that people are getting the support they need, are achieving their personal outcomes and are able to have a formal forum to express their choices and opinions.

(See Requirement 1).

We are aware that the support plan files were in the process of being reviewed and we would urge this to continue. However, the process of review files also gives the opportunity to ensure that the required content is held and that documents are signed and dated as appropriate. This should then be confirmed through an annual audit.

We also suggest that the service examines how it measures the quality of its provision and this should be done in full consultation with staff, clients, relatives and other stakeholders. Part of this process may also be improving how the manager collects compliments, comments and suggestions for improvement. These inputs should lead to a development plan which is the result of full consultation.

There is also, perhaps, a more efficient way of scheduling regular events through the use of computer software. This would ensure that formal staff support, client reviews, training refreshers and personal anniversaries are maintained. This may also provide a method of compiling a training plan, rather than simply a record, which will allow the registered manager to ensure that sufficient cover is in place over well attended training events.

Requirements

Number of requirements: 1

1. In order to ensure that people are receiving the appropriate support the provider must establish a schedule of support plan reviews by 30 November 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards

The Health and Social Care Standards 1.15 state that, as a supported person, "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices".

The Health and Social Care Standards 2.17 state that, as a supported person, "I am fully involved in developing and reviewing my person plan, which is always available to me".

It is also necessary to comply with Regulation 5 (Personal plans) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

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

This service does not have any prior inspection history or grades.

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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