

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE - 19TH MAY 2010

REPORT ON: ANNOUNCED INSPECTION OF KEMBACK STREET ADULT RESOURCE CENTRE BY THE CARE COMMISSION 19TH JANUARY 2010

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 266 - 2010

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report on the findings of the announced inspection by the Care Commission of Kemback Street Adult Resource Centre

2.0 RECOMMENDATIONS

2.1 It is recommended that the Scrutiny Committee:

- i note the contents of this report
- ii requests that the Director of Social work monitor the continued progress towards improving the service.

3.0 FINANCIAL IMPLICATIONS

3.1 Cost of refurbishment and upgrading of areas of the Centre to improve accessibility for wheelchair users.

4.0 MAIN TEXT

4.1 Kemback St. Adult Resource Centre was inspected on the 19th January 2010 by the Care Commission. This was an announced visit. The report of the findings of this visit was finalised on the 15th February 2010. At the time of the inspection there were 64 service users on the register attending between one and five days per week.

4.2 The Care Commission identified key strengths in the areas that were inspected some of which are outlined below.

- Service users and carers took part in annual reviews of each service user's personal care and support.
- The service was appropriately flexible in review arrangements where some service users had several services by holding joint reviews to reduce the number of reviews service users had to take part in.
- The service had provided service users and carers with questionnaires about the quality of care and support, staffing and management. There was positive feedback about the quality of staff.
- A service user group met regularly to make comments about the service. This group was independently facilitated by a self-advocacy organisation.
- The manager met with the group to get comments on the service and the service was willing to act on ideas for improvement.
- Each service user has a personal plan setting out their needs in depth and how the service and others met these.

- Service users had a choice in the activities available from the service and talked to their link worker about their programme of individual activities. Staff also tried to accommodate service users' wishes where possible.
- Opportunities to access the community include, visits to local library, sports centres, community centres, swimming.
- The service had assisted a service user to get a new powered wheelchair which enabled them to go out of the building on outings in the local area.
- The service had significantly improved the reliability of providing group activities by assigning two staff to most activities, and having a staff member free to support an activity if one or both staff were not available that day.
- Service users' art and craft work was displayed on walls throughout the building. Service users had painted designs on the walls of the art room and had also created mosaics on display in the garden.
- The service had plans to refurbish the building to improve wheelchair accessibility around the building and out to the garden, and also to upgrade the toilets and locker room.
- There is a lift for wheelchair users to move between the lower and the upper part of the building.
- There was good practice in the staff induction for the service which included; an introduction to the Council's policies and procedures; new staff were assigned to a link group led by an experienced staff member; support to plan and facilitate activities with service users, write personal plans and take part in review meetings.
- Staff have one to one supervision with the manager and are encouraged to identify areas of learning, development and training, and how they are carrying out their role.
- There was good practice in the delegation of decision making and responsibility to its day centre officers and care staff for service users' care and support.
- Day centre staff had significant responsibilities delegated to them; writing personal plans for service users; attending reviews; discussing service users' needs and wishes in team meetings; contacting other agencies on behalf of service users and carers.
- A new post of senior had improved the level of management support to staff, supported the manager in their role and ensured there was someone to deputise in the absence of the manager.

There were no requirements made at this inspection.

4.3 The following were identified as areas for improvement.

- The service should develop its consultation methods to ensure they are accessible to all service users and the views of service users and carers are asked for separately. National Care Standard, Support Services, Standard 11
- The service should provide service users with personal plans that are accessible in their format and content. Standard 3 Your Personal Plan.
- The service should ensure that service users' personal plans set individual goals about how the service will promote their choices and potential. Standard 4 Support arrangements and Standard 8 Making choices.
- The Service should have a means to periodically assess and record whether the needs of all service users are met by the number and skills mix of staff present. Standard 2 Management and staffing arrangements.
- The service should ensure that it uses effective communication methods to increase service users' understanding about significant changes in their service. Standard 12 Expressing your views.

- The service should use a framework of practice, social services values and evidence to evaluate the performance of staff as part of the induction process. Standard 2 Management and staffing arrangements.
- It is recommended that the provider ensure that a formal application process is followed for each period of employment. Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace - 1.1. National Care Standards, Support Service,
- It is recommended that the provider audits the procedures for the recording of staff skills and qualification records. Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace - 1.1. Standard 2 Management and staffing arrangements.

