

Ardseileach Centre Support Service

Macdonald Road
Stornoway
HS1 2YT

Telephone: 01851 822751

Type of inspection:

Unannounced

Completed on:

22 October 2018

Service provided by:

Comhairle Nan Eilean Siar

Service provider number:

SP2003002104

Service no:

CS2003009718

About the service

This service registered with 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 spent time with all the people using the service during the Inspection. We spoke with one relative. Due to the significant communication difficulties experienced by people, we did not seek their views on a formal basis. We observed people enjoying their time at the centre and there were warm relationships between staff and the individuals using the service.

Self assessment

The service have not been asked to complete a self assessment in advance of the inspection. An important area of development for the service is to have an up to date improvement plan. Further information of this can be found under the quality theme "leadership and management" of this report.

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

The service's performance has remained at adequate since the last inspection which was completed on 6 October 2017. Continued performance at adequate level is not acceptable, improvements must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

Our observations confirmed that overall, individuals were enjoying their time at the service. Individuals were relaxed and at ease when they arrived at the service as they were welcomed warmly by staff on their arrival. Staff responded to and respected individuals' preferences, an example of this was some individuals preferred to spend time on their own. Staff responded sensitively to this wish, whilst remaining "on hand" should the individual require more support and guidance. A number of individuals had very complex needs and limited verbal communication. It was evident staff understood individuals' non verbal communication. This meant they could respond to individuals' support needs and make sure their views were being sought and promoted. Some of the quotes from relatives included:

"My relative loves going to the centre and gets really upset if he cannot go".

"There are a lot of new staff but they seem really good".

People's health needs were met, promoted and responded to appropriately. The provider worked in partnership with health services. Examples of this were regular communication with the local nurses and the learning disability team. It was evident staff were following the advice given to ensure the wellbeing of individuals.

Whilst we felt the environment was not ideal for a homely lunch time experience (see quality of environment for further information) it was apparent staff supported individuals in a dignified manner whilst supporting them with their lunch. Individuals were given time to make choices as to what they wanted to eat and staff promoted individuals' dietary needs in a sensitive and unhurried manner.

When we spoke with staff they were able to tell us what individuals' needs were, and how they were supported. The information within support plans reflected what staff told us. This confirmed that staff had a sound understanding of individuals' needs and were able to support them appropriately.

We observed staff undertaking arts and craft activities with individuals. Whilst some individuals were really enjoying this, we felt other individuals did not seem interested or were having difficulty engaging in the specific activity. Some individuals enjoyed doing puzzles however the puzzles were for very young children and did not promote dignity for individuals. We felt the activities were staff led and could have been improved by taking time to involve individuals in identifying a range of activities linked to their interests and abilities. This approach would be more inclusive and could be used to build on individuals' skills and confidence.

We discussed the above with the provider. They recognised the importance of the above and were in the process of getting staff to identify individuals interests which could then be linked to meaningful activities. We will consider this further at the next inspection.

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. The service's performance has remained at adequate since the last inspection which was completed on 6 October 2017. Continued performance at adequate level is not acceptable, improvements must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

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.

The provider informed us that they will be moving imminently to a more appropriate building in the community. We visited the new building and felt it would allow individuals more choice of activities and opportunities to build on independence skills. It should also allow better deployment of staff, thus enabling staff to be more flexible and responsive when supporting individuals. We look forward to seeing how individuals have benefitted from the move at our next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The service's performance has remained at adequate since the last inspection which was completed on 6 October 2017. Continued performance at adequate level is not acceptable, improvements must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

We observed staff practice and spoke with a number of staff during our inspection. Overall staff were respectful and courteous when supporting individuals. We spoke with the provider about ensuring staff use language that recognises individuality, for example referring to people by their Christian names. We suggested that the health and social care standards could be used as a reflective training tool to ensure a culture of a human rights based approach practice is promoted.

It was apparent during the inspection that the service had gone through a challenging period due to shortages of staff and difficulties in recruiting new staff. The shortages of staff were partly due to staff being deployed to other priority services. A result of this was service improvements had not been progressed as initially intended, thus outstanding training for staff. There has been a rigorous recruitment drive and a number of new staff are in the process of being recruited and inducted. The management structure has recently been re-adjusted and the provider has prioritised where to focus their resources. As this is a recent change, we will consider the impact of this at the next inspection.

The above situation had impacted on staff receiving regular supervision. The staff member responsible for this had been deployed to another service short term to cover for staff shortages. They were now back at the service, had recently supervised the majority of staff and had a programme in place to ensure this happened regularly. We discussed incorporating observational and reflective practice to staff development and supervision. This would be an additional way to promote high quality care that is based on relevant evidence, guidance and best practice.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The service's performance has remained at adequate since the last inspection which was completed on 6 October 2017. Continued performance at adequate level is not acceptable, improvements must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

As mentioned previously, staff had been deployed to other services due to staff shortages. This had impacted on the service developing and delivering their quality improvement framework. This has limited the opportunities for service improvements following the last inspection.

It was apparent the provider had a clear vision for the service that promoted individuals' independence, encouraged participation in service delivery and promoted guidance and good practice. A priority for the provider is to develop an improvement plan with this vision. The improvement plan should clearly set out what needs done, how this is to be done, who is going to do it and by when. The provider should then prioritise the most

important issues and make sure they review the improvement plan on a regular basis. We expect to see this at the next inspection and will evaluate the impact these improvement have had on the outcomes for people using the service and staff.

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

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

There had been progress made in this area. The support plans we looked at were up to date and reflected individuals' needs. There was a clear plan in place to ensure reviews were 6 monthly and minuted.

Met - outwith timescales

Requirement 2

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

The risk assessments we considered were linked to individuals' support plans and identified strategies to reduce the likelihood of harms.

Met – outwith timescales

Requirement 3

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

Staff who were administering medication had had appropriate training for this task. Further training was going to be delivered to staff.

Met – outwith timescales

Requirement 4

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 provider was currently reviewing the training they deliver to staff to manage behaviours perceived to be challenging. Staff had received training relating to the support they provided to individuals. The provider had identified that further training for staff would be a priority in their improvement plan.

Met – outwith timescales

Requirement 5

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

Each staff member had a training plan in their supervision records. There was evidence training identified had been followed through.

Met - outwith timescales

Requirement 6

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 had been some progress in this area. We will refer further to this in areas for improvement under the theme "quality of leadership and management".

Met - outwith timescales

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

Previous recommendations

Recommendation 1

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 observed staff to be knowledgeable and have a good understanding of the non-verbal communication individuals were using. On-going work was being undertaken on developing communication aids for individuals. MET.

Recommendation 2

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

There was going to be a change of premises imminently. We visited the new premises and were satisfied it would be of a better standard. MET

Recommendation 3

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

Staff had undertaken training in relation to the above. MET

Recommendation 4

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

Please refer to information under requirement 5. There had been sufficient progress made in respect to the above recommendation.

Recommendation 5

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

There had been sufficient progress made in respect to the above recommendation. The provider had identified that this would be a priority for their improvement plan.

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
6 Oct 2017	Announced (short notice)	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
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

Date	Type	Gradings	
18 Sep 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
6 Mar 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
26 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
21 Sep 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good Not assessed
4 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed Not assessed
14 Dec 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good Not assessed
20 Mar 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good

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