

Care service inspection report

Full inspection

SADSA Ayr Support Service

2 Eglinton Terrace
Ayr



HAPPY TO TRANSLATE

Service provided by: South Ayrshire Dementia Support Association

Service provider number: SP2003000271

Care service number: CS2003044034

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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	5	Very Good
Quality of environment		N/A
Quality of staffing	5	Very Good
Quality of management and leadership		N/A

What the service does well

Staff know service users well and positive relationships are formed to support service users and families.

The service provides good individualised and flexible support to people who use the service. A dedicated staff team supported people with whom they had formed positive working relationships and are responsive to the needs of service users.

Through the questionnaires and one-to-one discussions, service users and carers who took part in the inspection expressed appreciation and satisfaction with all aspects of the service.

What the service could do better

The service should record appropriate details within the Support Plans, which is reflective of the support actually being provided. This would allow consistency in approach and in evaluation on the appropriateness and effectiveness of the support being provided.

Documents for people who used the service should be available in a more service user friendly format.

What the service has done since the last inspection

The service has grown as a result of the merger of two day care services, with one manager providing support to each accommodation.

Conclusion

The service provides a service of a good standard that is appreciated by people who use their service and their carers.

The service is provided in a person centred manner. There was clear evidence of a flexible response to meeting the needs of people receiving support. This included ensuring staff undertake additional appropriate and ongoing training, in order to meet the health needs of service users.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

SADSA Ayr (South Ayrshire Dementia Support Association Day Care) is based within two different buildings, which are supported by one manager.

Eglinton Terrace in Ayr, provides day care for up to 11 clients each day, over seven days. The service is housed in a terraced Victorian building with the bottom level of the building used to provide day care. The day care is provided in a lounge area with an adjoining dining and kitchen area.

Auchenday, in Prestwick, provides day care for up to 16 clients each day, over seven days. The service is housed in a bungalow with activities provided in a lounge area with an adjacent dining area.

The stated aims of the service are "to promote the welfare of, and to provide improved facilities for dementia sufferers and their carers in South Ayrshire".

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or

orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 5 - Very Good

Quality of environment - N/A

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - N/A

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 following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

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 this report after an unannounced inspection that took place between 11.20am and 4.20pm on 7 April and between 10.55am and 5.30pm on 8 April. The inspection was carried out by one care inspector.

As requested by us, the service submitted an annual return and a self-assessment. We took account of the questionnaires returned from service users and relatives before the unannounced inspection. During the inspection process, we spoke with 14 residents and two carers. We observed staff practice and interactions between service users and staff.

We also gathered evidence from various sources including the relevant sections of the policies, procedures, records and other documents including:

- Resident files, including care plans and risk assessment documentation
- Minutes of residents meetings
- Minutes of relatives meetings
- Staff meeting minutes
- Medication procedures
- Staff files, including supervision and recruitment.

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.firescotland.gov.uk

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 which reflected the findings of the inspection.

Taking the views of people using the care service into account

Service users told us they were happy coming to the day service and were looked after when they attended.

Feedback comments included:

"Very well attended to".

"They are super. It's lovely".

"Food is alright, we get fed".

"I like it here. They are wonderful".

"It's been good today".

Taking carers' views into account

Carers we met with were very complimentary and satisfied with the service, although some feedback indicated a lack of understanding or knowledge of the complaints procedure. Other feedback was obtained through questionnaire returns.

Where any concern had been raised with the manager, it was noted by the complainant that action had been taken to address the matter.

Comments included:

"SADSA has ben a lifeline for my (relative) and myself and has allowed us both to live through very difficult times. I cannot praise this organisation highly enough, I am forever in their debt".

"My (relative) has vascular dementia and has obviously no memory in the short term but I am happy with the service provided for him".

"My relative going to Eglinton Terrace has been a great benefit for her and she enjoys going very much. Every carer is so good. Thank you all".

"All of the staff that I have come into contact with have all been very friendly and competent. This gives me peace of mind when my (relative) is in their care".

"I have nothing but the highest regard and admiration for the service that (the manager) and the team deliver. I know that my (relative) is safe, secure and happy in their care and more importantly, he eagerly awaits the time he spends there. Every member of their staff deserves recognition for their friendly, caring, dedicated, empathetic and professional manner in which they meet the needs of each individual client and their families. Thank you SADSA".

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: 5 - Very Good

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

The evidence we sampled provided the grade of 5 - Very Good.

Personal plans were being reviewed and developed to be more person centred. This assisted staff to use the likes and dislikes of service users to plan individualised support. This included:

- Birthdays of service users were celebrated as were events of significance such as Easter and Christmas. This supported inclusion for service users and promoted understanding of the time of year.
- Daily discussions on events of the day enabled service users to decide on what engagement/ activity they would like to be involved in for the day ahead. Activities were then facilitated in accordance with the choice of the group.
- Risk assessments were completed to protect service users where appropriate, for their involvement in activities of their choosing, including outings to use community resources and bus trips.

Each service user had a keyworker who had been pivotal in the formation of therapeutic relationships with service users and families. Ongoing development of support plans and upkeep of personal plans through communication with service users promoted assurances that service user needs were being met. Information on the likes and dislikes of service users was used to update how supports were to be provided with reviews at least every six months.