4.4 **Quality Indicators**

The Care Commission examine four areas. These are the Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Management and Leadership.

4.5 The care commission use a 6 point scale for performance.

6 – Excellent	exemplary, model of its type
5 – Very good	Major Strengths
4 – Good	Important strengths but improve further
3 – Adequate	basic but adequate level
2 – Weak	Important weaknesses
1 – Unsatisfactory	Widespread weaknesses

4.6 The following quality indicators were given to Kemback St. at the last announced inspection.

- **Quality of Care and Support - 4 Good (previous grade 3)**
 - Statement 1 - Good
 - Statement 2 - Good
- **Quality of Environment - 4 - Good (previous grade 3)**
 - Statement 1 - Good
 - Statement 3 - Adequate
- **Quality of Staffing - 4 - Good (previous grade 4)**
 - Statement 1 - Good
 - Statement 2 - Good
- **Quality of Management and Leadership - 4 - Good (previous grade 3)**
 - Statement 1 - Good
 - Statement 3 - Very Good

4.7 The recommendations that are indicated in 4.3 above are being pursued. A staffing review is being undertaken within Learning Disabilities in order to ensure that staffing levels are at a level consistent with the future needs of the service. A planned refurbishment is due to take place within the next financial year.

5.0 **POLICY IMPLICATIONS**

5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no issues.

6.0 CONSULTATION

6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Director of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

7.1 The following Background Papers were relied upon in preparation of this Report:

- Inspection Report Dundee City Council - Kemback Street

Alan Baird
Social Work Department



Inspection report

Kemback Street Adult Resource Centre Support Service Without Care at Home

10 Kemback Street
DUNDEE
DD4 6PG
01382 438813

Inspected by: Patrick Sweeney
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 19 January 2010

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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2003017901

Contact details for the Care Commission officer who inspected this service:

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Easy read summary of this inspection report

We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:

 **6**  **5**  **4**  **3**  **2**  **1**
excellent very good good adequate weak unsatisfactory

We gave the service these grades

Quality of Care and Support  **4** Good

Quality of Environment  **3** Adequate

Quality of Staffing  **4** Good

Quality of Management and Leadership  **4** Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

What the service does well

There were a lot of opportunities for service users to go out in small groups to activities. The service provided a very popular cafe service on one day a week, which employed service users to prepare and serve the meals. A service user group met regularly to make comments about the service and passed these onto the manager.

Service users and staff had worked very well together to improve the appearance of the building with service users' art and craft work, painting designs on the walls of the art room and displaying mosaics.

The staff said their induction had prepared them well for their work. The staff communicated very well with each other about service users' needs and planning activities.

What the service could do better

The service should;

- ask for service users views in ways they can understand
- ask for service users' views separately from their carers
- provide service users with personal plans they can understand
- have goals for service users' use of the service
- assess whether there are enough staff to meet service users' needs
- ensure service users understand how changes in their service will affect them
- evaluate the performance of staff as part of its induction process.

What the service has done since the last inspection

The service had;

- significantly improved the reliability of group activities
- planned a refurbishment of the building to improve wheelchair access and upgrade the toilets and locker room
- ordered a new accessible minibus
- planned to start a group for relatives to be more involved in assessing and improving the service
- enabled a service user using a wheelchair to go on outings in the local area.

Conclusion

The service users told us that they enjoyed coming to Kemback Street and the activities on offer were varied and interesting. Service users told us that there was still not enough staff but that they liked the staff and felt they were treated with respect and dignity. They were anxious about the pending refurbishment for Kemback Street and the possible decant to another building.

Who did this inspection

Lead Care Commission Officer

Patrick Sweeney

Other Care Commission Officers

Not applicable

Lay Assessor

David Hill accompanied by Elizabeth Melville, Lay Assessor Co-ordinator

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Blackwells Bookshop
53-62 South Bridge Edinburgh
EH1 1YS
Telephone: 0131 662 8283
Email: Edinburgh@blackwells.co.uk

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

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

- 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 Act 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 Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

Kemback Street Adult Resource Centre has been registered by the Care Commission as a support service, day care of adults, since 1 April 2002. The support service is provided by Dundee City Council Social Work Department for adults with learning disabilities.

The service provides support to its users to undertake activities in the Centre and in the community.

