

## **DUNDEE CITY COUNCIL**

**REPORT TO: SCRUTINY COMMITTEE - 20TH JANUARY 2010**

**REPORT ON: ANNOUNCED INSPECTION OF THE MACKINNON CENTRE FOR ADULTS WITH PHYSICAL DISABILITIES BY THE SCOTTISH COMMISSION FOR THE REGULATION OF CARE**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 38-2010**

### **1.0 PURPOSE OF REPORT**

**1.1** The purpose of this report is to report on the findings of the Inspection of the MacKinnon Centre carried out on 21 and 25 September 2009.

### **2.0 RECOMMENDATIONS**

**2.1** It is recommended that the Scrutiny Committee:

- i) notes the contents of this report; and
- ii) request that the Director of Social Work monitor the continued progress towards improving this service.

### **3.0 FINANCIAL IMPLICATIONS**

**3.1** None.

### **4.0 MAIN TEXT**

**4.1** The MacKinnon Centre was inspected on 21 and 25 September 2009 by the Scottish Commission for The Regulation of Care. A report of the findings was published on 29th September 2009.

The service provides short-term respite care for up to 12 service users at a time. There are approximately 126 people who use the service over the course of a year, with about 500 stays taking place. Service users attend from Dundee and further afield. The service is in the residential district of Broughty Ferry and is based in a single storey, purpose built premises near to local amenities.

**4.2** The Care Commission's focus of inspection targeted the following Quality Themes.

- Quality of Care and Support
- Quality of Environment
- Quality of Staffing
- Quality of Management and Leadership.

Each Quality theme is made up of several quality statements and this inspection focussed on eight of these quality statements.

**4.3** The Care Commission identified the following strengths at the MacKinnon Centre from the quality themes and statements inspected.

- There was good practice in involving service users and carers in assessing and improving the quality of care and support. A range of methods were used to involve service users and carers.
- The Service facilitated regular meetings where service users and carers were encouraged to give their views on how the service could be improved on. There was evidence of staff acting on comments they had received.
- The Service was seen to seek the views of service users and carers separately.
- Service users commented positively on the opportunities they were offered both in relation to their individual care routine preferences and social opportunities.
- The Service had a very good involvement of service users and carers in assessing and improving the quality of the environment in the Service.
- Excellent use was made of information from service user and carer consultations held about the quality of the environment. The choice and decision of design of new furniture, bedding and curtains were consulted on prior to purchase.
- The Service had excellent outcomes in the area of safety for service users. The use of track hoists and profile beds ensured service users were supported to be as independently as possible during their stay.
- The service had a very thorough induction programme for all new staff.
- The service had excellent practice in involving service users in assessing and improving the quality of the staffing in the Skills Centre. Service Users were involved in interviewing and selecting staff.
- The Service had excellent involvement of service users and carers in assessing and improving the quality of management and leadership of the service.
- Outcomes for service users had improved as a result of consultation work carried out with an action plan to address recommendations.
- The service facilitated regular consultation opportunities where service users and carers were encouraged to express their opinion as to how the service could be improved. Ideas taken directly from service users were drawn up into an action plan and implemented.

**4.4 Evaluation**

The Care Commission can apply the following to Services:

- Enforcement Action
- Requirements
- Recommendations

The MacKinnon Centre did not receive any enforcement actions following the Inspection; however, 2 requirements and 5 recommendations were made following the Inspection. Two of the five recommendations were Corporate.

## **Requirements for the MacKinnon Centre:**

### **Regulations 2002 SS1 2002/114 regulation 5(2)(b)(ii).**

1. The provider must ensure that the personal plans for each service users is reviewed at least once every six months or annually if the service is provided less than once in six months.

### **Regulations 2002 SS1 2002/114 regulation 4(1)(a).**

2. The provider must ensure the ends of handrails are replaced to ensure service user's safety and quality of environment.

## **Recommendations for the MacKinnon Centre**

### **Standard 6 - Support Arrangements**

1. Service users' wishes and choices for their personal care and social activities should be included in their personal plans.

### **Standard 4 - Your Environment**

2. The service should, taking service user's views into account, improve the look and feel of the environment as part of the quality of experience for service users.

