

Day Opportunities North Support Service

9 Balmoral Road
Kilmarnock
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Telephone: 01563 523079

Type of inspection:

Unannounced

Completed on:

30 April 2019

Service provided by:

East Ayrshire Council

Service provider number:

SP2003000142

Service no:

CS2003000750

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.

Day Opportunities North is managed by East Ayrshire Council and provides a range of centre and community based activities for a maximum of 70 people with Learning Disabilities. The service generally operates Monday to Friday but has the option of providing support in the evenings and at weekends if required. The two main bases for the service are the Balmoral centre and Sir Alexander Fleming Centre, both in Kilmarnock.

The service aims to:

"Work with people, supporting them to live as a member of their community, including having choice, control and independence within their day-to-day life. We will promote, foster and develop principles of citizen leadership and empowerment, providing a personalised and person centred service."

What people told us

Overall, people we spoke with spoke positively of their time in the centre or out with staff 'where I can get some things done.'

'I like coming to centre. It keeps me busy and I can meet up with my friends.'

'I don't know what staff say about me and I don't care. I know I can see my friends here.'

'They help me.'

'I like to make things. Look, I have now finished my hat.'

'I go swimming.'

'I go bowling. I can get to my bowling in my own place.'

We observed positive interactions and found some staff demonstrated their knowledge of methods to interact with people, where some service users responded with warmth.

We issued 26 questionnaires for service users and carers. We did not receive any questionnaires which may have been returned.

Self assessment

We did not request a self-assessment prior to this inspection. We asked to review the service development plan to monitor but there was a lack of a completed, up to date development plan which was to be implemented.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	3 - Adequate

What the service does well

Overall, people who used the service report they enjoyed coming to see their friends and that staff were nice to them. We spoke with a committed team who provided supports to people, and demonstrated respect during interactions. However, there were a number of areas identified which must be rectified to support the team to promote achievement of positive outcomes for people, including plans of care and evaluation through use of effective quality assurance systems.

We were made aware of how some transition work with younger people leaving school supported them into the environment at Balmoral and how this benefited both the person joining the service and the other people within the service.

We observed some positive interactions between people using the service which generally involved use of humour, banter and laughter.

People told us they enjoyed the centre as they could draw and make things. They could also 'sometimes go out with staff to have nice coffee and cake.' People involved in the sensory story were expressing their delight through making noises and touching equipment used to heighten their sensory experience. The drama group was spoken of with passion by people using the service who were described by staff as being very expressive and involved through the sessions.

We saw that the service continued to use a number of ways in which people were able to feed back about the quality of care and support they received, which was beneficial to some people. Whilst this feedback was collected, there was a lack of evaluation of this information which could then be included in the development plan to improve the service.

Discussions to involve how Speech and Language Therapists (SALT) could be involved in service user reviews was at an early stage. This was being considered to promote more involvement of individuals in their care plan review to hear what they had to contribute.

Through work with speech and language therapists, consideration was being given to adopting use of a new communication guide to help people living with a learning disability through use of symbols. Makaton was another option being implemented, with use of signs being placed around the unit to aid communications.

Signing groups were popular and were attended by people who liked to express themselves.

Liaison with health professionals, including physiotherapy and nursing staff, supported support staff to understand and learn how to provide and develop specific supports to people during their time within the centre.

Feedback was obtained from people using the service and their carers, which could be used to support improvements in the service provided with opportunities to be more diverse in activities offered.

What the service could do better

There were variances in how people received high quality care that is right for them. People knew most of the staff who supported them and described feeling 'happy about that.' We observed how activities planned were compromised or cancelled due to staffing levels, with less individualised support and more building based projects being offered as a result. This did not consider choices or prior agreements of plans made with people, which caused unhappiness through which people demonstrated some distressed behaviours. Monitoring and appropriate provision of staff would minimise risk of cancellation of planned activities. Area for improvement 1.

With the service being based over two sites, more effective communication between them to promote cohesion between the registered manager and co-ordinators of the service would promote consistency in approach for people using the service to achieve outcomes.

We looked at a sample of support planning documents and found the content to be quite cumbersome and confusing. This meant information was repetitive with support plans unclear and not outcome focused. More detailed guidance on how the wishes and preferences of people could be considered to decide on outcomes to be achieved to provide guidance for staff in how supports should be provided. Streamlining and retention of relevant and current documents would be of benefit. See requirement 1.