The service is for 60 service users on any day. The service operates on the basis of one member of staff to eight service users.

The service operates from 8.45am to 4.00pm, Monday to Friday, 47 weeks a year. The service is closed on certain public holidays, and has two periods of planned closure, one in the summer and one in the winter.

The service will provide, when assessed as required, transport to and from the centre.

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

Quality of Care and Support	4 - Good
Quality of Environment	3 - Adequate
Quality of Staffing	4 - Good
Quality of Management and Leadership	4 - Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

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 activities did we undertake during the inspection

The report was written following an announced inspection on Monday 18 January 2010, by a Care Commission officer, a Lay Assessor accompanied by a Lay Assessor Co-ordinator. The inspection findings were given in a meeting with the manager and the external manager of the service at a meeting on 19 January.

The Annual Return

The service submitted an annual return as requested by the Care Commission.

The Self Assessment

The service submitted a self assessment form as requested by the Care Commission.

Views of Service Users

The views of 23 service users were obtained in a meeting, one to one interviews and informal discussions with the Lay Assessor. The views of service users and carers were also obtained in six questionnaires returned to the Care Commission.

Regulatory Support Assessment

The inspection plan for this service was decided after a Regulatory Support Assessment (RSA) was carried out to determine the intensity of the inspection necessary. This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the a sample of two Quality Statements under each of the four Quality Themes, relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection, evidence was gathered from a number of sources including;

- A review of a range of policies, procedures and records and other documentation including; service users' and staff records.
- Interviews with the manager and three staff.

All the above information was taken into account during the inspection process and was used to assess the performance of the service.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

Has the service had to take any actions as a result of or since our last inspection?

The service is required to agree as part of their personal plan with service users with specific needs, such as mobility and epilepsy, how there will ensure safety and promote choice and opportunity to access places and activities within and outwith the service's premises. This is in order to comply with SSI 2002/114 regulation 2. This is a requirement for the service to promote the choice and independence of service users. Timescale for implementation: 31 July 2009.

Action taken on the Requirement

A significant improvement had taken place when the service had assisted a service user to get a new powered wheelchair which enabled them to go out of the building on outings in the local area. No further requirement is made.

The requirement is:

Met

The service is required to ensure that it provides planned activities to meet service users' needs with minimal disruption. This is in order to comply with SSI 2002/114 regulation 13(a). This is a requirement to ensure that staff are working in the care service in such numbers as are appropriate for the health and welfare of service users, having regard to

the size and nature of the service, the statement of aims and objectives and the number and needs of service users. The National Care Standards Principles of choice and realising potential for service users are also taken into account. Timescale for implementation: 31 July 2009.

Action taken on the Requirement

The service had significantly improved the reliability of providing group activities by assigning two staff to most activities, and having a staff member free to support an activity if one or both of these staff members were not available on the day. No further requirement is made.

The requirement is:

Met

Actions Taken on Recommendations Outstanding

Recommendation 1

The service should have a means to periodically assess and record whether the needs of all service users are met by the number and skills mix of staff present. National Care Standards, Support Services, Standard 2 Management and staffing arrangements.

The service did not have a method to assess whether or not the service was meeting the needs of service users according to the number and skills mix of staff present. This recommendation is made again. See Quality of Care and Support, Statement 2, Recommendation 3.

Recommendation 2

The service should address the needs of wheelchair users to access the rear garden and to be able to go out of the centre for activities. Standard 5 Your environment.

Plans had been prepared to improve access for wheelchair users round the building and to the garden.

Recommendation 3

The service should ensure that the decoration of the toilets and locker rooms for service users are improved. Standard 5 Your environment.

Plans had been prepared to decorate service users' toilets and locker room.

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

Annual Return Received

Yes

Comments on Self Assessment

We received a fully completed self assessment document from the service. The service had provided relevant information for each Quality Statement.

The service identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

The Lay Assessor met with 23 service users during the inspection. They met with 12 service users in a group, then five service users in one to one interviews and six service users in the dining area during lunch time.

Quality of Care and Support

The service users told us that they enjoyed coming to Kemback Street and felt that it gave some structure to their day and week. The activities on offer were varied and interesting; music, computers, sewing, out and about. Service users used their timetables and knew about their support plans. We were told that the staff were happy to heat up micro meals but they were not able to re-heat leftovers as this was not safe practice. We discussed what happened with activities when there was a lack of staff. We were told that the carpet bowls come out if that happens.

