Inspection report

Harry Heaney Centre
Support Service
Carrick Road
Spittal
Rutherglen   G72 0XX

Inspected by: Kenny Campbell
(Care Commission Officer)
Type of inspection: Unannounced
Inspection completed on: 19 September 2007
Service Number
CS2003001346

Service name
Harry Heaney Centre

Service address
Carrick Road
Spittal
Rutherglen   G72 0XX

Provider Number
SP2003003481

Provider Name
South Lanarkshire Council

Inspected By
Kenny Campbell
Care Commission Officer

Inspection Type
Unannounced

Inspection Completed
19 September 2007

Period since last inspection
8 months

Local Office Address
Princes Gate
60 Castle Street
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Introduction
The Harry Heaney Centre is a purpose built day care provision, owned and managed by the local authority and located in a residential area on the outskirts of Rutherglen. There is access to public transport and some local amenities nearby.

Numbers have recently been increased to provide a day care service for up to 30 frail elderly people, many with mild to moderate confusion. A few weeks ago, there had been a transfer of service users from another local resource. The service had been operating daily from Monday to Friday, but extended its provision to accept service users at week-ends. The Service has been registered with the Care Commission since 1 April 2002.

The Service aims to offer a high standard of care in a safe, secure homely environment and provide a flexible day care programme which takes account of both service user’s and carer’s needs. This provider’s philosophy reflects the principles that underpin the National Care Standards and these principles were consistently evidenced in practice, throughout this inspection.

There were 22 older people using the service on the day of the inspection.

Dedicated transport to and from the service was provided.

At the outset of this inspection, the Registered Manager was visiting a service user elsewhere and the business of this visit was ably conducted with a senior member of staff, who was in charge of the service. The Manager joined the inspection approximately one hour after its commencement.

Basis of Report
This report was written following an unannounced inspection, undertaken by one Care Commission Officer (CCO), on 19 September 2007 and took place between 9.15am and 4.00pm. The CCO spoke with 16 service users, management, two senior members of staff, two day care staff and the cook.

Regulation Support Assessment:
This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements.

The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus areas and followed up on recommendations from previous inspections, complaints or other regulatory activity.

Evidence:
During the inspection evidence was gathered from a number of sources including:
· Policies and procedures
· Observation of the environment
· Observation of practice
· Examination of relevant documentation including personal plans, staff records and training records
· Discussions with staff
· Discussions with service users.

Inspection Focus Areas and associated National Care Standards for 2007/08:
This year’s inspection focus areas (IFAs) have been developed from statutory and policy considerations and have been widely consulted upon. The IFAs are directly linked to relevant National Care Standards. During this inspection the CCO inspected the following IFA:

1. Protecting People with sub-sections on:
   · Child Protection in services for adults
   · Restraint
   · Adult Protection
   · SSSC Codes and Staff Training.

Fire Safety Issues
The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw.

The CCO looked at a range of policies, procedures and records including:
   · Adult Protection/Abuse Policy
   · Child Protection Policy
   · Dealing with Challenging Behaviour & Use of Restraint
   · Staff training records
   · Three Service users’ personal plans
   · Action Plan from previous inspection.

The CCO also observed staff practice which included how staff cared for and spoke with service users.

The CCO took cognisance of the physical and practical aspects of furnishings, decor and suitability of the premises.

The Officer took all of the above into account and reported on whether the service was meeting a range of relevant National Care Standards for Support Services associated with the Inspection Focus Areas for 2007/08. The following Support Services Standards were also taken into account during this inspection to support the inspection focus areas and follow up on the service actions in relation to requirements and recommendations made in all regulatory activity since the last inspection.

· Standard 2: Management and Staffing Arrangements.
- Standard 5: Your Environment.

**Action taken on requirements in last Inspection Report**
There were no requirements arising from the previous inspection.

**Comments on Self-Evaluation**
Not applicable

**View of Service Users**
The CCO had an opportunity to meet informally with 16 service users on a number of occasions throughout the visit. A relaxed, friendly atmosphere was apparent and comments received from service users with regard to the service were positive and included:
"...I love it here..."
"...lots of activities, which is good..."
"...although I’m a bit slower now, I enjoy going along and the company"
"...Good food and plenty of it..."

Indications were clear that they enjoyed attending the service and looked forward to their days at Harry Heaney Centre. This included those who had recently been transferred to this service. All stated they enjoyed friendly relationships with staff, who were considered to be polite and respectful and received appropriate support from them.

Access to the patio area was commented on favourably as were the meals.

**View of Carers**
No carers/relatives were available to speak with the Officer at this inspection.
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Support Services - Management and Staffing Arrangements

Strengths

Not all elements of this standard were inspected. On this occasion the focus was Protecting People, SSSC codes, staff training and Quality Assurance.

