Inspection report

Galashiels Resource Centre
Support Service
69 Gala Park
Galashiels    TD1 1EZ

Inspected by: Frances Bridges
(Care Commission Officer)
Type of inspection: Announced
Inspection completed on: 12 March 2009
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Introduction
Galashiels Resource Centre is a day service which provides therapy and support for people who have significant mental health needs. It is located in a large stone built two storey property with well tended attractive gardens to the rear.

The service, which was registered with the Care Commission in April 2002, is registered for twenty five people each day and a total of 60 people use the service at different times and for different purposes. The service provider is Scottish Borders Council and it operates from Monday to Thursday and on Sundays each week. Currently opening times are under review.

The centre is in a central location in Galashiels, with all the amenities of the town close to hand and good access to public transport.

The aim of the service is “to enable people to live in the community, maximising their quality of life and contribution to society, by gaining personal recovery and reducing or eliminating periods of ill health.” The service provides opportunities for therapeutic group and individual support and a range of activities which provide social stimulation and enable integration.

Based on the findings of this inspection the service has been awarded the following grades:
Quality of Care and Support - 5 - Very Good
Quality of Environment - 5 - Very Good
Quality of Staffing - 5 - Very Good
Quality of Management and Leadership - 5 - Very 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
Before the Inspection
The report was written following an announced inspection of the service, which took place over one full day on 23/02/09 and a further half day on 12/03/09.

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

The Self-Assessment Form
The service submitted a self-assessment form as requested by the Care Commission

Views of service users
The Care Commission Officer met with three service users on the first day and a further two on the second visit.

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 low RSA score and so a low 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.

During the inspection process

Staff at inspection
The Care Commission Officer met all of the staff either during a staff meeting on the first day of the visit or during the second visit. The Officer spoke with the Manager, temporary Depute Manager, the Community Psychiatric nurse who was part of the staff team and two Day Centre Officers.

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 - including the following:
  - supporting evidence from the up to date self assessment
  - samples of service users’ personal plans
  - information about the service (handbook, leaflets)
  - aims and objectives for the service
  - minutes of staff and service users’ meetings
  - staff training records
  - Complaints policy, procedure and records
  - accident and incident records
  - Protection of Vulnerable Adults policy
  - sample of staff supervision records
  - Certificate of Registration
  - Certificate of Insurance

The above information was taken into account during the inspection process.

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/

The focus area during this inspection related notification in the event of dismissal on the grounds of misconduct.

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**

There were three Requirements as a result of the last Inspection in December 2007. The first related to the need for risk assessment with regard to the use of restraint. Generic risk assessment had been undertaken with additional individual risk assessment as and when required.

The second requirement regarded training in restraint issues and recording. This had been implemented, all staff having received special training.

The third requirement related to amendment of the complaints procedure to include reference as to how and where to access the Care Commission. This had been implemented.

**Comments on Self Assessment**

The Manager had completed and submitted the self assessment documentation prior to the inspection. This was completed to a satisfactory standard, giving relevant information for each of the Quality Themes and Statements. The service identified areas of strength and areas for further development with appropriate timescales for completion.

**View of Service Users**

The service users met during the Care Commission visit were all very positive about the service they received. Comments made were as follows:

"The staff are knowledgeable, friendly and helpful. Nothing is too much trouble."

"It has been a lifesaver for me."

"Staff are extremely helpful."

"The centre provides a place of safety and I am very grateful for it."

"I did not particularly want to come and was quiet at first, but now I enjoy coming and meeting my friends."

"I speak to any member of staff not just one. Some people tend to lean towards preferred workers but I find them all equally helpful and willing."

"It is a valuable service and well run. There are a good range of activities both in house and out and about."

**View of Carers**

No carers were available to express their views about the service.
Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 5 - Very Good

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 Manager advised that Scottish Borders Council had introduced an “Involvement Strategy” in 2006, entitled “Are we listening? - A strategy for Community Engagement and Consultation.” This had been updated in 2008 and incorporated an action plan for implementation. A copy of the updated plan was provided for examination.

There was a statement of aims and objectives for the service, which had been drawn up by the staff team based on feedback from service users and linking in to the Involvement Strategy. It was intended that there would be greater service user direct involvement next year.

