

Haddington and District Day Centre Support Service

Neilson Park Road
Haddington
EH41 3DT

Telephone: 01620 825149

Type of inspection:

Unannounced

Completed on:

17 July 2019

Service provided by:

Haddington and District Day Centre, a
SCIO

Service provider number:

SP2015012430

Service no:

CS2015335179

About the service

Haddington and District Day Centre registered with the Care Inspectorate in 2015 and is provided by a voluntary committee of Trustees.

The service opens five days a week, Monday to Friday. The service provides transport and assistance to get to/from the centre. In addition, a monthly bingo evening is held within the centre. This is open to the public and supports the centre's fundraising.

The service is registered to provide a care service to up to 18 older people and adults with physical, sensory or cognitive disabilities per day. At the time of the inspection the centre was providing a service to 47 people (41 of these people were attending the centre for one or two days per week). Most people who attend have been referred to address concerns of social isolation.

The centre's mission statement is displayed on the notice board. This sets out the aims of the centre as:

- * "Service is client led, we listen to you and act on feedback.
- * Provide a pleasant and safe environment for older adults to maintain and develop their social contacts.
- * We provide appropriate social activities and events
- * We provide refreshments and home cooked lunches taking into account dietary needs
- * We involve volunteers to enhance what we do in the centre
- * Holistic and preventative day care service to assessed older adults maintain in the community for as long as possible."

The inspection was carried out on 8 July 2019 by a small team (inspector, an inspection assistant and an inspection volunteer).

Feedback was provided to the manager and a trustee from the management committee on 16 July 2019.

What people told us

In addition to speaking to people on the day of the inspection, we issued questionnaires for the service to distribute.

People told us:

- "When the day centre was built they asked for our opinions on the décor"
- "Nothing is too much trouble for the carers"
- "Friendly and helpful. Caroline (Manager) is very efficient at running the centre"
- "Lesley (Depute) is so cheery and fun loving she makes us all smile"
- "The staff are always ready to listen to us, even if they are busy"
- "The service is great"
- "The staff are caring, helpful and attentive"
- "Everyone is treated the same, we are always treated with respect"

Self assessment

The Care Inspectorate is not currently seeking self evaluations from services in advance of inspections.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	5 - Very Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We observed people being treated with dignity, respect and sensitivity by staff and fellow members. Staff were knowledgeable about each of the people using the service.

We observed staff encouraging people to be as independent as possible, for example getting their coats on/off and un/locking their own doors. We also heard about people being enabled to go to the local pharmacy to collect their own prescriptions. Some people made their own way to/from the centre, through walking, taxi or driving.

Within the centre, people were supported to make choices about the activities they participated in based on their interests. On the day of the visit one person at lunch spoke about their personal interest in tennis, and it was good to see this person and others watching Wimbledon together later that day. At the same time another group of people were enjoying a quiz.

We heard that a variety of activities were provided within the centre, including the introduction of sewing machines. It was also good to hear that the service was meeting personal aspirations, for example they supported people to go shopping and another person to achieve a dream of flying in a microlight plane.

The centre has good community links. As the centre does not have any outdoor space, people were making paper flowers and paintings to create a window display, in order that the centre could participate in the Blooming Haddington competition. People also benefit from students from Edinburgh College and those undertaking the Duke of Edinburgh awards. The centre was also planning to make use of beyond boundaries (accessible bicycles).

People's wellbeing was important. The manager told us that they enable the healthcare needs of people to be met, particularly those who live in the rural communities. This included facilitating the provision of flu jabs, supporting GP and community nurses' appointments and enabling visits from private podiatrists and hairdressers where people express an interest in this.

People who require medication keep this and take it themselves; however, where people require support, their medication is safely stored and, when provided, records are kept to evidence this.

People also benefitted from the service employing a cook supported by volunteers. On the day of the inspection the cook was on leave and the depute and volunteers were preparing the lunch. We experienced the three-course lunch to be nutritious, well balanced, well presented and enjoyed by the people attending the centre.

We found people's support plans including assessment of needs and risk assessments, were in place and reviewed regularly. This ensured that staff were familiar with people's current needs. It was also good to note that people were asked if they were satisfied with the service at the reviews.

