

Care service inspection report

Airdrie Locality

Support Service Without Care at Home

92 Hallcraig Street

Airdrie

ML6 6AW

Telephone: 01236 856000

Inspected by: Alan Paterson

Type of inspection: Unannounced

Inspection completed on: 30 July 2012



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Service provided by:

North Lanarkshire Council

Service provider number:

SP2003000237

Care service number:

CS2003001206

Contact details for the inspector who inspected this service:

Alan Paterson

Telephone 01698 897800

Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service provides community based developmental support to people with learning disabilities.

Activities which the service supports people to access include drama, bingo, bowling, shopping, zumba, computer classes, trampolining, gardening, cinema, women's group, voluntary work experiences, swimming, support in own home, fishing, dance and physiotherapy.

Support workers act as key contacts for each service user and help the service user plan and participate in their chosen activities. They also maintain the service users personal plans and can assist the service user to access other services as they might require.

What the service could do better

The service has had three managers since the last inspection. This has resulted in less progress than expected. There was evidence from the past eight weeks that the service has overcome this difficulty and is now operating as expected.

What the service has done since the last inspection

Service User records are now being held on an information management system (SWIS) common to all service provided by the provider. This is a recent development

and has raised some issues. Notably SWIS is computer based system in which information is stored in English but service users need information to be presented according to their own communication needs.

Conclusion

Airdrie Locality Team provides a complex and largely successful service which helps service users achieve their personal goals in their local community.

Who did this inspection

Alan Paterson

1 About the service we inspected

"The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

The Airdrie Locality Support Service provides support to around 50 people with a learning and or physical disability. The service is provided by North Lanarkshire Council.

The service provides a community based model of support for adults with disabilities over 52 weeks per year. The service base is located close to Airdrie Town Centre.

The services aims to provide support that eventually leads to service users becoming as independent as they can be and to enable service users to experience ordinary everyday activities of their choice.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote the report following an unannounced inspection. The inspection was carried out by Alan Paterson over two days (25th and 26th July 2012).

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- Certificate of Registration
- Accident log
- Incident log
- Complaints/suggestions log
- Medication records
- Quality Assurance Audits
- Questionnaires
- Care plans of people who use this service
- Personal Activity Plans
- Staff training records
- Staff meeting minutes
- Staff supervision notes
- Self assessment document

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make

during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

I really like the activity.

I like going bowling

I have been very happy with the service but have had one evening removed from my service and my transport withdrawn.

I come in expecting to go out with someone and find the rota had been changed..

Taking carers' views into account

Service has been a lifesaver for me

Staff are very approachable

Keep us well informed of matters.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - 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

We found that this service was performing well in the areas covered by this statement. We concluded this after we;

- * Spoke with service users who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

The service users all had personal support plans which were formulated in partnership between the service and the service users. Service users were met with and asked for their views about what the service would provide. These views were written down and used as a basis for service planning. This meant that service users had opportunity to participate in deciding what services they would receive.

Services were planned and carried out in partnership with the service users and reflected their own choices and aspirations. This was confirmed by service users and demonstrates that service users are participating in planning their own services.

The service has on several occasions tried to bring carers together to form a carers group. These efforts have been poorly supported despite the service varying the times and offering support to attend. However, the service has plans to try again. Carers are individually consulted, as appropriate, in the planning of the service and also are expected to attend reviews if the service user wishes it. This shows that the service is actively seeking to have carers participating in evaluating and improving the service.

We visited an activity in the local community where the service users were in the process of setting up a committee to run the group. At the beginning the service users required the service to set up this activity and commission the professional drama people to take the activity. Now the service users' skills and confidence are such that they now run the activity as an independent group. This shows that the service is promoting participation and independence in the way in which it provides the service.

We found evidence that service users were self directing their services in that some of the service users had requested that their supports were discontinued because they felt that they no longer needed them. Sometimes this meant that the person had no more contact with the service. In other cases it meant that the person still joined with the activity but without the service's support to do so. This highlighted that service users were actively influencing their service.

Areas for improvement

The service has begun to use the SWIS platform for storing information. This is the system that the entire social work department uses. The most recent service user reviews have been loaded into this system. This has meant that review minutes are no longer produced in 'user friendly' format which means that it is more difficult for service users to access information held about them. (See requirement 1 quality statement 1.1)

The service has had three different managers since the last inspection. The established manager is now in post. This has disrupted the way in which the service has been managed and some of the meetings which had been held at regular intervals had fallen away. The current manager and team have reinstated the meetings programme.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must make review minutes available to service users in a format which helps them understand what they contain.

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 200,1 Reg 210, section 5 personal plans see also National Care Standards, Support Services, Your Legal Rights, Standard 3.1.

