Inspection report

Harry Heaney Centre
Support Service
Carrick Road
Spittal
Rutherglen    G73 4LJ

Inspected by: Kenny Campbell
(Care Commission Officer)
Type of inspection: Announced
Inspection completed on: 29 October 2008
Service Number: CS2003001346
Service name: Harry Heaney Centre

Service address:
Carrick Road
Spittal
Rutherglen  G73 4LJ

Provider Number: SP2003003481
Provider Name: South Lanarkshire Council

Inspected By:
Kenny Campbell
Care Commission Officer

Inspection Type:
Announced

Inspection Completed:
29 October 2008

Period since last inspection:
11 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.

The Harry Heaney Centre provides a day care service for up to 30 frail elderly people, many with mild to moderate confusion and operates with two units Monday to Friday between the times of 8.00am and 8.00pm and on Saturday and Sunday between the time of 9.00am and 5.00pm 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.

There were 18 older people using the service on the day of the inspection.

Dedicated transport to and from the service was provided.

The Registered Manager had been in post for approximately three months at the point of this inspection and was also responsible for other support services within the Local Authority area.

Based on the findings of this inspection the service has been awarded the following grades:
Quality of Care and Support - 3 - Adequate
Quality of Environment - 3 - Adequate
Quality of Staffing - 4 - Good
Quality of Management and Leadership - 4 - Good

This inspection report and grades represent the Care Commission’s assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission’s website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report
This report was written following an announced inspection which was undertaken by Bob McQueen, Locum Care Commission Officer and took place over two days between the hours of 09.00 hours and 18.00 hours. Verbal feedback was given to the Manager on 23 December 2008.

Before the Inspection

The Annual Return
The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form
A completed Self Assessment document was submitted by the service. This was completed
to a satisfactory standard and gave relevant information for each of the quality Themes and Statements. The service provider identified what they thought they did well, some areas for future development and how they planned to implement changes and further develop the service. There were, however, no target dates identified by the provider in relation to completion of any improvement actions they had acknowledged.

Views of service users
No service users or carer questionnaires were issued by the Care Commission.

The Care Commission Officer (CC) examined information given to him following an annual consultation undertaken by the provider in 2008. This is discussed within the body of this Report.

Regulation Support Assessment
The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (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 medium RSA score and so a medium intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

This inspection was based upon requirements and recommendations made at the last inspection on 4 March 2008.

During the inspection process

Staff at inspection
Bob McQueen – Locum Care Commission Officer

Evidence
During the inspection, evidence was gathered from a number of sources including a review of a range of policies, procedures, records and other documentation and a selection of the following:

- Registration certificate
- Staffing schedule
- Insurance certificate
- Service Users Care Plans
- Information Leaflets and Newsletters
- Staff training records (Partly)
- Participation Strategy
- Key Worker system
- Service User Questionnaire Evaluations
- Service User Agreement.
- Accident/incident and complaints records
- Restraint Records
Supplementary evidence from the up to date self assessment
Maintenance records

Discussions, both formal and informal, took place with five service users, one interpreter, five staff and the manager.

Observation of practice, both of one to one interactions and in group settings was undertaken; these group settings included observing groups of staff and service users in social situations, arriving at the unit and preparing to depart by bus, and the meeting and greeting of new arrivals in the foyer. A general review of the environment and equipment also contributed to the findings of this inspection.

All of the above information was taken into account during the inspection process and was reported on.

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09
Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at: http://www.carecommission.com/

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

Action taken on requirements since last Inspection
Two Requirements were made as a result of the last inspection and an Action Plan was returned promptly.

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. This Requirement has been met.

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. Evidence was seen which indicated that training had commenced and there was a rolling programme in place. This Requirement has been met.
Comments on Self Assessment
A completed self assessment document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development and provided evidence of service user involvement and how they planned to implement changes and developments.

View of Service Users
Over two days, nine service users spoken with, both individually and in small group situations, commented that they were generally happy with the support which they were afforded and the friendliness of the staff. Two service users were a little unhappy about variations in the quality of food; other service users who were less able to verbalise their opinions indicated that they were at ease within their part of the unit and with the staff group.

Specific comments included
‘I’ve got a lot of friends here’
‘staff are kind…they know me quite well’
‘The food sometimes is not that good’
‘Sometimes it is noisy here’
‘I would like to have a choice where I have my cup of tea’

View of Carers
No carers were available for interview during this inspection.
Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

The service’s brochure is written in user friendly format and identifies areas of practice where joint discussions and participation will take place. The heading “Expressing your Views” on page 8 of the Service Brochure captures the principles of participation and refers to a Charter of Rights, which was available.