Areas for development and Improvement:

When sampling some people's support plans, the reason for referral was not always recorded. In order to identify what support a person requires, the service should be clear about the reason for referral/attendance and update this (as this may change in time).

While we saw what people 'like to do' within the support plan and we heard about positive person-centred care, we did not see any personal outcomes identified in the support plans we sampled.

Identifying and recording personal outcomes will show the change the service makes to people's lives and can also be used to demonstrate the effectiveness of the service. It would also be good to explore what assets/skills people have that can be drawn upon. Consideration should be given to the value of the daily recordings as currently detailed and link these to the outcomes described above.

While we saw that support plans were reviewed, the method of updating these through writing in a column on the left of the plan was confusing. As plans are printed from the computer, it would be easy to update these and print off so that the support plan in the file was up to date and signed by the supported person, their guardian where relevant and the worker representing the service.

We saw some life story books stored in the dining area, but did not hear how these were being developed or used when we asked to sample support plans. Consideration should be given to developing these further as an opportunity for people to share experiences with fellow members and staff, with their family and as a legacy for people to take with them if they move onto residential care or for families to keep and use. In order for people to share these with fellow members, they should be asked to give their consent prior to developing the life stories.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of environment

Findings from the inspection

The day centre is a renovated building near community facilities provided by East Lothian Council.

The layout of the bright main public area is open plan, with a communal lounge with a dining and adjacent kitchen area. There is also a large second room and an additional multi-functional room which is used by health care workers and the hairdresser.

There is enough comfortable seating for members and staff and separate areas for activities to be undertaken.

Unfortunately, the centre does not benefit from any outdoor space, which does limit people's opportunities to enjoy fresh air and engage in gardening or other outdoor activities. To compensate for this, people do go for walks with staff and they make use of a park located nearby.

Internally the day centre has been designed to consider the needs of people with dementia and people benefit from good signage and contrasting colours. Floor coverings were also suitable for manoeuvring wheelchairs and walking aids.

We found that despite the property being owned by the Local Authority the manager retains relevant health and safety records and audits. We saw evidence of weekly checks, well organised records which allowed for good strategic oversight of accidents and incidents, up to date log books with records of repairs, maintenance and the date of completion. These ensure that the environment is safe and suitable to meet the needs of people attending the centre.

Areas for development and Improvement:

Any serious incidents or accidents involving service users when they are at the day centre which require medical intervention must be reported to the Care Inspectorate.

While experiencing lunch we noted that the noise from the kitchen area was loud as plates were cleared away. This limited the opportunities for people to speak and hear conversations and impacted on the dining experience. Consideration should be given to improving this.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

The centre is staffed by a manager, depute, team of support staff, two drivers, a cook, cleaner and 20 volunteers.

The staff we spoke with during the inspection were enthusiastic about their work and spoke confidently about the aims of the service and the benefits the service offers people who attend. Staff we spoke to were familiar with the new Health and Social Care Standards.

Three of the staff had been employed within the last year. We found that staff were recruited well, ensuring that people benefit from safe recruitment practices and safeguards. Police checks were appropriately undertaken, and details retained. It was good to hear that people using the service have been active participants in staff interviews.

Induction was relevant to the needs of the people using the service and appropriate to the staff's roles. We saw that induction booklets for new staff were completed and signed off and review meeting have been undertaken.

Staff are well supported and supervised in order to meet the needs of people using the service. We saw that the day centre's comprehensive supervision process was being followed.

The manager provided a training overview taken from the electronic recording system. The system gave an overview of all training completed by each employee and the date that any refresher training was due. Copies of completed training courses were kept in employee's personnel files.

The manager was a trainer for adult support and protection and carried this out for all staff, including trustees and volunteers. More comprehensive Level 2 training for staff was sourced as and when required through East Lothian Council. The manager was also a trainer for medication.

The manager advised that most training is conducted by accredited providers and paid for in agreement with the management committee. Online training is available to staff to complete in their own time should they wish to update their knowledge/skills.

Staff were aware of their own responsibilities for continual professional development and it was good to hear that the committee funded one worker to undertake an Indian head massage course so that they can offer this to people who attend the day centre.

As we did not identify any areas for improvement at this inspection, we have graded this Theme as 5 - Very Good.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 – very good

Quality of management and leadership

Findings from the inspection

The commitment from the manager and the trustees was recognised in respect of the work they do for the people attending the day centre.

