

Aviv Club Support Service

Walton Community Care Centre
May Terrace
Giffnock
Glasgow
G46 6LD

Telephone: 0141 620 1800

Type of inspection:

Unannounced

Completed on:

25 March 2019

Service provided by:

Jewish Care Scotland

Service provider number:

SP2005007546

Service no:

CS2003000153

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

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

The Aviv Club is managed by Jewish Care Scotland in partnership with East Renfrewshire Council. It provides Day Care for up to 40 older people from the Jewish Community on a Monday and Wednesday. At the time of the inspection approximately 20 people attended on a given day. The service is provided in purpose built accommodation in a quiet location but near to local amenities.

The service aims to "Provide a person centred service designed to meet the choices and needs of the older person. Our ethos also includes the twin aims of maintaining independence and assuring the best possible quality of life for the person involved. The service is sensitive to the cultural and religious needs of those who attend".

What people told us

We spoke with ten people using the service at the time of the inspection. The time people attended the service ranged from a couple of weeks to a number of years.

We saw very good relationships between staff and those attending the service. People spoke positively of the staff team and support they received.

People told us that they had recently been consulted about what they wished to see happen in the centre and their views were always taken in to account.

People spoken with advised that they enjoyed attending the centre to help reduce their social isolation and also to keep in touch with friends who also attended. They had no concerns regarding care staff, food, activities or opportunities provided

Self assessment

Not requested as part of this inspection.

From this inspection we graded this service as:

Quality of care and support	4 – Good
Quality of environment	5 – Very Good
Quality of staffing	4 – Good
Quality of management and leadership	4 – Good

Quality of care and support

Findings from the inspection

The service provided a good standard of care and support for service users and staff worked closely to make sure that outcomes were positive for people. People told us how highly they thought of the service when we spoke with them. Some people told us that they enjoyed coming to the service for the company and interactions with others. For others who attended this was to provide some respite for their carer's.

People told us that they felt well supported by the staff team, felt they were listened to and any concerns they may have were taken seriously. We found that staff treated people with dignity and respect and helped people to make their own choices and supported them in those choices.

We thought that staff were very skilled and knowledgeable about the people they looked after. This practice was very good in supporting people's psychological well-being and self-worth. We observed lots of laughter and banter throughout the inspection this helps to sustain people's psychological well-being.

New personal plans were in the process of being put in place for all those who attend the service. These were more outcome focused and identified people's care and support needs. From the sample looked at during the inspection we could see that these contained relevant information regarding the individual and their expectations of attending the service.

Plans had been put in place to ensure that these were to be reviewed regularly, in line with legal guidance, and the new documentation reflects that those using the service and/or their carer were involved in the development and on-going review of these.

Those using the service had recently been consulted regarding activities and entertainment they would like. This was in order to increase the variety of opportunities for people attending. Staff were working on developing new daily programmes for the service taking these views into account. These would be regularly evaluated to ensure they were meeting people's needs and wishes.

The CEO advised that they would devise a consultation strategy detailing how the people using the service could have their say on service provision and development. This will ensure that people's views are heard and changes made as necessary to ensure AVIV continues to meet people's needs and wishes.

Not all staff had training on how to deliver meaningful activities. This was being addressed by the Organisation and would help to improve the quality of activities provided.

Service users received nutritious meals and had access to hot and cold drinks and snacks throughout the day. People's views on the quality of meals presented was variable however management advised that people would be consulted about menus and changes made as needed.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

Quality of environment

Findings from the inspection

AVIV day care is accommodated within The Walton Community Care Centre in Giffnock and is operated by Jewish Care Scotland. The day care accesses the ground floor of the accommodation, which was barrier free, consists of a large multi-purpose space, dining and kitchen area and a range of smaller quite rooms that can be accessed by service users. There were a number of appropriately equipped toilets as well as a shower room. There was no access to outside space as the service did not have a garden area. All areas were well maintained and provided a comfortable environment for people.

Those attending the service felt safe and were clear if they had any issues they could talk to the staff team.

The front door to the building had a control door entry system that helped to ensure the safety of those attending as well as increased the security of the building.

Management were currently reviewing the accommodation used to see what improvements could be made and to review how the space was being used. As part of this the service should consider improving the range of directional and other signage, to ensure it is up-to-date with the latest research and was dementia friendly. This would help people to orientate themselves around the building and help maintain people's independence.

From the information available we were satisfied that all appropriate environmental checks were being carried out to keep people safe. Appropriate maintenance checks were in place such as gas safety and electrical testing. Minor repairs were carried out timeously. The service had access to transport to take people to and from the centre. Appropriate insurance was in place for all vehicles as was regular maintenance.

The service had completed risk assessments, accident records and incident records to help make sure the environment was safe.

Plans to update the necessary policies and procedures in relation to the environment and safety of people using the service and staff was in hand.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 – very good

Quality of staffing

Findings from the inspection

We saw that members of staff interacted very well with service users and engaged well with the inspector and each other. Staff appeared professional. Service users expressed that they were confident in staff abilities and their level of professionalism.

We could see that staff were now recruited using best practice guidance including Protecting Vulnerable Groups (PVG) checks. This ensured that staff, supporting people, were fit to do so and that people were protected from harm. A new comprehensive induction programme had been developed for new staff. We will review the effectiveness of this at future inspections.

From our discussions and observations of staff we noted that the staff team were extremely motivated and committed to providing a high level of care and support for those living in the service. All spoken with commented positively on the changes being made by the new CEO and manager and on the support they provided. They now felt that their views were listened to and responded to appropriately.