Time scale: within six months of receipt of this report.

Recommendations

1. The provider should look to ensure that efforts to engage with carers as a group continue.

National Care Standards, Support Services, Informing and Deciding, Standard 1.2

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- * Spoke with service users who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

In addition: We toured the base building with the janitor and reviewed the accommodation.

The personal plans we examined were thorough and showed that the service had gathered information regarding service users needs, health and wellbeing.

Information included: general health, medication, epilepsy, behaviour management, protection issues and specific health requirements e.g. Percutaneous Endoscopic Gastrostomy (PEG feeding) and moving and handling were gathered and included in the person's personal plan. The information was gathered from a range of relevant sources including service users, dietitians, carers, psychologists, colleges, GPs and specialist health services. This showed that the service was effectively gathering appropriate information to ensure the service users health and wellbeing.

The service regularly reviewed this information and updated the service user's personal files when necessary. This was achieved through carrying out a regular review of the person's situation.

The service carried out and reviewed risk assessments relating to the service user and the environment where the service would be delivered. This showed that the service was actively seeking to promote good health and safeguard wellbeing.

Areas for improvement

The service was moving all review information for service users on to a new computer system as described in

quality statement 1.1. To hold information on this system will stop reviews and other documentation being available to service users in a format that is user friendly.

Please refer to Quality Statement 1.1 Recommendation 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - 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

We found that this service was performing well in the areas covered by this statement. We concluded this after we

- * Spoke with service users who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

The strengths for the service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

In addition:

The service consulted with the service users and carers regarding what supports were delivered by the service. This was carried out by the service managers and support staff. The wishes of the service users were recorded and used to plan the support.

Risk assessments were carried out in the community facilities identified and detailed plans were drawn up for the support. This was recorded in the personal plan. Ongoing evaluation was carried out by support workers and service users and the support plan is reviewed at regular intervals.

This we felt offered appropriate participation in assessing and improving the environment for service users.

Areas for improvement

Please refer to areas for improvement in Quality Statement 1.1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We found that this service was performing very well etc in the areas covered by this statement. We concluded this after we

- * Spoke with service users who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

In addition:

We looked at the environment from two perspectives.

The base which was infrequently used to provide services to the service users was on occasions used as a pre-activity gathering point, a place for meetings between workers and service users and as a base when the weather was too bad for service users to use the local community. There were no meetings or activities going on in the building nor were there any planned at time of inspection.

We also looked at how the environments within the local community were used to provide services.

The facilities used within the community were those identified by the service users. Risk assessments were carried out as to the suitability for the individual service users needs. This included how the person was to be supported in getting to the facility (i.e. transport arrangements), whether the facility could accommodate the service user's needs (i.e. accessibility, toilet facilities), whether there were any risks particular to the location and how much support was required.

Community facilities included local shops, community centres and local sports and leisure facilities. We felt that this showed that the service was operating well in ensuring that the service users were safe and protected appropriately.

Areas for improvement

The base was designed mainly for the service to administer its activities and was laid out as office and meeting spaces. Its occasional use by service users, however, raised

some issues with the facilities. Examples of this were lack of evacuation signage for the visually and/or aurally impaired, narrow entries to some rooms and stiff doors which would make accessing facilities difficult for people who used wheelchairs or had difficulties with mobility and one area which was identified as having been used by service users also stored spare bus seats. We felt that the environment within the base needed to be looked at in terms of disability friendliness. (See recommendation 1 quality statement 2.2)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. That the provider assesses the Base for disability friendliness and make such adjustments as identified in their assessment.

National Care Standards, Support Services, Your Environment. Standard 5.2

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 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

We found that this service was performing well in the areas covered by this statement. We concluded this after we

- * Spoke with service users who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

The strengths for the service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

Areas for improvement

We found that service users did not play a significant part in the recruitment of staff a practice which is considered 'Best Practice'. The members of the management team consulted stated that this was not a part of the Service Providers (NLC) participation policy. This we felt did not reflect good practice in service user participation.

However in the self assessment the management team have identified work ongoing with the Advocacy Project and an external support group 'Leaf' looking at the possibility of having service users being involved in the interviewing process. (see recommendation 1 quality statement 3.1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should continue to look for ways that service users can participate in the recruitment process

National Care Standards, Support Services, Management and Staffing Arrangements, Standard 2.

Statement 3

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

Service strengths

We found that this service was performing very well in the areas covered by this statement. We concluded this after we

- * Spoke with service users who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

In addition:

All staff had undergone a detailed induction and most staff held qualifications recognised for registration with the Scottish Social Services Council. This meant that we could be confident that the staff held appropriate qualifications for the work they were undertaking.