The service had a written participation Strategy, which has been adopted as a Policy from July 2008; it incorporates the principles of consultation and participation in relation to service delivery and improvement contained in the Provider’s Corporate Strategy (2006-2009).

The CCO examined information given to him as a result of an annual consultation undertaken by the provider in 2008, thought to have been completed in April. There was no evidence as to the numbers of service users who had been offered the opportunity to participate and it was said by senior management that approximately 16 service users had responded. One part of the consultation referred to “Dementia Services Overview” and it was said not to be exclusive to the Harry Heaney Service but to represent responses from service users attending this, and other, Support Services. There were no sampling or response figures available. Overall, there was a positive response by the majority of service users to the questions about aspects of the quality of the service, staff and transport. Over 90% of respondents felt that staff were polite, kind and helpful, that food was very good and 80% stated that attending the service had made a big difference to their life. However, a significant number of service users (30%) stated that they had not been offered a copy of their care plan and 40% stated that they did not know how to make a complaint.

The manager stated that the DVD relating to the new Grading System had been shown to service users but there was no evidence to confirm the numbers who had seen this and no evidence presented to confirm if any service users had actively contributed to the Self-Evaluation procedures.

One to one discussions with service users, review meetings and a meeting of service users in August 2008, which nine service users attended, gave opportunity for opinions to be expressed about the service.

Social activities were seen to improve communication and participation.

A poster advertising the Care Commission inspection was publicly displayed in the reception area of the service.

From observation and through records it was noted that service users were made very welcome to the service. The manager indicated that a carer’s survey had been undertaken and carers were to be invited to a meeting in the service, early in 2009. No plan for this meeting was evidenced but the manager indicated that letters would be sent to all carers and for those who could not attend; minutes of the meeting would also be sent. It was also planned to send a survey document to all carers early in 2009 and invite them to respond,
with the possibility of follow-up discussion meetings.

Discussions with management indicated that there was a commitment to continue monitoring that service users and carers are finding participation to be a worthwhile and productive process.

**Areas for Development**

Areas for Improvement identified by the service included:
* Arrangements made at Service User's Review Meetings should have timescales for completion.
* The quality of the Personal Care Plan will be assessed to ensure its' accuracy. The CCO has made comment in Quality Statement 1.2 regarding the above-mentioned areas.
* Agreed Service User outcomes should be recorded and address any areas for improvement. The CCO has addressed this matter in this Statement by way of a Recommendation.

It is suggested that appropriate references to the Participation Strategy and independent advocacy, be included in the Service Brochure and given to all service users and carers. Staff stated that there was a complaints and comments book in the foyer area but it took some considerable time to locate it. This is not user-friendly or convenient to service users and carers. There was no suggestion box available in the service to provide opportunity to lodge comments and consideration should be given to providing this facility in an appropriate place.

There was no evidence of training for staff in relation to the principles and practice issues associated with the Participation Strategy. (See Recommendation 1)

In their Annual Return the Provider indicated in January 2008 that 153 service users had used this service in 2007.

Whilst it is recognised that the annual consultation undertaken by the provider was a useful tool it is strongly suggested that there be more transparent evidence about the numbers of service users who had been offered and accepted the opportunity to participate.

Statistically, the printed results on the consultation document were shown in two parts to be inaccurate.

Senior management anecdotally commented to the CCO that approximately 16 service users had been surveyed. During this inspection there was no written evidence to inform the CCO about this and service users and an interpreter spoken with could not recall the exercise. Although the questionnaires for service users provided them with opportunity to comment on a range of issues its’ extent and frequency should be developed to ensure all service users are being offered equal opportunity to participate and should fully cover all of the quality statements included in this theme and other themes. (See Recommendation 2)

There was no evidence in personal plans or otherwise to show that the consultation document information had offered opportunity to make any direct suggestions for change or development. Steps should be taken to ensure that the issues raised by 30% of service users who stated that they had not been offered a copy of their care plan and the 40% who stated that they did not know how to make a complaint, are addressed. The CCO
recommends that the service evidences a system that demonstrates how issues raised by service users and carers are identified and addressed. (See Recommendation 3)

**CCO Grading**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

3

**Statement 2: We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential**

**Service Strengths**

All service users are provided with an individual written agreement on admission which encompasses areas relating to health, safety and risk assessment. There was a commitment, highlighted in the Brochure to ensure a reasonable balance between choice, desire and safe practice.