We were told the restructure of day service provision had not yet been completed and the registered manager had recently taken responsibility for additional duties. We found some areas where audits had not been undertaken, reviews were out of date, support plans not effectively completed and also identified medication issues we discussed with the co-ordinator. We note there had been attempts made to address some identified gaps prior to the inspection. However, this information had not been evaluated. This had compromised any identified changes being implemented which led to supports not always being provided through identification of current needs, service user wishes and preferences or based on relevant evidence or using good practice guidance. See requirement 2.

Use of supportive systems to communicate with people using the service would benefit how people can share their thoughts and feelings. We discussed this with the co-ordinators and the staff team who were keen to apply some use of systems. Development of communication methods including use of Makaton signs, and more effective use of talking mats could aid this process and enable staff to more clearly understand the people using the service.

Since the last inspection, the service has had some significant staffing issues, which has had an impact on the completion of some of the management and quality assurance processes and activities provided for people using the service. See area for improvement 1.

We found that, at present, there was a lack of opportunities for the personal and professional development of staff outwith training decided through the mandatory training as devised through the organisation. This could be enhanced with consideration of the support needs of people using the service to specifically identify training opportunities for all staff which could develop staff skills and enhance outcomes for people using the service.

Supports to develop staff through team meetings, supervision and training, could be more effective, particularly with use of reflective discussions to encourage responsibility and accountability of staff in how care is provided. See area for improvement 2.

Risk assessments we saw could be improved by making it clearer what the actual risk/hazard is. This includes risks to an individual, and whether a support plan could be more effective. This would give staff better information about their support needs and how to manage any risks through positive risk taking. We discussed with the co-ordinators the need to ensure that they are clearly evidencing when information has been updated/reviewed to reflect current actions to minimise risks to people using the service. See area for improvement 3.

Audits undertaken could be more effective and meaningful to identify the quality of supports though expanding the quantitative statistical information. This would review effectiveness of support to promote development of outcomes for people using the service. See area for improvement 4.

Consideration should be given to how support will be provided to staff to attain the appropriate qualification required to enable their registration with the staff regulatory body the Scottish Social Services Council within relevant timescales.

To enhance the protection of people using services, notifications should consistently be made to the regulatory body. We found some instances where notifications should have been submitted which had the potential to compromise the transparency by the management in how people were being supported.

Requirements

Number of requirements: 2

1. In order to promote of health and wellbeing of residents, the provider must ensure person-centred and outcome focused care plans are effectively completed and evaluated to support positive outcomes for residents by 30 November 2019. Areas for inclusion but not limited to:

- likes, wishes and preferences of residents
- anticipatory care plans
- personal risk assessments
- mobility and falls management and use of aids
- specific health care needs including epilepsy, swallowing, communication
- nutrition and hydration
- medication.

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

1.15 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 and

1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

It is also necessary to comply with Regulation 4(1)(a) Welfare of Users - a requirement to make proper provision for the health, welfare and safety of service users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. In order to improve and develop systems to improve outcomes for people, the provider must ensure that robust quality assurance systems are implemented and adhered to by 31 October 2019. This includes:

- a service development plan to develop and monitor the service with appropriate management support
- use of appropriate audit tools to identify strengths and areas for improvement
- implementation of up to date policies and procedures
- monitoring and identification of care planning and person-centred care
- monitoring and use of medication systems and processes
- staffing levels
- staff training
- evaluation of accidents and incidents to assist in identification of trends and training needs to assist in improving practice.

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

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

It is also necessary to comply with Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and Regulation 4(1)(a) Welfare of Users - a requirement to make proper provision for the health, welfare and safety of service users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 4

1. Appropriate numbers and considered allocation of staff would more effectively support the needs of people using the service timeously.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help.

2. Supervision should be provided on a regular basis with the emphasis on reflection of practice to support development of each individual staff member.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

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

3. Risk assessments should be completed timeously in conjunction with care and support plans to promote the wellbeing of people, including people who wish to access areas of the home without the support of staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

5.11 - I can independently access the parts of the premises I use and the environment has been designed to support this.

4. Audit processes should be more effectively used to gather information to improve the quality of the service as well as statistical information to consider outcomes for people experiencing care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

Complaints

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

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

Recommendation 1

The manager should ensure that epilepsy support plans are in place to give staff clear information about the individual's epilepsy and how they should be supported with this. This should include make reference to any regular or rescue medication the person may require.

National Care Standards: Support Services -Standard 16 - Keeping well.

This recommendation was made on 22 February 2016.

Action taken on previous recommendation

Specific support plans lacked detail. This has been incorporated into the requirement for care plans.

This recommendation is met.

Inspection and grading history

Date	Type	Gradings	
19 Jan 2016	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
4 Mar 2013	Unannounced	Care and support	6 - Excellent
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
16 Sep 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Jun 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
9 Jun 2008	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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