Support staff received training in how to meet the variety of needs the service users presented. This included medication, epilepsy, risk assessment, health and safety, moving and handling and managing behaviour which could be construed as challenging. In addition support staff were now being tasked with completing community care assessments. This we felt showed that the provider was effectively and continuously ensuring that the support staff had the necessary skills and knowledge to provide the care service.

One area we found to be very good practice was the inclusion of welfare benefits training for support staff which meant that the service users could receive advice on benefits as part of the service.

In discussion with support staff we found them to be enthusiastic and knowledgeable. For example, not only were they able to describe what they were doing and why they were doing it but also where they were aiming to go with the activity in the future. Staff were able to describe the process of how the activity was

planned, the steps to achieve it and how the service user was involved in the planning in a manner which clearly showed that the service user was central to the process.

Areas for improvement

The provider has an existing format for individual supervision but there was only recent evidence that supervision was undertaken. This meant that we could not be confident that staff were being regularly monitored by management and their development was planned and consistent. (See recommendation 1 quality statement 3.3)

In discussion we discovered that training for managing behaviour which could be construed as challenging had been suspended whilst a group of staff devised a newer format. This, we felt, would potentially create a gap in the training programme. (See recommendation 2 quality statement 3.3)

As previously mentioned the provider had a good programme of support meetings in place (team and management) which, although they had recently been re-instated had not been maintained.. This resulted in the monitoring of staff and development issues not being followed up. (See recommendation 3 and 4 quality statement 3.3)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The provider should ensure that the supervision sessions are carried out and recorded in line with the provider's policy and procedures.

National Care Standards, Support Services, Management and Staffing Arrangements, Standard 2

2. The provider should look to reinstating training on managing behaviour which can be challenging until the working party devises the updated training.

National Care Standards, Support Services, Management and Staffing Arrangements, Standard 2

3. The provider should ensure that the Management Meetings are carried out and recorded in line with the provider's policy and procedures.

National Care Standards, Support Services, Management and Staffing Arrangements, Standard 2

4. The provider should ensure that the team meetings are carried out and recorded in line with the provider's policy and procedures.

National Care Standards, Support Services, Management and Staffing Arrangements, Standard 2

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 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

We found that this service was performing well in the areas covered by this statement. We concluded this after we

- * Spoke with service users who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

The strengths for the service user and carer involvement, detailed under Quality Theme 1, statement 1 are the same for this statement.

In addition

Evidence for service user and carer involvement was given for participation at a higher level.

The provider (North Lanarkshire Council) carried out an "officer member" review. This is a large evaluation of all services the provider provides. In order to do this the provider gathered feedback from working parties including service users and carers. This shows that the external organisation supports and implements service user participation.

The provider also canvassed service users and carers through issuing the leaflet/questionnaire 'Hard Choices- Big Decisions'. This formally sought service users and carers' views on services.

Areas for improvement

Please refer to areas for improvement under Quality Statement 1.1 and see Requirement 1 and Recommendation 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We found that this service was performing well etc in the areas covered by this statement. We concluded this after we

- * Spoke with who use the service
- * Spoke with staff and management
- * Looked at questionnaires
- * Reviewed a sample of personal plans and other records
- * Observed support workers and service users at activities.

In addition:

The service identified a number of areas where they had quality assurance processes in place which involved service users, carers, staff and stakeholders. These included a bi-monthly management report giving an overview of the service and summarising the service activities.

Weekly management team meetings were held. These evaluated the service outcomes and plan future services.

The service had held development days for carers and service users. Also a newsletter was also distributed quarterly

The service had used questionnaires to record opinions and issues of service users and carers.

Support workers consulted with service users and recorded the information in updating the individual plans.

We felt the above activities showed that the service was actively seeking to use quality assurance systems and processes to evaluate the quality of the service.

Areas for improvement

There have been three different managers since the last inspection. This has led to inconsistency in the day to day management of the service. This has mainly affected the service in that operational meetings and supervision have not, until recently, been

taking place. This we felt impacted on the service in that information for monitoring and development did not pass up and down the levels of the organisation as efficiently as it could. (Please refer to Areas for Improvement in Quality Statement 3.3 and Recommendation 1, 2, 3 and 4)

The care inspectorate questionnaire distributed prior to inspection indicated that a significant number of responders were not aware of the complaints procedures for the service or the care inspectorate. (See recommendation 1 Quality Statement 4.4)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The Provider should inform carers and service users of the complaints procedure.

National Care Standards, Support Services, Management and Staffing, Standard 2.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	5 - Very Good
Quality of Environment - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
5 Jul 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing Not Assessed Management and Leadership Not Assessed
8 Sep 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
	Announced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com