The service operated a named key worker system which was designed to promote engagement with service users. Life story information and medical status was included in some personal files seen and medication information was clearly described.

Observation confirmed that service users were well-known by staff, who were helpful and kind to them and communication was generally supportive. There was evidence that discussions took place with service users about food choices and personal health matters.

Evidence was available which confirmed that birthdays were celebrated appropriately and the service was sensitive to cultural, religious and ethnic beliefs and wishes.

Access to snack and drinks was available.

An appropriate complaints procedure was in place but in the provider's survey of 2008, 40% of service users stated that they did not know how to make a complaint.

**Areas for Development**

Areas for Improvement identified by the service:

* Service users to be encouraged to participate in activities of their choice.

The CCO would support this concept and encourage this area for improvement.

Choices regarding activities and expressed desires could have been more person-centred. There was no apparent written information displayed for service users to be assisted in making choices. One service user wanted to have afternoon tea out on the patio area so that
they could enjoy a cigarette at that point but the CCO was advised that staff had said all
service users had tea served in the dining area and observed that service users were
verbally advised that this was the case. It was noted that this request was not recorded in the
relevant personal plan nor was there evidence of a risk assessment having been undertaken
as a means to make a judgement. This matter was raised with the manager who agreed to
investigate the circumstances.

In personal plans examined there was little current information on interests and hobbies,
choices and abilities of individual service users, to take part. The CCO suggests more
comprehensive information about new referrals would enable better planning. More comment
is made in relation to care planning in this Report.

* Following consultation with service users we plan to introduce projects of their choice.
The CCO was satisfied that service users were being facilitated to participate in the activities
being offered. There have been discussions about projects and outings but no dates were
evidenced for actioning decisions made on these. It was recognised that the service has had
a change of manager in the past year and the current manager has responsibility for other
support services within the Local Authority area. However, the CCO was satisfied with the
commitment given by the manager to consult with service users, review all aspects of
activities available and to re-examine personal desires and choices of individual service
users. The CCO considers this approach to be good practice.

Of five service users spoken with in relation to their key worker, none were very clear about
who their key worker was or their role. It is suggested that this matter be addressed as soon
as possible.

The areas for improvement identified by the service under Statement 1 of this Theme were:-
* Arrangements made at Service User's Review Meetings should have timescales for
  completion.
* The quality of the Personal Care Plans will be assessed to ensure its' accuracy.

Comment has already been made regarding the service’s written participation Strategy,
which has been adopted as a Policy from July 2008 and that it incorporates the principles of
consultation and participation in relation to service delivery. The annual consultation
undertaken by the provider evidenced that, whilst 91% of service users knew about a Service
Users' Group only 40% participated in it.

The service’s brochure promotes the concepts of "Expressing your Views" but this area was
not given by the provider as an Evidence of Strength or as an Area for Improvement.

There was no evidence presented that service users from this service are represented on the
provider's User and Carer Forum or are offered advocacy support. ( See Recommendation 4 )

Whilst there was evidence of discussion about transport and activities at a meeting of service
users in August 2008, only nine service users attended and it was said that there were plans
to develop this type of forum.
( See Recommendation 4 )

The manager indicated that there had been helpful discussions about menu choices and this
had resulted in some changes to food provision. There was limited written information
presented about this. These and other methods of promoting discussion and facilitating
decision-making by service users, with carer involvement where possible, should be addressed as a matter of urgency and include aspects identified in this Quality Statement. (See Recommendation 4)

Examination of care files raised considerable concerns for the CCO:-
* In the personal files of two service users who had been non-attenders for some time, there was no evidence of them being risk assessed or that a full review of care plans had been undertaken on their return. One service user had been away from the service due to significant health problems. One service user, readmitted from respite care in September, who was seen to exhibit very challenging behaviour during this inspection, had no written evidence of a risk assessment since June 2007 and the last review was dated 8th June 2008. Additionally, there was little evidence that strengths and achievements were documented in direct relation to initial and/or subsequent reviews.
* Life story information was in reportage mode and not person-centred
* There was absence of written evidence to indicate if service users and/or carers had been involved in completing assessments and care plans.
* There was no evidence that service users or carers had been offered a copy of the respective care plan.
* There was no evidence that care plans had been overseen by management and signed off. (See Recommendation 5)
* There was insufficient guidance to staff in relation to coping with challenging behaviour, toileting and eating behaviours. One service user, according to entries in a Daily Communication Sheet, was expressing agitation, particularly around toileting issues and repeatedly refusing food, Blanket terms, such as agitation, depression and aggression were used in files, but there was no specific guidance regarding assessing or responding to these areas.