### **Standard 5 - Management and Staffing Arrangements.**

3. The service's induction and ongoing assessment of staff competence should evidence and evaluate all essential care practice and use of social service's values.

## **Corporate Recommendations: Safer Recruitment - Inspection Focus Area outcome**

### **Standard 5 - 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. and National Care Standards, Care homes for older people.)

### **Standard 5 - Management and staffing arrangements.**

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.)

#### 4.5 Quality Indicators

Scottish Commission for the Regulation of Care reports use a six-point scale for reporting performance:

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

The following quality statements based on the National Care Standards were evaluated as:

|  |               |
|--|---------------|
| Statement 1 - Quality of Care and Support          | 4 - Good      |
| Statement 2 - Quality of Care and Support          | 4 - Good      |
| Statement 1 - Quality of Environment               | 6 - Excellent |
| Statement 2 - Quality of Environment               | 4 - Good      |
| Statement 1 - Quality of Staffing                  | 5 - Very Good |
| Statement 2 - Quality of Staffing                  | 4 - Good      |
| Statement 1 - Quality of Management and Leadership | 6 - Excellent |
| Statement 2 - Quality of Management and Leadership | 5 - Very Good |

These grades are then translated into the grade for the Quality Theme and are as follows:

| <b>Quality Theme</b>                  | <b>Overall Grade</b> |
|---------------------------------------|----------------------|
| Quality of care and support           | 4                    |
| Quality of environment or information | 5                    |
| Quality of staffing                   | 4                    |
| Quality of management and leadership  | 5                    |

## **5.0 POLICY IMPLICATIONS**

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

**5.2** There are no major issues.

## **6.0 CONSULTATION**

**6.1** This report has been subject to consultation with the Chief Executive, Depute Chief Executive (Support Services), Assistant Chief Executive and Director of Finance.

## **7.0 BACKGROUND PAPERS**

**7.1** The following Background Paper was relied upon in preparation of this report:

- Inspection Report Dundee City Council - MacKinnon Centre

***Alan G Baird***  
***Director of Social Work***

***31 December 2009***





# Inspection report

## Mackinnon Centre Care Home Service Adults

491 Brook Street  
Broughty Ferry  
DD5 2DZ  
01382 436840

**Inspected by:** Patrick Sweeney  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 29 September 2009

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**Service provided by:**

Dundee City Council

**Service provider number:**

SP2003004034

**Care service number:**

CS2003000501

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

Patrick Sweeney

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## Easy read summary of this inspection report

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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:



### We gave the service these grades

Quality of Care and Support  **4** Good

Quality of Environment  **5** Very Good

Quality of Staffing  **4** Good

Quality of Management and Leadership  **5** Very 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 was an excellent involvement of service users and carers in assessing the improving the quality of management of the service.

Service users' assessments and care plans were updated with them each time they stayed in the service. Service users rated the service highly in

their feedback. Staff were very responsive to service users' requests for assistance within a reasonable time. Service users were encouraged to plan their own time in the service.

The service had improved features in the environment to better assist service users for example with track hoists and a new assisted bath. Service users also helped to choose new furniture and furnishings.

Service users are routinely involved in interviewing and selecting staff. The service had a good induction programme for all new staff. There was very good practice in delegating decision making and responsibility to care staff for residents' care and to senior staff to ensure the overall quality of the service.

## **What the service could do better**

The service must ensure that personal plans for each service user are;

- reviewed at least once every six months or annually if the service is provided less than once in six months
- state how the service will meet individual needs, views, choices and preferences.

The service must replace the ends of handrails.

The service should ask for service users views to improve the look and feel of the environment of the building.

The service's induction and ongoing assessment of staff competence should evidence and evaluate all essential care practice and use of social service's values.

## **What the service has done since the last inspection**

The service has consulted extensively with service users and carers about changes to the building and the future of the service and written an action plan based upon their feedback.

There were no requirements or recommendation since the last inspection.

## **Conclusion**

Some service users' comments about the service were;

- "It's a good place."
- "The activities nights are fun."
- "We are encouraged to be independent, but there is help when needed."