Staff numbers on duty were in line with written agreements; the Manager operated in a supernumerary capacity. The numbers and skill mix of staff were sufficient to meet the support and care needs of people using the service.

Staff spoken with indicated that they were familiar with policies and procedures and knew where to access them.

Through observation, it was clear that staff communicated in a meaningful and kindly way with service users and all service users spoken with confirmed that staff were approachable and helpful. Staff were observed answering service users’ questions and dealing with any wishes, choices or concerns and interacted with service users in a positive, supportive, but not intrusive, manner.

Children may visit the service on a very infrequent basis and the service had a satisfactory Child Protection Policy which clearly identified the roles and responsibilities in respect of visiting children.

The service had just acquired copies of the Mental Welfare Commission’s best practice guidance ‘Rights, Risks and Limits to Freedom’ and ‘Safe to Wander’. The Manager intends making these available to all staff and these documents are to be discussed at the next team meeting. In terms of relevant policies and procedures and day-to-day practice staff felt that they had resourceful information available to guide and inform staff practice. However, it was recognised that increasingly, there may be more need for further training.

Comprehensive restraint risk assessments were in place for each service user, although it was stated that no methods of restraint were in use in this service. Examination of a sample of service users’ files confirmed no incidents of restraint were recorded. Through communication sheets and accident records, a daily check was made for such happenings.
Each service user had an initial assessment in place which detailed their abilities and needs in relation to rights, risks and limits to freedom. Risk assessments were reviewed and updated regularly, as required and reflected on any changes in behaviour which may lead to restraint being considered or used.

The service had a satisfactory Adult Protection/Abuse Policy and a copy of the Area Inter-Agency Adult Protection procedures to inform and guide staff. Staff were aware of their responsibility to report any concerns regarding adult abuse to the manager and appropriate agencies. There had been no adult abuse concerns since the last inspection. Examination of staff training records confirmed refresher training in Protection of Vulnerable Adults was provided.

All new members of staff received detailed induction training at commencement of employment. Staff training needs were identified through a system of formal supervision and appraisal and a very clear annual planned programme of training was in place. The training programme addressed the need for staff to achieve the qualifications required to register with the Scottish Social Services Council (SSSC). All staff had individual copies of the SSSC Code of Conduct and were aware of their roles and responsibilities.

The Manager in charge of the service had attained the Registered Manager’s Award. South Lanarkshire Council have introduced a rolling programme of Scottish Vocational Qualification (SVQ) training for all care staff. In this service 90% of staff were trained to SVQ level. The service evaluated the effectiveness of training through discussion with the line manager, in supervision sessions and the use of evaluation questionnaires. Non-statutory training relevant to service user need, is a regular feature of staff development. Workplace assessments were valuable in evaluating staff performance.

The views of service users were obtained through surveys, individual meetings and six-weekly in-house meetings. Minutes confirmed that topics were appropriate, service user’s involvement was encouraged and opinions and ideas were wide-ranging. Feedback and progress from previous decisions were evidenced. Two service users served on a networking group outwith this centre. Carers were encouraged to be part of all reviews and were invited to activities at the centre.

Monthly staff meetings were an important aspect of evaluation and support; supervision notes were jointly held and minutes indicated that topics are wide-ranging and client-focussed. There were networking opportunities for staff to have opportunity for communication on a wider basis.

**Areas for Development**

Although the provider indicated in their Action Plan of May 2007 that their Draft Restraint Policy would become a fully implemented Policy and Procedure by September 2006, the present Policy and Procedure remained as Draft.
(See Requirement 1)

Through discussions with staff and examination of staff training records, it was established that no training had been put in place in relation to the provider’s draft policy on restraint nor in addressing risk assessments, recording and associated issues.
(See Requirement 2)
National Care Standard Number 5: Support Services - Your Environment

Strengths

Not all elements of this standard were inspected at this time.

The Harry Heaney Centre was purpose-built, access was suitable for less able people and there were adequate car parking facilities. Surrounding gardens and grounds were satisfactorily laid out, the patio was a popular place for relaxation and suitable seating areas were available for use in good weather. Three service users were interviewed as they enjoyed the patio location.

Controlled entry to the property was in place, there was a staffed reception area and all visitors were expected to sign-in on entering and exiting the building. Identity of visitors was checked.

During the inspection visit, opportunity was taken to carry out a tour of the interior of the property. The premises were noted to be well maintained, well lit and tastefully decorated; corridors were clean and tidy and were seen to be kept in a safe manner. Choices were available in relation to sitting areas and six different groups of service users were participating in activities and hobbies or relaxing with each other and staff, without intrusion to others.

There were a variety of public rooms and adequate ancillary provision, such as kitchens preparation areas, toilets and shower facilities.

Service users spoken with confirmed that they liked the premises.

Areas for Development

The matter of heavy doors was again identified at this inspection.
(See Recommendations)
**Enforcement**
There has been no enforcement action against this service since the last inspection.