* In one file, there was an inappropriate, written description of a service user's functioning. No specific current guidance was noted in terms of dealing with this service user's very challenging behaviour. (See Requirement 1)

* There was no written evidence, in care plans examined that BMI procedures were offered to service users on commencing the service or at reviews and MUST had not been completed. This practice does not fit with the provider's Policy and Guidance on Food, Fluid and Nutritional Care.

* Service users should be routinely screened to assess if they are at risk of under-nutrition. This Recommendation has been recorded in the last three Inspection Reports and has not been met. This should be attended to as a matter of urgency. (See Recommendation 6)

**CCO Grading**

3 - Adequate

**Number of Requirements**

1

**Number of Recommendations**
Statement 6: People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides

Service Strengths

Staff confirmed that applicants and potential service users are always visited at home prior to any decision about attendance being made and that this was an opportunity to advise them and their carers about the service.

Trial visits can be arranged when it would be expected that potential service users would be shown around by attendees. This is considered to be good practice.

The provider's Brochure is a comprehensive document and the Charter of Rights gives relevant information.

Information about the service such as a copy of the service’s Care Commission inspection report and information about advocacy services was available in the foyer.

Staff and three service users spoken with were positive that information was very helpful to all who attended.

The provider has relevant information about the service on its' Web Site.

Management confirmed that visiting speakers e.g. Community Police and Fire Service Officers have visited and spoken with service users.

Areas for Development

Areas for Improvement identified by the service:
* Compilation of a Welcome Pack to include brochure, copy of complaints form, service users' Agreement, will be given at home visit.
The CCO would support this concept and encourage this area for improvement.

Consideration should be given to developing meaningful methods of giving current "in-house" information and to increasing participation and ownership, e.g. by displaying pictures and names of staff on-duty and of all staff employed in the service. These could be on display at various locations and provide all parties with an opportunity for discussions with key workers. The CCO signposted management to the extensive resources of the Dementia Services Development Centre at Stirling University for Best Practice guidance with particular reference to publications and studies on Arts, Activities and Therapies.

www.dementia.stir.ac.uk

CCO Grading

4 - Good

Number of Requirements

0
Number of Recommendations

0
Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

This is a purpose built resource and discussion and observation confirmed that service users were at ease with the levels of comfort provided.

In the provider's survey 90% of respondents felt that the bus journey was excellent and 100% of respondents stated that the centre was comfortable.

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 and tastefully decorated; corridors were clean and tidy and were seen to be kept in a safe manner.

The surrounding gardens and grounds were satisfactorily laid out, the patio was said to be 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 and all felt that it was a good provision, and for them especially useful as a smoking area.

Discussions have taken place between staff and service users about the environment but these are to be developed further. The CCO considers this to be good practice.

Areas for Development

Areas for Improvement identified by the service:
* Proposal to have an open night for all carers at the centre, to develop a carers' support group.
  The CCO would support this concept and encourage this area for improvement.

The manager indicated that it was anticipated that this would take place early in 2009 and all would be invited by letter.

The provider's consultation and participation strategy would be explained and it was planned to include discussion and invite comments on the environment. It was recognised that, with 153 service users having used this service in 2007, this was a major piece of work to organise carer's meetings and the CCO would support this development proposal. Given that the manager has this matter in hand a Recommendation will not be made at this time but the manager is requested to advise the Care Commission of progress in these areas.

Relevant comments regarding the implementation of the Consultation, Participation and User Involvement Strategy have already being recorded in this Report, with Recommendations. It was not known if any service users commented on assessing and improving the quality of the environment within the service when they were said to have actively contributed to the Self-Evaluation procedures. The manager should consider discussing the formation of small self-assessment groups of service users. Questionnaires for service users to assess and improve the quality of the environment within the service did not cover all of the quality statements. Opportunities for service users to express their views on all aspects of the
quality theme had not yet been developed. The service had not yet developed a formal process to evaluate and action comments. (Recommendation 7).