Service users wanted en-suite showers in all bedrooms and wider doorways. The Council planned to redevelop the building taking these points into account.

## **Who did this inspection**

### **Lead Care Commission Officer**

Patrick Sweeney

### **Other Care Commission Officers**

Not applicable.

### **Lay Assessor**

Not applicable.

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

## About the Care Commission

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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](http://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

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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](http://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](mailto:Edinburgh@blackwells.co.uk)

## What is inspection?

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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

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### **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?

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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:

|           |           |          |          |          |                |
|-----------|-----------|----------|----------|----------|----------------|
| <b>6</b>  | <b>5</b>  | <b>4</b> | <b>3</b> | <b>2</b> | <b>1</b>       |
| 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

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Mackinnon Centre registered as a care home for people with physical disabilities by the Care Commission since 1 April 2002. The care home is run by Dundee City Council. The care home is in the residential district of Broughty Ferry, close to local amenities.

The service provides short-term respite care for up to 12 service users at a time. There are about 126 people who use the service over a year, with about 500 stays taking place.

The service aims to;

- "provide short term care to allow the service user and the carer a break"
- "offer a package of education, information and support to first time carers" and
- "offer carers the opportunity to access a break with the person they care for".

The respite service is part of a larger building, where a day support service is also provided. Some, but not all, service users use both services.

The respite unit had the following features and facilities for service users;

- everything is on one level
- all bedrooms have en-suite toilets
- four bedrooms have en-suite over the toilet showers
- one bedroom is a double room for couples or friends to share
- a main lounge and a smaller lounge with hot drinks making facilities
- an assisted bathroom and disabled access toilets
- a shower room in the day support centre
- a dining room shared with the day support centre
- a smoke room
- a garden with baths and seating and a central, enclosed courtyard where resident can sit out in privacy and shelter.

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

|   |                      |
|---|----------------------|
| <b>Quality of Care and Support</b>          | <b>4 - Good</b>      |
| <b>Quality of Environment</b>               | <b>5 - Very Good</b> |
| <b>Quality of Staffing</b>                  | <b>4 - Good</b>      |
| <b>Quality of Management and Leadership</b> | <b>5 - Very Good</b> |

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](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **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 21 September and Friday 25 September 2009, by a Care Commission officer. The inspection findings were given in a meeting with the manager and external manager of the service on 29 September.

#### 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 service gave out questionnaires to service users. Five questionnaires were returned directly 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.
- Examination of the environment, including the premises and equipment used.
- Observation of interactions between the staff and service users.
- Interviews with the manager, two staff, four service users.

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](http://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](http://www.infoscotland.com/firelaw)

### **Actions Taken on Recommendations Outstanding**

There were no requirements or recommendations from the last inspection.

### **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 - Electronic

### **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. The service told us how service users and their carers had taken part in the self assessment process.

### **Taking the views of people using the care service into account**

We received seven questionnaires from service users. Four strongly agreed and two agreed they were happy with the service. One person was unhappy. Six strongly agreed and agreed that they were asked for their opinion about the service. One did not know.

Service users made the following comments in interviews during the inspection visit;

#### Quality of care and support

- "It's a good place."
- "The activities nights are fun."
- "We are encouraged to be independent, but there is help when needed."
- "We now go on more outings, but I would still like more."
- "I like the trips out for lunches and bus trips."
- "I come here for a break."

#### Quality of environment

- "Getting a room with a shower is better."

#### Quality of staffing

- "I interviewed the new staff. We met them separately and had questions for them. We are looking for things that matter for us as service users. The management asked for our opinion and we agreed the decision to employ the new staff."

#### Quality of management and leadership

- "We can speak openly about our opinions of the service."
- "The standards are better when the manager is on duty."

### **Taking carers' views into account**

We received five questionnaires from relatives or carers of service users. All strongly agreed or agreed that they were happy with the care provided. Four strongly agreed or agreed that they were asked for their opinion on the service, and two disagreed.

Two relatives anonymously commented in the questionnaires;

- "The service has offered great support and I would like to thank them for all their help."
- "There are not enough staff on duty to meet all 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

There was good involvement of service users and carers in assessing and improving the quality of care and support.