The service users told us;

"The café is every Tuesday - I like it"

"I like coming here"

"I enjoy playing games on the computer"

"I love it"

"The Christmas lunch out was great"

"It would be good to have one to one time with our support worker"

"I enjoy working in the office answering the phone"

"My carer is involved in my reviews"

"We are off to the Ferry for coffee"

Quality of the Environment

Many of the service users were anxious about the pending refurbishment for Kemback Street and the possible decant to another building. We were told that the refurbishment might not need the service to decant. Service users told us; "we're happy to stay but would like to be informed of the new plans" and "I'm not sure about whether we are moving - a letter to our parents/carers would be good."

Quality of Staffing

Most of the service users told us that there was still not enough staff but that they liked the staff and felt they were treated with respect and dignity.

The service users told us;

"I appreciate the fact that the staff help me with my personal care and they never embarrass me"

"The staff are very good"

"I enjoy being here with the staff"

Quality of Management

Service users told us they thought the manager was moving. Service users were anxious about this asking us; "Who will be in manager now?" We were told by the manager that she was dividing her management duties between Kemback Street and another service at present. We think that it would be good to explain the situation to the service users so that they have accurate information.

Taking carers' views into account

Six carers and service users returned questionnaires directly to the Care Commission.

Everyone strongly agreed or agreed that;

- the service checked regularly that it was meeting their needs
- they knew the names of staff providing the service
- they were confident that staff had the skills to meet needs
- they felt safe and secure in the service
- staff treated service users with respect
- there was the equipment to meet their needs.

All but one strongly agreed or agreed that;

- personal plan detailed their preferences and needs
- they were overall happy with the quality of the service
- they were asked their opinions about the quality of the service.

A majority knew they;

- had a personal plan and
- could make a complaint to the service or to the Care Commission.

Some people said they did not know or the question did not apply to them.

Overall these were high satisfaction rates with the service's quality and how it met service users' needs.

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

The service had good practice in this quality statement.

Service users and carers took part in annual reviews of each service user's personal care and support. Service users' and carers' views were recorded in the review records. The service was appropriately flexible in its review arrangements where some service users had several services by holding joint reviews to reduce the number of reviews service users had to take part in.

The service had provided service users and carers with questionnaires about the quality of care and support, staffing and management.

A service user group met regularly to make comments about the service. This group was independently facilitated by a self-advocacy organisation. The manager met with the group to get comments on the service. The service was willing to act on ideas for improvement.

Areas for Improvement

The service planned to start a carers' group for relatives to be more involved in assessing and improving the service.

The service's questionnaires for service users and carers were not readily accessible for service users to complete. The questionnaires also need to take account of the different points of view of service users and carers. (Recommendation 1)

For improved practice the service will need to;

- evidence more examples of how feedback from service users, and carers has led to improvements in the quality of care and support
- report to service users and carers the improvements made as a result of their feedback to the service.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendation

1.

The service should develop its consultation methods to ensure they are accessible to all service users and the views of service users and carers are asked for separately. National Care Standard, Support Services, Standard 11 Expressing your view.

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 service had good practice in this quality statement.

Each service user had a personal plans setting out their needs in depth and how the service and others met these. Service users met with a named member of staff, their link worker, to talk about their programme of individual activities. Service users had a choice in the activities available from the service on their individual timetables. Staff confirmed that every effort was made to accommodate service users' wishes to change their programme if they wanted.

There were a lot of opportunities for service users to go out in small groups to activities such as computing at a local library, sports centres, community centres, swimming and shopping.

The service had assisted a service user to get a new powered wheelchair which enabled them to go out of the building on outings in the local area.

The service had significantly improved the reliability of providing group activities by assigning two staff to most activities, and having a staff member free to support an activity if one or both of these staff members were not available on the day.

Areas for Improvement

The content and format of personal plans was not accessible for service users.
(Recommendation 1)

Service users' personal plans did not include goals about their use of the service about making choices and promoting their potential. (Recommendation 2)

The service needs to regularly evaluate how well it was meeting service users' needs with the staffing it has available as part of a quality assurance process.
(Recommendation 3)

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

3

Recommendation

1. The service should provide service users with personal plans that are accessible in their format and content. Standard 3 Your personal plan.
2. The service should ensure that service users' personal plans set individual goals about how the service will promote their choices and potential. Standard 4 Support arrangements and Standard 8 Making choices.
3. The service should have a means to periodically assess and record whether the needs of all service users are met by the number and skills mix of staff present. Standard 2 Management and staffing arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

The service had good practice in this quality statement.