**CCO Grading**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Statement 3: The environment allows service users to have as positive a quality of life as possible.**

**Service Strengths**

The premises have barrier free access. This is a purpose built resource with adequate parking facilities and controlled entry. 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. The provider has current certificates on display, in relation to Public and Employers Liability insurance.

There was a comprehensive range of policy documents which had been developed and introduced to support staff's daily practice. Policies examined included Infection Control and Health & Safety. The policies were seen to be cross referenced to legislation and best practice guidance. Through supervision, staff confirm that they have read and understood the policies. Interviews with a sample of staff confirmed they had awareness of policies and National Care Standards relating to the environment and had ready access to them.

Maintenance systems and servicing records were examined and found to be in order other than PAT (Portable Appliance Testing) (See Recommendation 9).

A record of accidents and incidents was in place.

Building risk assessments were undertaken annually.

Staff led sing-a-long and news-giving sessions during the inspection and most service users joined in.

Food sampled during this inspection was of good quality. The manager is proposing to conduct a survey about food choices and quality.

**Areas for Development**

Areas for Improvement identified by the service:

* Develop local outings for service users
* Develop the use of creative technology to empower service users to express their views.

The CCO would support this concept and encourage this area for improvement.
The matter of heavy doors was again identified at this inspection. It is more than a little disappointing to note that this matter has been well documented and raised at three inspections and nothing has changed.

The Provider's Action Plan of 20th October 2007 indicated that their "technical services are currently sourcing alternative opening/closure mechanisms for internal doors" This Action Plan, signed off by the Executive Director of Social Work gave the timescale as December 2007. The CCO and the service expected more pragmatic outcomes by now. (See Recommendation 8).

PAT (Portable Appliance Testing) was not evidenced as being up to date in a sample of appliances inspected. This is unsafe practice. (See Recommendation 9)

There was little evidence of stimulating physical prompts within the service's building. There was no visual guidance to assist service users find their way to toilets, small private lounges and other facilities. A review should be undertaken with regards to the colours used on table settings and in toilet facilities. There was no evidence of service users' activities on display or of meaningful photographs or items of local interest to stimulate discussion by individual service users. Best practice should be evidenced in relation to the use of pictures and signage.

It is recommended that a complete review be undertaken of the areas mentioned and the provider was signposted to the extensive resources of the Dementia Services Development Centre at Stirling University for Best Practice guidance with particular reference to their Reading List on Day Care Environments. www.dementia.stir.ac.uk (See Recommendation 10)

**CCO Grading**

3 - Adequate

**Number of Requirements**

0

**Number of Recommendations**

3

**Statement 4: The accommodation we provide ensures that the privacy of service users is respected.**

**Service Strengths**

This is a purpose built resource with adequate car parking facilities, controlled entry and all areas were seen to be suitable for circulating and for relaxing. 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.

There were quiet areas for service users to discuss issues with staff in private and visitors can also be seen in privacy.

Staff spoken with were all aware of there responsibilities to treat service users with dignity.
and respect and were clear that they would challenge any situations where service users were not being treated with dignity and respect.

Staff spoken with were aware of SLC Code of Conduct and the SSSC Codes of Practice.

Service users were observed to be treated with dignity and respect during the inspection. Two service users commented that they felt able to confide in staff.

Areas for Development

Areas for Improvement identified by the service:
* Encourage the use of private / visiting rooms for outside practitioners to meet service users. The CCO would support this concept and encourage this area for improvement.

During the inspection the CCO felt that there was an emphasis on everyone using either the lounge or the dining area, depending on the time of day. In particular, the CCO also felt that important, individual interaction could have been undertaken with a challenging service user in a more private manner and away from the gaze of other service users. There was nothing in this service user's care plan to indicate if this had been considered or discussed with appropriate people.

CCO Grading
4 - Good

Number of Requirements
0

Number of Recommendations
0
Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

In addition to the comments below, attention is drawn to the evidence given in Quality Statement 1.1 and 1.6.

The use of a key working system should enable discussions to take place regarding improving the quality of staffing.

Staff indicated that they were pleased to have service users share information about the staffing provision with them.

As detailed earlier in this report, the service had a written participation strategy and had recently conducted a survey relating to participation; 91% of respondents indicated that staff were caring and approachable.

The manager identified that the service was exploring how service users could become more involved at an appropriate level in staff recruitment and in orientating new staff to the home environment. It is believed that the provider has embarked on a pilot scheme in relation to this aspect.