The service had recently introduced a new on line training system. This was very much a work in progress for the service and staff we spoke to were finding the new training system very useful and informative. In addition to this staff had undertaken a wide range of face to face training since the start of the year. Staff advised that training had been relevant and appropriate to their roles and responsibilities. This ensured that those employed in the service had the necessary skills and knowledge to support those attending.

A number of staff had commenced formal qualification course and spoke of the support they were receiving to undertake this. Others hoped to commence this at a future date.

A new staff appraisal and supervision system had recently been introduced. We noted that although this had to be fully established and embedded that staff in to the service.

Regular and structured staff meetings were being established and staff spoken with found these beneficial. There were also plans to obtain feedback from staff on the service provided as well as any additional training needs.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

At this inspection we considered how well the service evaluated the service provided and how it improved outcomes for people using the service.

There have been significant changes since the last inspection. This includes a new CEO and manager for the service. Since they were appointed we have seen significant positive changes in relation to reviewing how the service operates and changes being made to ensure that the service continues to meet the needs of those attending, while meeting its legislative responsibilities and developing staff.

Staff spoken with were very positive about the changes being made to the service. They spoke about feeling supported in their role and felt that they were being kept well informed of any changes being made, that management were interested in their views and where needed training was provided to ensure changes were implemented effectively.

The CEO and manager had created a development plan for the service. This highlighted what was seen as initial priorities to ensure the service was safe and met its legal obligations as well as improving the overall service to meet the needs of those attending.

Given the nature and size of the service, we acknowledged that those using the service were able to discuss any concerns or feedback to staff on a daily basis. However, we acknowledge that more formal ways of obtaining people's views were being introduced and this included at peoples six monthly review.

Management were now submitting all necessary documentation to us when asked for or when legally obliged to. An effective complaints procedure was in place and people were aware of how to complain.

Quality Assurance systems were in the process of being developed and introduced to the service. However, we were unable to comment on how effective these would be in assessing the overall quality of the service as they needed to be fully introduced and embedded in practice.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

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 provider must ensure that all staff are recruited safely. In order to do this the service must ensure the following:

- a) All staff are recruited in line with the best practice guidance: 'Safer Recruitment Through better Recruitment' 2016.
- b) Where disclosures are not yet received, a full risk assessment is conducted and risk management is in place to ensure the safety and wellbeing of those using the service.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 4(1) (a).

Timescale - Immediately and by 01 April 2018.

This requirement was made on 24 April 2018.

Action taken on previous requirement

From the sample of recruitment files looked at during this inspection we were satisfied that safe recruitment practice's were now in place.

The services recruitment policy and procedures had been updated to reflect current best practice.

Staff were now only employed when all relevant checks including disclosures had been returned.

Met - outwith timescales

Requirement 2

The provider must ensure that they inform the Care Inspectorate of all **notifiable** incidents without unnecessary delay, this includes the change of a manager.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 4(1) (a).

Timescale - Immediately and by 01 April 2018.

This requirement was made on 24 April 2019.

Action taken on previous requirement

Since the new CEO has been appointed the Care Inspectorate is now notified of all notifiable incidents without delay. This included the change of manager.

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 service should continue to develop staff knowledge and skill in supporting people who live with dementia. Dementia awareness training which is compatible with the "Promoting Excellence" framework should be provided by the service. National Care Standards, Support Service, Standard 4: Support Arrangements.

This recommendation was made on 24 April 2018.

Action taken on previous recommendation

Staff had received appropriate training in relation to dementia in December 2018. This recommendation has been met.

Recommendation 2

Care plans for all those using the service should be completed without further delay and the monitoring of outcomes for people who use the service should be used to inform six monthly reviews of care.

National Care Standards, Support Service, Standard 4: Support Arrangements.

This recommendation was made on 24 April 2018.

Action taken on previous recommendation

New care plans had recently been introduced and were being completed by staff in consultation with those using the service. These were more person centred and outcome focused. we will follow up how effective these have been at the next inspection.

Recommendation 3

The service should ensure that all staff received adequate induction into their role to prepare them for it and that staff training is provided in line with the aims and objectives of the service.

National Care Standards, Support Service, Standard 2: Management and staffing Arrangements.

This recommendation was made on 24 April 2018.

Action taken on previous recommendation

New induction material had been recently developed and had just started to be used at the time of the inspection. We will review the effectiveness of this at the next inspection.

Recommendation 4

The service should ensure that a system of staff supervision is in place which ensures all staff have adequate formal supervision to assist them in their role in ensuring good outcomes for people using the service.

National Care Standards, Support Service, Standard 2: Management and staffing Arrangements.

This recommendation was made on 24 April 2018.

Action taken on previous recommendation

The new CEO and manager had recently established formal staff supervision for staff. Staff spoken with commented positively on this process and felt that it would be of benefit to them.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
3 Mar 2017	Unannounced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>Not assessed</div> <div>Management and leadership</div> <div>5 - Very good</div>
19 Feb 2014	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>6 - Excellent</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
15 Dec 2010	Announced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>Not assessed</div> <div>Management and leadership</div> <div>Not assessed</div>
9 Dec 2009	Announced	<div>Care and support</div> <div>6 - Excellent</div> <div>Environment</div> <div>Not assessed</div>

Date	Type	Gradings	
		Staffing Management and leadership	5 - Very good Not assessed
		Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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