A range of methods were used to ascertain service users' views. These included care planning key worker meetings and reviews. Therapy groups met regularly to discuss day to day issues and to evaluate the effectiveness of the group. Previously therapy group meetings had always been held on the same day and were only attended by the service users in the service at that time; however this had been adjusted to ensure that all service users had the opportunity to participate.

Key worker sessions were held both on a formal and ad hoc basis as determined by the service user.

A Questionnaire had been distributed to all of the service users in June July 2008, for which there had been a 30% return. The results of the questionnaire were compiled in preparation for an Open Forum meeting to which all service users were encouraged to attend. This had been structured to include both small and large group discussions and decisions were made. One decision made by service users was to hold Open Forum meetings three times a year.

A suggestion box had been introduced in 2007 as proposed by the service users' and this had been used three times, each of which had been followed up.

There was a robust complaints procedure and leaflets were prominently displayed on noticeboards.

Service users participated in identifying their personal needs and risk assessments and agreeing how they would use to centre to greatest effect. Service users chose the activities in which they wished to participate and contributed suggestions about what activities could be offered.

Information both about advocacy services (Borders Independent Advocacy Service) and about the Care Commission was displayed prominently on the notice board.

Overall there were very effective systems in place to ascertain service users' views and to involve them in service development.
Areas for Development

The Manager had expressed the intention to ensure that service users played active role in developing the team plan/ aims and objectives. The possibility of establishing a service user steering group was under consideration. The updated Involvement Strategy was to be discussed in the staff team to heighten awareness of the issues of consultation and engagement.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

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

There was a clear admission process, which consisted of referral from one of the referral agencies, at which time the service received a referral assessment. This was followed by the potential service user visiting the service, a tour of the property with explanation of the role and function of the service, an opportunity to meet staff and other attendees and to agree arrangements if the service user wished to take up a place at the centre. A planning meeting would be held and a key worker allocated. The needs of the service user determined which staff member would be most suitable for them and the ultimate choice was decided by the service user. Service users may have had to go on a waiting list, under which circumstances the service maintained contact until a place became available and liaised with health care services.

The initial assessment was used as a base line until a personal recovery plan with appropriate risk assessments was developed within the first few weeks of attending. This was done jointly by the service user and key worker. Care plans were sampled and found to be of a good standard, with all the relevant information and risk assessment to ensure the service user would derive maximum benefit from the service. The purpose of the placement and the service users' goals were clearly identified and the method whereby these would be achieved. There was evidence in the sampled care plans, the reviews and records of discussions indicating that service users were central to the decision making process, making choices in all aspects of the service provision they received.

Care plan reviews were held 3 monthly and group activity reviews were held 6 weekly. Risk assessments were reviewed flexibly and there was discussion about linking risk assessment review with care plan reviews.

Service users were kept abreast of current information by means of notice boards and
There was a very good range of activities on offer. Individual activity choices were determined either at point of referral, following assessment of need or choice thereafter. Group activities were usually time limited to allow opportunities for new groups to participate. As certain group activities were scheduled for specific days service users' days of attendance were negotiable to enable them to get maximum benefit from the various therapies on offer.

There were very good systems in place, such as care planning, ongoing reviews, group and individual meetings to ensure service users received the support and opportunities to make individual choices and to achieve personal goals. The service was innovative in its approach to trying out therapeutic activities and this was reflected in the enthusiasm of both the staff and the people who used the service.

**Areas for Development**

The Manager spoke about further development of the service users' questionnaire. The Manager was considering the introduction of a range of assessment tools such as Avon (a tool used by service users to assess their own needs) and Kawa (a person centred assessment tool.)

There was some discussion about linking risk assessment review with the care plan review process to ensure risk assessments were relevant and current.

**CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0
Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 5 - Very Good

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

Service Strengths

Service users contributed to the overall decor with art displays, craft work and exhibitions. Their views about their environment were canvassed through informal discussion, questionnaire, group meetings, Open Forum meetings and through the complaints procedure. In response to the questionnaires, 76.5% of the respondents expressed the opinion that the building was suitable for purpose.

The building was completely redecorated and carpeted over the last twelve months and service users were consulted regarding colour schemes within a limited palette to ensure a fairly neutral and calm ambience.

The entrance to the building had steps leading up to it but there was wheelchair to the rear. There was one wheelchair user who could not access the upper level of the building, but flexible use of the various work areas meant that needs could be accommodated. There were adequate toilet facilities, including a toilet for disabled people.