The service has in place systems to facilitate comment about the quality of staffing; these include complaint procedures, staff and service user's meetings.

Areas for Development

Areas for Improvement identified by the service:

* Ways are being sought to greater involve service users and carers in staff selection
  The CCO would support this concept and encourage this area for improvement.

Attention is drawn to the evidence given under Quality of Care and Support 1:1 in relation to participation.

A review should be undertaken of content of surveys and questionnaires and follow-up feedback meetings should be arranged.

In the recently conducted provider's survey relating to participation, there was no opportunity for service users and carers to give their views on improving the quality of staff in this service. There was no formal system evidenced for service users and carers to participate in assessing and improving the quality of staff in this service.

(see Recommendation 11 )

CCO Grading

4 - Good
Number of Requirements

0

Number of Recommendations

1

Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service Strengths

The service had effective recruitment policies and procedures which ensured the safe recruitment of staff, staff received regular supervision and each member of staff had an individual Personal Performance and Development Review which identified training and development needs. Policies and Procedures relating to management of medication, Fire Safety and Whistle-Blowing are in place to support Best Practice.

There was not a significant turnover of staff.

By interviews and observation of interaction between staff and service users, it was clear that staff were motivated in their roles.

Records on training were requested from the provider's Training Department but a considerable delay was experienced. The provider demonstrated commitment to providing safe care provision through ongoing staff training. Records seen included training which had been provided in first-aid, moving & handling, challenging behaviour and Protection of Vulnerable Adults but further comment is noted below.

Records seen identified a positive approach to training to SVQ 3 standard with this being currently finalised and RMA awards in place and training proceeding; The manager holds RMA status and is registered with SSSC.

All staff interviewed were aware of the Scottish Social Service Council (SSSC) requirements and handbook.

It was noted that staff are undertaking training in Food & Nutrition.

Areas for Development

Areas for Improvement identified by the service:
* Register all staff with SSSC
* Ensure all staff achieve SVQ status
The CCO would support these concepts and encourage these areas for improvement.

Enhanced Disclosures are not revisited after staff have been appointed and in post. In the Inspection Report of 2007 it was suggested that Best Practice be followed in this matter and it is again suggested that the provider introduces a system for rechecking Enhanced Disclosures every three years.

The manager indicated that a senior member of staff had been on sick leave for some time
and the service was dependant on staffing input from the provider's other services. It was hoped that this matter would be quickly resolved.

Training is required for staff in relation in relation to the Participation Strategy as previously mentioned. (See Recommendation 1)

The Annual Returns for this service indicated that they do not have a Child Protection Policy and Procedure. The provider should either have a Policy which states that children are not permitted in the service and a Procedure for implementing same or a Child Protection Policy. If the latter is adopted, the care service will obtain a copy of the local Area Inter-Agency Child Protection procedures and staff must be familiarised with its content. (See Recommendation 12)

It is recommended that a review be undertaken of training provision in relation to the presenting needs and dependency levels of service users and in particular to ensure up-to-date training in Risk Assessments, Dementia Awareness and Management of Dementia for all support staff. (See Recommendation 13)

It is suggested that a copy of the Annual Training Plan for 2009 be sent to the Care Commission within this inspection year.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

2

Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

Staff have received training in respect and adult protection.

The service uses supervision sessions to address any issues if they should arise.

All staff interviewed spoke of a culture of mutual respect within the service.

SLC had a clear code of conduct for staff and staff spoken with demonstrated a clear understanding of their responsibilities in relation to treating service users with respect.

Service users spoken with said that staff treated them with respect.

The Officer observed that staff treated service users with respect
Areas for Development

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0
Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

In addition to the comments below, attention is drawn to the evidence given in Quality Statement 1.1 and 1.6.

The manager identified in the self assessment document and through discussion during the inspection that the service was committed to ensuring service users and their relatives/carers are encouraged to participate in assessing and improving the quality of the leadership of the service.

Investors in People have been helpful in this area.

It was observed that there was a positive relationship between management, staff and service users in care situations.

The participation strategy in place, although only formed this year, gave a commitment to develop service user and relative/carer participation.

Service users have participated in Network Meetings.

Areas for Development

Areas for Improvement identified by the service:
* Develop service users participation in Network Meetings
* Analyse the findings of recent surveys to ensure continued support for service users to participate in Network Meetings
The CCO would support this concept and encourage this area for improvement.

