

Inspection report

Hayfield Support Services with Deaf People Support Service

260 Moffat Street
Glasgow G5 0ND

Inspected by: (Care Commission Officer)	Jan Strain
Type of inspection:	Announced
Inspection completed on:	18 May 2007

Service Number

CS2003000849

Service name

Hayfield Support Services with Deaf People

Service address

260 Moffat Street
Glasgow G5 0ND

Provider Number

SP2004006901

Provider Name

Hayfield Support Services with Deaf People

Inspected By

Jan Strain
Care Commission Officer

Inspection Type

Announced

Inspection Completed

18 May 2007

Period since last inspection

12 Months

Local Office Address

Central West
1 Smithhills street
Paisley
PA1 1EB

Introduction

Hayfield Day Centre is a support service for deaf adults, some of whom have complex needs. It is situated in the Southside of Glasgow, in premises leased from Glasgow City Council and is managed by Hayfield Support Services with Deaf People. Service users come from residential accommodation also managed by the managing organisation and from the community. The service operates Monday to Friday, 9am to 5pm.

One of the key stated aims of the service is “to enhance the independence and quality of life for deaf people with additional disabilities and to provide a warm, caring and supportive environment where open communication stimulates development.”

Basis of Report

This inspection report was written following an announced inspection to Hayfield Support Services which was undertaken by one Care Commission Officer over two days.

The annual return:

Annual Returns (ARs) are used to ensure that the Care Commission has up to date and accurate information about care services. The information provided will also be used in the Regulation Support Assessment (RSA) process to determine how services will be inspected. An AR must be submitted every year by all registered services. Care services are obliged by law to provide us with the information we have requested in the AR (The Regulation of Care Act (Scotland) 2001, Section 25 (1)). The provider has four weeks in which to return the AR to the Care Commission.

The service submitted an updated AR to the Care Commission prior to the inspection.

The self-evaluation form:

Self-evaluation documentation had not been submitted prior to the inspection.

Regulation support assessment:

The Regulation Support Assessment (RSA) helps Care Commission staff to make objective decisions about the level of regulatory support required for each service based upon a set of measurable criteria. The Care Commission officer (CCO) responsible for regulating the service will consider information supplied on the Annual Return and self-evaluation form, plus a range of other information including:

- Complaints activity.
- Changes in the provision of the service.
- Notifications made to the Care Commission by the service.
- Action taken in respect of recommendations and requirements.
- Enforcement activity.
- New service or change of provider.
- Child protection/adult protection issues.
- Staffing and management issues.

This information will then be used to undertake an RSA and will help to categorise each

service as having one of three levels of regulation support: low; medium; or high. In turn, the RSA will inform the level and type of regulatory activity which takes place within a registered service. The RSA is revisited as appropriate during the inspection year given the fluid nature of providing care services.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a medium RSA score. The inspection was then based upon the relevant inspection focus areas and associated National Care Standards for Support Services and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection, the Officer examined relevant documentation, including the following:

- Service users' personal plans
- Restraint Policy
- Incident recording
- Adult and Child Protection Policy

Discussion took place with the service manager, deputy manager and three other staff members. The Officer also met with four service users.

Inspection focus areas and associated National Care Standards for 2007/08:

This year's inspection focus areas (IFAs) have been developed from statutory and policy considerations and have been widely consulted upon. The IFAs are directly linked to relevant NCS. Details of the inspection focus and associated standards to be used in inspecting each type of care service in 2007/08 and supporting inspection guidance, can be found on: http://www.carecommission.com/index.php?option=com_content&task=view&id=4557

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

Further information and guidance is also available on Compassnet: http://intranet/index.php?option=com_content&task=view&id=275

Action taken on requirements in last Inspection Report

There were no requirements outlined in the last inspection report. Two recommendations outlined had been satisfactorily addressed.

Comments on Self-Evaluation

No self-evaluation documentation had been received prior to the inspection.