Areas for improvement

Whilst service users had a choice at meal times, display of the meals offered in a pictorial format would support understanding of what was on offer.

Documentation on the service information, including complaints documents, were being updated. Consideration should be given to provision in a more service user friendly format.

Some of the activities provided were routine and did not stimulate all service users. A review of the activities offered should be undertaken to ensure they meet the needs of service users.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

The evidence sampled during this inspection provided the grade of 5 - Very Good.

Each individual service user had their own personal plan which provided some information on their likes and dislikes. This provided topics of discussion on one-to-one with staff or group discussions to involve all service users.

Liaison between staff and health professionals supported assisted learning and development of staff to provide care and support in accordance with best practice guidance. This promoted the health and wellbeing of service users.

Through discussion with staff and management, some areas for improvement were identified relating to management of medication. To protect service users and staff, the team had made improvements with ongoing development planned prior to the finish of the inspection.

One requirement was made for each service during the previous inspections of SADSAs and Auchenday under theme of environment, which is not being reviewed during this inspection.

The requirement for SADSAs stated:

The provider must ensure that a routine Legionella check is completed before recommencing use of shower areas whilst tending to personal care needs of service users.

Action taken:

There was evidence that Legionella checks had been undertaken, with further monitoring ongoing.

This requirement is MET.

The requirement for Auchenday stated:

The service provider must ensure that water temperatures to the shower are regulated to reduce any scalding risk to service users and paintwork in the kitchen is maintained to ensure correct hygiene standards are maintained.

Action taken:

Remedial action was undertaken by accredited tradesman who regulated the temperature. Additional visits were undertaken where temperatures were found to be high, including in the kitchen area. The kitchen was of a decent standard with Environmental Health checking as per their schedule. Although service users were not supported to enter the kitchen area, to promote their safety consideration should be given to access to the kitchen area.

This requirement is MET.

Meals were served which were nutritionally balanced to provide a good diet to service users. Snacks and drinks were available throughout the day, with staff providing appropriate assistance where required in accordance with promotion of dignity for service users.

Positive feedback was obtained from service users and carers. Service users spoke highly of how staff were 'very good and kind to them'. Carers spoke of how they felt their relative was in safe hands whilst in the service and had confidence of being contacted should any information be necessary to be passed on.

Staff received some training to protect service users including food hygiene, nutrition and a form of managing aggression training. Other training was ongoing, including service user specific training, dependent on individual needs.

Areas for improvement

A recommendation made during the previous Auchenday inspection stated:

The provider should ensure that personal plans contain a sufficient detail of information to ensure care is provided in an adequate and consistent manner.

National Care Standards for support services - Standard 4: Support arrangements.

Action taken:

There continued to be detail within personal plans. However, this information was not fully utilised within personal plans to link service user preferences with how their needs should be met. Staff had knowledge and understanding of each individual resident and ideas on their preferences although there was no clear effective monitoring or management of how effective care provided was to supporting positive outcomes for service users.

A life story had been completed for service users by key workers. This provided staff with more of an understanding on how to improve methods of communication with service users. This information had not been implemented into care plans yet as to how service users wanted their care and support delivered.

A review of personal plans was being undertaken with care and support plans being developed to include outcomes the service users wanted to achieve during their time at the day service. This was a positive work in progress for the service to improve the outcomes for service users through more effective evaluation on how the service were meeting the needs of service users.

This recommendation is repeated (see recommendation 1 of this quality statement).

Whilst the medication system was observed to be practised safely, the policy should be developed to be more reflective of the current best practice and include the appropriate training for staff. Some improvements to the policy and recording procedures had been revised during the inspection process (see recommendation 2 of this quality statement).

As part of the training for staff, some dementia training had been undertaken. As a result of ensuring all staff who work in care have an appropriate training and understanding of dementia to support residents, the Promoting Excellence Framework should be completed by management and staff (see recommendation 3 of this quality statement).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The provider should ensure that personal plans contain a sufficient detail of information to ensure care is provided in an adequate and consistent manner.

National Care Standards for support services - Standard 4: Support arrangements.

2. Improvements to the medication policy and medication procedures should continue to be reviewed and evaluated for effectiveness.

National Care Standards for support services - Standard 2: Management and staffing arrangements.

3. All staff should undertake the Promoting Excellence Dementia Training as supported by the Scottish Government.

National Care Standards for support services - Standard 2: Management and staffing arrangements.

Quality Theme 2: Quality of Environment

Quality theme not assessed

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

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

The evidence we sampled provided the grade of 5 - Very Good.

The recruitment policy within the service was generally being adhered to. A checklist of requirements for recruitment was monitored through Human Resources, to ensure the process was followed.

An interview was conducted by a panel of at least two, which included a manager and a director of the service to determine the competence of prospective employees. Questions were generally competency based to elicit information on how the candidate practiced.

Two references were obtained to ensure appropriate references were sought regarding the suitability of candidates. One reference request was made to the previous employer.

The PVG (Protection of Vulnerable Groups) certificate which replaced the Police Act Disclosure certificate, was obtained to promote the safety of service users prior to staff working beside service users.