Whilst the service demonstrates strengths in this area there was limited evidence of service user and carer participation in participating in assessing and improving the quality of the management and leadership of the service.

The manager should encourage Quality Assurance planners to devise appropriate material to assist service users with different abilities to consider leadership and management.

It was unclear as to how service users may have informed and influenced the strategic development of the service. The survey referred to, for service users did not cover all aspects of this Quality Statement. A process for evaluating and actioning comments had not yet been developed.
(see Recommendation 14 )

CCO Grading

4 - Good
Statement 2: We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

The CCO was satisfied from discussions held that the SVQ training programme will give staff more insight into becoming pro-active and empowering.

Personal development reviews should facilitate opportunity to discuss how the workforce can be influential in determining the direction and future objectives of the service.

The manager was committed to developing supervision and staff development sessions and ensure that discussions with staff would encompass the provider's Resource Plan, Survey outcomes when available and employee suggestion booklets.

The provider has Quality Assurance systems in place and the manager was committed to developing these with staff.

Areas for Development

Areas for Improvement identified by the service:
* Consultation process will include staff education and empowering the workforce to determine the future and direction of the service.
* An Action Plan to be developed post consultation of the social work consultation strategy. The CCO would support this concept and encourage this area for improvement.

A limited number of staff had been involved in participation meetings with service users and carers but staff were not fully involved in determining the direction and future objectives of the service.
(See Recommendation 15)

CCO Grading

4 - Good

Statement 3: To encourage good quality care, we promote leadership values
throughout the workforce.

Service Strengths

The care service benefits from having an experienced manager.

The manager was aware of the SSSC Codes of Practice and her responsibility to report to SSSC and the Care Commission any dismissal on the grounds of misconduct including theft. There had been no member of staff dismissed on the grounds of misconduct.

A copy of the notification guidance was available in the home and the senior management were aware of the SSSC website and current developments.

The provider has an Employee Recognition Scheme with relevant Award Ceremonies. The manager was developing supervision and as part of this, giving cognisance to leadership qualities and potential.

Core briefs and Council publications such as The Works keep staff appraised of Social Work and Council wide developments.

The manager advised that a career development focus is included in each individual staff development record.

Exit interviews are held with staff who leave the service.

Areas for Development

Areas for Improvement identified by the service:
* Develop Dementia Awareness from training plan.
The CCO would support this concept and encourage this area for improvement.

The CCO suggested that an Annual Report be produced in collaboration with service users, carers and staff and include relevant pictures and quotes from them and focus on all Statements from this inspection.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0
Regulations / Principles

National Care Standards
Enforcement
There has been no enforcement action against this service since the last inspection.

Other Information
Three Recommendations were made as a result of the last inspection.

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.
   This matter has not been resolved and is commented upon again in the body of this Report. (See Recommendation 8) and Quality Theme 2 - Quality of Environment)

2. There should be written guidelines in place to support the food, fluid and nutritional care of service users.
   This matter has been addressed satisfactorily in that an appropriate Policy, and Guidelines were issued to the service in January 2008.

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.
   The Provider’s Action Plan indicated that service users will be offered a BMI assessment when they start using this service and if they refuse, the service will closely monitor service user’s nutritional intake, body stature and general health. A Food, Fluid and Nutritional Care Policy was e-mailed to this Service on 15th January 2008 by the Residential and Day Care Manager.
   The evidence given by staff and seen in documents sampled was as follows:-
   - Staff indicated that BMI procedures were offered to service users on commencing the service but there was no written evidence to support this nor of any outcomes, in care plans examined. It was indicated by staff that visual monitoring of service user’s health and their food and fluid intake was undertaken. The manager indicated that MUST was in the early stages of introduction and staff were completing theoretical work in relation to Nutrition for Elderly People
   This Recommendation has not been met. (See Recommendation 6)

Requirements
1. Care Plans must be reviewed and updated regularly to ensure that they clearly set out how each service user’s current health and personal welfare needs are to be met.
   Consultation with service users and/or their carers should be encouraged and evidence of consultation recorded in the plan.

This is in order to comply with:
SSI 2002/114 Regulation 5 (1) and (2) - a requirement that a provider shall, after consultation with each service user, and where it appears to the provider to be appropriate, any representative, set out how the service user's health and welfare needs are to be met.
Timescale for implementation: Six weeks from the date of issuing of this report.

Recommendations