Service users spoken with confirmed that they found the environment congenial and maintained well and commented about how much they enjoyed the outdoor space in the garden when the weather permitted.

Service users contributed to drawing up appropriate individual risk assessments as required and were made aware of issues relating to Health and Safety measures. Staff had received training in health and safety and risk management.

Service users participated in regular fire safety procedures.

Areas for Development

At the next Open Meeting in April 2009 the disabled access in the garden was due to be discussed, following the assessment and ordering of a greenhouse which would be suitable for service users who used wheelchairs. There was some discussion about the limitations for service users’ use of the upstairs space however this was not problematic as flexible use of the rooms meant that most activities could take place in the ground floor areas.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations
Statement 2: We make sure that the environment is safe and service users are protected

Service Strengths

A Health and Safety policy was in place and staff had received appropriate training. Two Health and Safety audits had been undertaken by Scottish Borders Health and Safety Officers within the last twelve months, which looked at all aspects of the environment with particular attention to equipment used by service users and activity groups offered. The report was provided for study and was found to be comprehensive.

Each activity had been risk assessed and action taken to minimise potential hazards.

All the appropriate checks and records for the kitchen area were in place and cleaning schedules had been established. The Centre was observed to be clean. Staff and some of the service users working in the kitchen area had received Food Hygiene training.

There was a fire risk assessment for the service and regular fire drills and discussions were used to ensure service users were aware of how to respond in event of a fire. The Lothian and Borders Fire Brigade last visited the service in July 2008. Fire safety arrangements were found to be satisfactory. Automatically closing doors had been fitted internally, which discontinued the use of wedges to allow free passage for service users.

Maintenance issues were addressed through the local council maintenance officer. Records were checked and it appeared that response was speedy when the issue was urgent.

Access to the service was monitored and attendees were required to sign in and out providing a check list in event of emergency evacuation and ensuring that only authorised personnel have access. There was an alarm for the building when not in use and the rear gate was locked, opening by key if service users wished entry.

All of the staff had received Basic Life Support training and there was a designated First Aid Officer for the service. Staff had received Moving and Handling training and refresher courses were ongoing. All staff had been trained in Control of Aggression Techniques and these had also been discussed during training with regard to restraint. Behavioural issues, though rare, were addressed as part of care planning.

Staffing levels were determined by the nature of the groups i.e. individual therapy sessions, with larger groups using the art room and music rooms.

There was a robust recruitment policy, which included enhanced disclosure checks on prospective employees.

Accident and incident records were maintained and there was a policy on use of restraint.

Service users spoken with confirmed their opinion that they felt secure in the service.

Areas for Development

The Manager advised that it was intended to increase the number of fire drills held to ensure...
that attendees on different days were all aware of how to respond. It was intended to extend the formal health and safety training to include service users in first aid and moving and handling etc.

**CCO Grading**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0
Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 5 - Very Good

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

Service Strengths

Service users were involved in the recruitment of new staff, having the opportunity to meet candidates informally. Their views were fed back to the panel after the formal interviews had taken place.

The needs and wishes of service users influenced the timetabling of group and one to one activities offered and thus influenced staff selection and deployment.

There was an open door policy and the Manager or Depute were available to talk with service users. Senior Managers visited the service every 6-8 weeks and service users could speak with them at that time if they had made arrangements to do so.

When discussing Personal Recovery Plans, service users were encouraged to give their views not only on the efficacy of the groups, but also on the competency of staff. The questionnaire also sought views on staff and the response indicated that service users were confident in staff ability and found staff "helpful interested and approachable."

Information about staff training was made available to service users, so that they were aware that staff were expected to be up to date with current thinking and best practice. The management team utilised supervision and appraisal as a means of monitoring staff performance and to identify any training needs.

Each service user had been allocated a named worker, though there was flexibility to change if the service user wished. Service users had access to all staff and could discuss issues with either their named worker or specific staff of their choice.

A copy of the most recent Care Commission report was displayed on the service users' noticeboard. This could be discussed with staff if service users' chose.

Areas for Development

The Manager advised that consideration was being given to broadening representation of service users in staff selection.

Consideration was also being given to service users contributing to staff appraisal and participating in staff training in an advisory capacity with regard to experience of illness and service provision.

There was some discussion about service users' involvement in the self assessment next year.