Service users' art and craft work was displayed on walls throughout the building. Service users had painted designs on the walls in the art room. Service users had also created mosaics on display in the garden. A new name plate for the service was also being made by service users as a mosaic.

The service had acted on feedback from service users to plan a refurbishment of the building to improve wheelchair accessibility around the building and out to the garden and to upgrade the toilets and locker room. Also a room previously used for storage was now used by service users and the conservatory was being used by service users for the mosaic art project.

Areas for Improvement

For improved practice the service will need to;

- evidence more examples of how feedback from service users, and carers has led to improvements in the quality of care and support
- report to service users and carers the improvements made as a result of their feedback to the service.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service Strengths

The service had adequate outcomes for service users in this quality statement.

The activity rooms were large enough to accommodate group activities. There was a large dining area to accommodate all service users at lunch time. The service provided a very popular cafe service on one day a week, which employed service users to prepare and serve the meals. A room previously used for storage was now used by service users and the conservatory was being used by service users for the mosaic art project.

Service users and staff had worked very well together to improve the appearance of the service with service users' art and craft work, decorating the walls of the art room with painted designs and displaying mosaics.

Service users contributed to the quality of their environment in other ways, such as the garden group using the inner courtyard, the running of the weekly cafe and by clearing up in the centre.

Service users in wheelchairs or limited mobility could access part of the building. There is a large changing room and a disabled toilet to provide personal care for service users with mobility needs. This area of the building was attractively decorated. There is a lift for wheelchair users to move between the lower and upper part of the building.

Areas for Improvement

The lift was not large enough for one service user's needs. Service users with wheelchairs could not access the rear garden, with a lack of paved access. The toilets and locker rooms for service users were in a poor state of decoration. The provider planned to refurbishment the building to improve wheelchair accessibility around the building, out to the garden and to upgrade the toilets and locker room.

The service had kept service users and carers informed of these plans by letters to carers, meetings for carers, and verbally to service users. Unfortunately when the plans to refurbish the building were changed by the provider this caused some service users confusion and anxiety about whether or not they would have to move temporarily to another premises. The service should ensure that it uses communication methods that support and reinforce service users' understanding about significant changes in their service. Recommendation 1

The service did not have suitable transport to take service users with wheelchairs on trips out. The service had a new accessible minibus on order which should accommodate any service users using wheelchairs.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The service should ensure that it uses effective communication methods to increase service users' understanding about significant changes in their service.
Standard 12 Expressing your views.

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

The service had good practice in this quality statement.

Service users and carers were asked for their views on the quality of the service at an annual review.

The service had provided service users and carers with questionnaires about the quality of care and support, staffing and management. There was positive feedback about the quality of staff.

A service user group met regularly to make comments about the service and passed these onto the manager. The service was willing to act on ideas for improvement.

Areas for Improvement

The service planned to start a carers' group for relatives to be more involved in assessing and improving the service.

For improved practice the service will need to;

- evidence more examples of how feedback from service users, and carers has led to improvements in the quality of care and support
- report to service users and carers the improvements made as a result of their feedback to the service.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

There was good practice in this quality statement.

There was good practice in the staff induction for the service. The induction included the following good practices;

- an introduction to the Council's policies and procedures new staff were assigned to a group (link group) of service users led by an experienced staff member
- time to get to know service users in their link group and read service users' personal plans
- support to plan and facilitate activities with service users, write personal plans and take part in review meetings.

New staff had one to one supervision meetings with the manager. The manager evaluated how new staff were working with service users and carrying out their role. The manager also identified areas of learning, development and training beyond the end of the induction period. The staff felt supported by their induction process and thought that it had prepared them well for their work.

A separate audit of the Council's safer recruitment policies and procedures has been carried out by the Care Commission and found to be satisfactory.

Generally the provider had taken time to prepare for the visit and files were well organised and presented.

The staff selection procedure was comprehensive and covered a range of issues such as application procedures, checking of fitness and the interview selection process.

There were good systems in place to manage situations where Disclosure Scotland Checks raised issues.