**Other Information**
The Care Commission carried out a sampling exercise of South Lanarkshire Council’s recruitment practices on 12 June 2007, to follow up on the four recommendations made last year.

1. A copy of the memo from the Occupational Nurse confirming fitness should always be placed in files. National Care Standards, SSSC – Employer.

2. Two references including one from previous employer should be on file for all new Council employees. The acceptability of the practice of taking up only one reference for internal appointments should be clarified in written procedures. National Care Standards, SSSC – Employer.

3. Records should indicate whether Disclosure Scotland checks were at enhanced level. National Care Standards, SSSC – Employer.

4. Where applicable copies of certificates should be kept on file to verify any qualifications listed on the application form. National Care Standards, SSSC – Employer.

5. The practice of conducting activities that are lead by the Service User’s preference should be continually reviewed to ensure that it is appropriate for the existing client group. National Care Standards Support Services, Standard 5: Your environment.

Discussions with staff and inspection of a sample of current records confirmed that these matters had been addressed satisfactorily. Recently-transferred service users had also been assessed and records were satisfactory. This Recommendation was met.

6. The Manager should pursue the outcome of the assessment by technical services on the interior doors. A system should be introduced that makes it easier for Service Users to open the interior doors independently. National Care Standards Support Services, Standard 5: Your environment.

A technical assessment had been done but action to resolve the problem had not taken place. At this visit two service users were using wheelchairs and 12 were either using walking aids or needed assistance. Those service users who wish to be independent in mobility are being hampered by the aforementioned doors. This Recommendation was not met.

(See Recommendation 1)

7. People using the service should have access to and be reminded about the procedure for making complaints directly to the Care Commission. National Care Standards Support Services, Standard 12: Expressing your views.

There is a clear statement about making complaints to the Care Commission in each service user’s Service Agreement and the manager continues to discuss this statement regularly at service users’ meetings. However it was suggested that the Provider include this information in their brochure. This Recommendation was met.
8. There should be written guidelines in place to support the food, fluid and nutritional care of service users.

Draft Guidelines were in place but there was no date for finalisation
This Recommendation was not met.
(See Recommendation 2)

9. Menus should be planned or nutritionally assessed specifically for the needs of older people. The quality of food provided should be consistent and the service should always know in advance the choice of food available each day.

The food is cooked and supplied at another establishment. Anecdotally it was stated that there had been nutritional assessment undertaken of menus but there was no written statement available and no advance notice of food choices. However, at least three choices per course were available and seven service users interviewed about food, confirmed that they were not offered dishes that were unacceptable to them. All care files seen indicated food choices and meetings held between management of this centre and catering suppliers were said to have been positive and that menus delivered were acceptable.
It was understood that there is continuing dialogue with the caterer and potential exists for positive development.
This Recommendation was met.

10. Service users should be routinely screened to assess if they are at risk of under-nutrition.

This has not taken place and no training has been offered to staff. This should be attended to as a matter of urgency.
This Recommendation was not met.
(See Recommendation 3)

Food

Seven service users were asked specifically about food quality and all were of complimentary about the food served. The CCO observed that staff ensured that individual choices were met, portion sizes were in keeping with specific requests and presentation was carefully done. Safe practices in relation to hot storage and serving were seen to be in operation and appropriate records held. A wide variety of juices were available and offered to service users. The CCO sampled the lunch which was found to be very appetising and served in an appropriate manner. Lunchtime appeared to be a very friendly, social experience.

The CCO informed senior staff of the ‘Regulating for Improvement’ project - a development which will significantly change how the Care Commission will regulate services from April 2008. It will mean better information, more involvement with people who use care services and their carers, and the introduction of clear gradings which will help people make more informed choices about the care services they want to use.

Senior staff were advised to familiarise themselves with the information and briefings that have been made available at www.carecommission.com /Care Services/Regulating for
Improvement/Information for Service Providers.

Requirements
1. The provider must review and develop their policy on restraint and produce a relevant procedure

This is in order to comply with: SS1 2002/114 Regulation 4 (1)(a) and (c)– Welfare of Users
Timescale for Implementation: within 3 months from the date of issuing of this report.

2. Staff must receive appropriate training in relation to restraint issues, assessment and recording and in safe techniques of physical restraint.

This is in order to comply with: SS1 2002/114 Regulation 13 - Staffing
Timescale for Implementation: within 3 months from the date of issuing of this report.

Recommendations
1. The Manager should pursue the outcome of the assessment by technical services on the interior doors. A system should be introduced that makes it easier for Service Users to open the interior doors independently.
National Care Standards Support Services, Standard 5: Your environment.

2. There should be written guidelines in place to support the food, fluid and nutritional care of service users.

3. Service users should be routinely screened using BMI assessments to establish if they are at risk of under-nutrition and staff should receive appropriate training.

Kenny Campbell
Care Commission Officer