Good leadership was evident, as we experienced and reported under theme: Quality of Staffing where we have awarded a grade of 5 – very good.

The manager recognised the importance of seeking feedback from people who use the service. Various methods are used, such as questionnaires, feedback when people leave the service, small group discussions, daily feedback from people and internal audits. However, there was no self-evaluation nor an improvement plan in place.

We were aware that the service involves people in activities such as staff interviews and have recently asked a person using the service to act as a service user representative.

Areas for development and Improvement:

In order to develop quality assurance and improvement, the management team should develop a self-evaluation process against the new Care Inspectorate's framework questions and the Health and Social Care Standards. This would draw together the various sources of evidence showing how good the service is and enable the manager to develop an improvement plan.

All services should have a continuous improvement plan created as a result of all the quality audits and feedback. This plan should show what improvements have been identified, what difference these changes will make to the people using the service, and the timescales.

People using the service should also be involved in all aspects of the service, including participating in the management and leadership of the service, in ways that are relevant and appropriate to them.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 – good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

1. The provider must make proper provision for the health, welfare and safety of service users. In order to do so, the provider must ensure:

- (i) service user reviews take place as required and stated within the current legislation of once in every 6 month period and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the client or their representative.
- (ii) Legal representatives with welfare powers to be invited to the review meeting
- (iii) the review process to include reviewing the care and support plans, risk assessments and overall satisfaction with the service
- (iv) the views of service users and relatives and legal representatives must be recorded on the review document to evidence consultation and involvement
- (v) all review documentation to be signed and dated

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (2)(iii) Personal Plans.
Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 9 June 2016.

Action taken on previous requirement

Various improvements have been made in this area, however the need to look more at the care plan and monitoring of outcomes was discussed at this years inspection and is detailed within the report.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should ensure where a client has a legal representative e.g. power of attorney/guardianship, a copy of the certificate is held on file to evidence the powers and arrangements in place.
National Care Standards, Support Services, Standard 4, Support arrangements.

This recommendation was made on 9 June 2016.

Action taken on previous recommendation

We discussed this further at this year's inspection, clarifying that this would only apply when someone lacks capacity. Actioned

Recommendation 2

The provider should ensure completed client survey questionnaires are collated and analysed to then develop a subsequent report and action plan to be reported to clients and regularly reviewed.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements.

This recommendation was made on 9 June 2016.

Action taken on previous recommendation

This has been actioned in part but features again under theme 4 Quality of Leadership.

Recommendation 3

The provider should ensure there is a clear record documented of the date each client commenced using the service.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements

This recommendation was made on 9 June 2016.

Action taken on previous recommendation

This has been progressed.

Recommendation 4

The provider should ensure formal internal audits are undertaken to support quality assurance processes. These to include, but not limited to, the auditing of six month reviews, personal and care plans, risk assessments, fridge and freezer temperatures, out of date food and cleaning schedules etc.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements.

This recommendation was made on 9 June 2016.

Action taken on previous recommendation

This has been progressed.

Recommendation 5

The provider should ensure all documentation is signed and dated where required. These include care planning documentation which should also be signed and dated by the client and service representative. Other documents, though not exhaustive, include newsletters, supervision records and questionnaires.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements.

This recommendation was made on 9 June 2016.

Action taken on previous recommendation

These issues have been addressed.

Recommendation 6

The provider should ensure formal internal audits are undertaken to support quality assurance processes. These to include, but not limited to, the auditing of six month reviews, personal and care plans, risk assessments, fridge and freezer temperatures, out of date food and cleaning schedules etc.

National Care Standards, Support Services, Standard 2, Management and staffing arrangements.

This recommendation was made on 9 June 2016.

Action taken on previous recommendation

While additional audits have been introduced there is a need to develop quality management practices and this is detailed within this year's report.

Recommendation 7

The provider should make amendments to documentation which makes reference to the complaints procedure to make it clear complaints can be made directly to the Care Inspectorate at any time, without using the service's own procedure first. The Care Inspectorates contact number and address should be included.

National Care Standards, Support Services, Standard 12, Expressing your views.

This recommendation was made on 9 June 2016.

Action taken on previous recommendation

This has been actioned.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
9 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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