CCO Grading

5 - Very Good

Number of Requirements
Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

There was a Recruitment and Selection Policy and process was clearly defined, requiring enhanced disclosure; two references one of which should be most recent employer; health statement; identity checks and copies of certification. A job specification was used and the interview process followed the principles of fair selection and equal opportunities.

Staff had received a copy of the SSSC Codes of Practice and were aware of registration requirements. The Manager was aware of his responsibilities with regard to notifications, including in the event of dismissal on the grounds of misconduct, to both the SSSC and the Care Commission.

New staff underwent an induction programme, which covered the aims and objectives of the service, the ethos of the service, the National Care Standards and the Code of Conduct for Council and NHS employees and Scottish Borders policies and procedures.

During induction staff learned about the function of the service. Mandatory courses included: Fire safety; Health and safety; Emergency Life Support for Adults; The Protection of Vulnerable Adults; Food Hygiene; Management of Aggression and Physical Intervention. Supervision during this period monitored progress and identified any additional training needs.

There was a training department, which arranged an annual programme of training, which included all the mandatory courses as well as additional training opportunities which were specific to service users' needs. Staff had received training in - Emotional Well-being; Personality Disorder; Cognitive Behaviour Therapy; Mindfulness; Stress Management and Assisted Suicide Intervention.

There was a high commitment to professional development and staff were supported to undertake appropriate training. Staff confirmed that training opportunities were supported.

Regular staff supervision was maintained. Supervision records sampled showed that there was clear process, which reflected prior supervision decisions, monitoring of service user care plans, issues arising, training needs, policies and procedures and which included further action.

Staff were conversant with the National Care Standards and Scottish Borders policies and procedures. These were discussed during team meetings and supervision to ensure staff were aware of them.

There were copies of the policies on Protection of Vulnerable Adults and Restraint in the unit and staff aware of their responsibilities with regard to reporting any concerns.
Areas for Development

The Manager advised that it was intended to look into ways of improving service user involvement in recruitment, utilising their experience and opinions.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0
Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 5 - Very 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

A range of methods had been implemented to ensure service user participation in decision making regarding how the service was run. These included access to information via the notice-boards, questionnaire and Open Meetings.

Over the last few years there had been a consultation exercise undertaken by Scottish Borders Council (Day Services Review.) Service users had been involved through focus groups and had received invitations to attend Mental Health Forum groups enabling them to participate in development of future strategies. The team working on the Day Services Review had visited the service to provide service users with information. There was also a Newsletter 4-6 weekly with kept service users up to date with what was happening.

The new General Manager for Integrated Health Services had spent time in the service, meeting with service users and getting to know their views about the service they received.

The Manager described his leadership style as one of "nurture and growth for service users and staff alike." Staff spoken with agreed that there was an open and consultative style of management. One service user spoken with also confirmed that the quality of leadership was good and that the management and staff were willing to listen and supportive.

The complaints procedure was on display and service users confirmed that they would have no anxiety about raising issues if there were any.

Areas for Development

The Manager was considering service user/carer input to a training needs analysis and appraisal.

The annual service user questionnaire and open meetings were to be maintained and were service users were to be encouraged to express their views on the quality of leadership.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We involve our workforce in determining the direction and future objectives of the service.
Service Strengths

Staff were involved in developing the aims and objectives for the service. Weekly team meetings were used for discussion, future planning and acknowledging achievements. Team meeting minutes were sampled, showing that staff were kept informed about strategic plans and were consulted about service development.

Staff were encouraged through supervision to pursue relevant training and qualifications. Supervision records sampled indicated discussion regarding future objectives, both organisational and personal. Performance Review and Development systems were ongoing.

The Manager attended regular Manager’s meetings, feeding back information to staff and service users.

Staff had access to the Internet and were provided with periodicals and copies of pertinent reports to assist in personal professional development. Staff often brought articles and information to the service and these were shared and discussed at staff meetings.

The staff team had been involved in the re-design of Mental Health Day Services in the Borders. Currently arrangements were in place for staff to spend time in other services to widen their knowledge of services available and to understand how these are linked into the Mental Health Strategy and with their own service. This was a reciprocal arrangement, which was of benefit both to Galashiels Resource Centre and the other participating services. The service also provided placements for students.

Areas for Development

The Manager was ensuring continued staff involvement in the Health and Social Work Services Integration Project.

CCO Grading

5 - Very 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
N/A

Requirements

Recommendations

Frances Bridges
Care Commission Officer