View of Service Users

Service users spoken with offered positive comments about the service, reporting that they liked attending Hayfield.

View of Carers

No carers were available during the inspection.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Support Services - Management and Staffing Arrangements

Strengths

Most staff within the service had been there for a number of years and were very familiar with service users' support needs. Staff received regular training which reflected the needs of service users, including first aid, communication and various health related topics.

A policy on physical intervention was in place. This referred to the principals of the Crisis and Aggression Limitation Management (CALM) approach to challenging behaviour. All staff were trained in CALM and attended regular refresher courses to maintain their accreditation. Regular discussions and workshops within the service complemented this training. Procedures were in place to record incidents of restraint.

Staff were clearly aware of the particular needs of service users and recorded these thoroughly. Reviews were held regularly and these involved comprehensive review reports outlining the support needs of individuals and progress in achieving set goals.

The service had initiated an anti bullying approach. Service users had taken part in meetings to discuss this topic and examine responses to identified bullying or harassment. Service users also took part in regular meetings and had influenced some aspects of the day to day running of the service.

The service ensured that appropriate staff from other agencies, including health professionals, were included in discussions relating to the support offered to service users.

There was a staff appraisal procedure in place. Staff received a range of training which included CALM, epilepsy awareness, mental health and communication. Staff met regularly to maintain communication skills.

Areas for Development

The service's policy on physical intervention did not fully outline the different methods of restraint as outlined by the Mental Welfare Commission. The policy focused primarily on

physical restraint and did not refer to mechanical, environmental and medical means. (See Requirement 1)

Within the service there was some use of sanctions, such as withdrawing opportunities to attend outings and reducing money offered to service users for duties undertaken. Such approaches to promoting positive behaviour should be reviewed as part of the service's development of its understanding of restraint.

The service's policy on physical intervention referred to the Mental Welfare Commission's guidance, Rights, Risks and Limits to Freedom. However, the service did not have this guidance, or "Safe to Wander" by the Mental Welfare Commission available. (See Recommendation 1)

Although risk assessments relating to service users were undertaken, there was no system for recording risks associated with restraint. (See Requirement 2)

A policy on the protection of children and vulnerable adults was in place. Separate policies and procedures for children and adults would ensure that issues specific to the service could be responded to more effectively. The policy did not clarify roles and responsibilities of staff and management where there were suspicions of abuse. It did not refer to the adult protection guidelines or provide relevant contact details. (See Requirement 3)

Staff had not received training in adult abuse and adult protection. (See Requirement 4)

The service did not have a formal quality assurance system in place. (See Recommendation 2)

Enforcement

No enforcement action has been taken against this service.

Other Information

No other information.

Requirements

1. The service should review and develop its policy on restraint.
2. Individualised risk assessments related to restraint should be developed to ensure service users' needs are met.

This is in order to comply with SSI 2002/ 114 Regulation 4 (1)(a)(c) - a requirement that providers shall make proper provision for the health and welfare of service users and ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

3. The service must review and develop its existing Adult Protection / Adult Abuse policy to meet the needs of its service users.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) - a requirement that providers shall make proper provision for the health and welfare of service users.

4. The service should ensure access to appropriate training in adult abuse issues and use of associated policy and procedures to all staff with access to service users.

This is in order to comply with SSI 2002/114 Regulation 13(c) - a requirement to ensure that persons employed in the provision of the care service receive - (i) training appropriate to the work they are to perform.

Recommendations

1. It is recommended that the service obtains and implements best practice guidance, including; "Rights, Risks and Limits to Freedom" and "Safe to Wander" - Mental Welfare Commission Best Practice Guidance. (Standard 2.6 : Management and Staffing Arrangements)
2. It is recommended that a system to assure the quality of the service provided is developed and implemented. (Standard 2 : Management and Staffing Arrangements)

Jan Strain
Care Commission Officer