An induction checklist was implemented to support new staff working within the service to support service users to ensure basic skills were being taught which promoted safe working practices when working with service users.

Where appropriate, checks were made with the relevant professional bodies, for

example the Scottish Social Services Council, to verify if prospective employees were appropriately registered to be able to support the needs of residents.

Areas for improvement

Where the service had identified that they used the detail within the best practice guidance but the policy did not refer to the guidance by name, this was rectified.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

The evidence we sampled during this inspection provided the grade of 5 - Very Good.

Each area within the service had a consistent staff team which provided familiarity for service users who received support where it was indicated. Staff had awareness on the nuances displayed by service users and could respond appropriately to meet their needs.

Staff meetings ensured appropriate and up-to-date information was shared to support staff within their employment. A standing agenda supported discussion on some areas of practice, and included health and safety and adult support and protection. Some action points arising from meetings were reviewed during the next meeting to ensure issues were addressed within a set timeframe.

Service users and staff report effective communication to ensure the appropriate support is provided for service users. We observed how service users were treated with respect and in a manner that was relevant and appropriate to meeting their individual needs.

Staff proudly confirmed a positive culture of support from colleagues. The service had an established core staff team, which promoted continuity of support for service users but also accepted change that new staff brought into the organisation.

Understanding of policies and procedures, including whistleblowing procedures, were fundamental aspects of the induction programme. Staff values and practice demonstrated they promoted the principles of equality and diversity.

Training, where staff wore the 'dementia suit', was also supported by carers attending the training. This provided staff with more awareness and insight into some of the issues service users who lived with dementia experienced. Staff report this was very beneficial in shaping how they had improved their practice. This included self management of their frustration when a service user displayed repetitive behaviours which enhanced the quality of interaction with staff for service users.

Areas for improvement

A recommendation was made during the previous inspection which stated:

The service should ensure that all staff have access to regular staff supervision including staff in acting up positions to cover absences.

National Care Standards for support services - Standard 2: Management and staffing arrangements.

Action taken:

Supervision was being undertaken and some positive examples of reflective practice were noted in staff files although this was not widespread. The manager was becoming more confident in the facilitation of reflecting on practice to enhance the performance of staff and improve outcomes for service users.

To monitor progress following the merger of the two services, this recommendation is repeated for monitoring (see recommendation 1).

This recommendation is not met.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The service should ensure that all staff have access to regular staff supervision including staff in acting up positions to cover absences.

National Care Standards for support services - Standard 2: Management and staffing.

Quality Theme 4: Quality of Management and Leadership

Quality theme not assessed

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. The provider must ensure that a routine Legionella check is completed before recommencing use of shower areas whilst tending to personal care needs of service users.

This is to comply with SSI 2011/210 regulation 4 (1)(a) - a requirement that the provider shall make the proper provision for the health and welfare of service users.

This requirement was made on 09 April 2013

There was evidence that Legionella checks had been undertaken with further monitoring ongoing.

Met - Within Timescales

2. The service provider must ensure that water temperatures to the shower are regulated to reduce any scalding risk to service users and paintwork in the kitchen is maintained to ensure correct hygiene standards are maintained.

This requirement was made on 27 November 2013

Remedial action was undertaken by accredited tradesman who regulated the temperature. Additional visits were undertaken where temperatures were found to be high, including in the kitchen area. The kitchen was of a decent standard with Environmental Health checking as per their schedule. Although service users were

not supported to enter the kitchen area, to promote their safety consideration should be given to access to the kitchen area.

Met - Within Timescales

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The provider should ensure that personal plans contain a sufficient detail of information to ensure care is provided in an adequate and consistent manner.

National Care Standards for support services - Standard 4: Support arrangements.

This recommendation was made on 27 November 2013

There continued to be detail within personal plans. However, this information was not fully utilised within personal plans to link service user preferences with how their needs should be met. Staff had knowledge and understanding of each individual resident and ideas on their preferences, although there is no clear, effective monitoring or management of how effective care provided was to supporting positive outcomes for service users.

A life story had been completed for service users by keyworkers. This provided staff with more of an understanding on how to improve methods of communication with service users. This information had not been implemented into care plans yet as to how service users wanted their care and support delivered.

A review of personal plans was being undertaken with care and support plans being developed to include outcomes the service users wanted to achieve during their time at the day service. This was a positive work in progress for the service to improve the outcomes for service users through more effective evaluation on how the service were meeting the needs of service users.

This recommendation is repeated.

2. The service should ensure that all staff have access to regular staff supervision including staff in acting up positions to cover absences.

National Care Standards for support services - Standard 2: Management and staffing arrangements.

This recommendation was made on 27 November 2013

Supervision was being undertaken regularly and some positive examples of reflective practice were noted in staff files, although this was not widespread. The manager was becoming more confident in the facilitation of reflecting on practice to enhance the performance of staff and improve outcomes for service users.

To monitor progress following the merger of the two services, this recommendation is repeated for monitoring.

This recommendation is not met.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
9 Apr 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good
17 Dec 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
23 Feb 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
15 Aug 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good

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