The audit of 100 files indicated that practice within the service ensured that an application form was completed, appropriate references and checks were requested and the aims and values of the service were explained.

There was evidence of very good processes in relation to assessing the medical fitness of prospective employees and the checking of references, particularly from the last employer.

Areas for Improvement

The induction did not have a framework to assess the performance of the staff member at the end of their induction period against a range and standard of expected practice, appropriate social service values and evidence of practice. (Recommendation 1)

The Council does not currently undertake three yearly Disclosure checks for all employees but is planning to systematically introduce this over a period of time. In some of the files examined, although it was recorded that a Disclosure check had been completed, it was unclear whether the Disclosure check required further action. The Council advised in these circumstances the information was considered by a recruitment panel and a decision was made in relation to the suitability of the applicant.

In some of the files examined there were no Disclosure checks for ancillary staff. The Council advised they had sought guidance from Disclosure Scotland who indicated these were not necessary. However, the decision to obtain enhanced Disclosures rest with the Council who should consider this in relation to the protection of vulnerable adults and children. There was also no evidence of risk assessments for those employees who had not had a Disclosure check.

In some of the staff files examined identification information such as utility bills and passport information had been unnecessarily retained.

The Council could improve consistency in their practice in relation to evidencing staff skills. For example some files contained photocopies of qualifications whilst others did not.

There were some examples where staff had not completed additional application forms when moving to other posts within the Council notably from permanent contracts to supply posts. (Inspection Focus Area Recommendation 1).

There was some evidence that staff skills had been identified for those who had transferred within the organisation. However, the information held was not consistent and in some cases there was no information. (Inspection Focus Area Recommendation 2)

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

3

Recommendations

1. The service should use a framework of practice, social services values and evidence to evaluate the performance of staff as part of the induction process. Standard 2, Management and staffing arrangements.

Safer Recruitment - Inspection Focus Area (IFA) outcome

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

Recommendation

1. It is recommended that the provider ensure that a formal application process is followed for each period of employment. Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace - 1.1 and National Care Standards, Support Services, Standard 2 Management and staffing arrangements.

Recommendation

2. It is recommended that the provider audits the procedures for the recording of staff skills and qualification records. Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace - 1.1 and Standard 2 Management and staffing arrangements.

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

The service has good practice in this quality statement.

The service consulted each service user and their carers through the annual review meetings for each service user, when they and their carers can comment on any part of the service.

The service had provided service users and carers with questionnaires about the quality of care and support, staffing and management. There was positive feedback about the quality of staff.

A service user group met regularly to make comments about the service and passed these onto the manager. The service was willing to act on ideas for improvement.

Areas for Improvement

The service planned to start a carers' group for relatives to be more involved in assessing and improving the service.

For improved practice the service will need to;

- evidence more examples of how feedback from service users, and carers has led to improvements in the quality of care and support
- report to service users and carers the improvements made as a result of their feedback to the service.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service Strengths

The service had very good practice in this quality statement.

There was very good practice in this service of delegating decision making and responsibility to its day centre officers and care staff for service users' care and support.

Day Centre officers had significant responsibilities delegated to them for example they;

- wrote service users personal plans
- attended service users' review meetings
- discussed service users' needs and wishes in team meetings
- contacted other agencies on behalf of service users and carers.

Some day centre officers had a lead responsibility for example as moving and handling assessor and trainer.

A new post of senior day centre officer had improved the level of management support to staff, supported the manager in their role and ensured there was someone to deputise in the absence of the manager.

There was very good communication between staff in the service. The service had started morning briefing meetings to ensure planned activities and service users with personal care needs had sufficient staff allocated that day. There were weekly team meetings to discuss any changes in service users needs, to plan activities and look at improvements to the service.

There was an effective planned one to one supervision arrangement by the manager with all staff to evaluate how they were working with service users, carrying out their role and to identify areas of development and training.

Areas for Improvement

The service should continue and improve upon its very good practice.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Other Information

Complaints

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

Enforcements

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

Additional Information

None.

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 the Care Commission 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).

Summary of Grades

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

Inspection and Grading History

Date	Type	Gradings
23 Sep 2008	Announced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

Reader Information

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Translations and alternative formats

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هذه بایتسد ىم وونابز رگىد روا رولکش رگىد رپ شرازگ تعاشا هى

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Improving care in Scotland