There was a very good level of involvement of service users when their assessments of needs, risk assessments and care plans were updated with them on each occasion they stayed in the unit. This can be take place anywhere between once or up to eight times a year.

Further methods were used to involve service users and carers including;

- questionnaires for service users and carers
- service users' meetings carers' meetings
- informal discussions

Service users' and carers' views were asked for separately, as these can be different. Service users' rated the service highly in their feedback.

Minutes of service users' and carers' meetings evidenced that the service had acted on comments it had received. The service informed service users and carers about the feedback it had got from them and said what they would do to make improvements. There was an excellent range of examples which included;

- service user feedback was displayed on a wall poster
- service users had access to the skills programme in the Skills Centre
- a new activities programme had been developed with an skills officer to provide this in the evenings
- staff were leading informal activities such as quiz nights
- more transport was available to go out in the evenings and weekends
- a recreational committee for service users had been set up.

The Council had a suitable participation policy for service users and carers to have a say about the quality of care provided.



### **Areas for Improvement**

There was adequate practice when the service did not review personal plans with service users and their carers at least once in six months. Where the service is used less than once in six months this requirement would be annually. (Requirement 1)

To improve practice the service could;

- use review meetings to ask service users and carers about the quality of the service
- have a plan of all review meetings to be held.

### **Grade awarded for this statement**

4 - Good

### **Number of Requirements**

1

### **Number of Recommendations**

0

### **Requirements**

1.

The provider must ensure that the personal plan for each service user is reviewed at least once every six months or annually if the service is provided less than once in six months. This is to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) regulation 5(2)(b)(ii) - a regulation for providers of care home services to ensure the personal plan is reviewed at least once in every six month period. Timescale for implementation: Twelve months from the receipt of this report.

## **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**

There were good practice for service users in this quality statement.

Service users were offered choices in their daily routines such as; when to get up, when and whether to shower or bath, what to wear and what to eat. Service users said that staff were very responsive to their requests for assistance. Service users confirmed staff were available to assist them when they needed within a reasonable time. The personal plans detailed how residents' personal care needs will be met as a matter of consistent practice.

Service users were encouraged to plan their own time in the respite service. Service users said they often wanted a break and a rest while in respite, and so often wanted a change to their usual routines of when to get up, and whether to go out or join in planned activities.

Some examples of very good practice for all service users included;

- service users were offered opportunities to join in the skills programme in the Skills Centre, and some had taken this up
- a skills officer worked with service users on one evening a week
- service users planned bus trips with staff, for example to St Andrew's
- service users went out to local shops and cafes; alone, with other service users and with staff support
- some service users who were friends planned their stays to happen at the same time
- service users were encouraged to manage their own money and medicines while staying in respite unit
- preference for male or female staff to assist with personal care were respected where practicable.

### **Areas for Improvement**

Residents' choices and preferences for their personal care and and social activities were recorded at a basic level in their personal plans. (Recommendation 1)

The Care Commission will report on the inspection focus area of Meaningful Activity at the next inspection.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Recommendations**

1.

Service users' wishes and choices for their personal care and social activities should be included in their personal plans. National Care Standards, Care homes for older people, Standard 6, Support arrangements.

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

There was excellent involvement of service users and carers in assessing and improving the quality of the environment.

A range of methods were used to ask for service users' and carers' views separately. There was an excellent range of outcomes from the consultation with service users and carers;

- service users were consulted before the improvements made to the assisted bathroom including a new track hoist and assisted bath
- service users were asked for their views on what new furniture, bedding and curtains should be bought for the respite service
- service users were consulted about the new assisted shower room to be built by one of the internal entrances to the respite unit
- service users and carers were consulted on proposals to improve the respite unit as part of a redevelopment of the whole building.

#### Areas for Improvement

The service should continue its excellent practice.

#### Grade awarded for this statement

6 - Excellent

#### 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**

There were good outcomes for service users in this quality statement.

There were very good features of the environment assisted service users to be safe and to maintain their dignity and independence;

- the four bedrooms with an en-suite over the toilet shower were the most popular rooms for service users
- there was easy access for service users to disabled access toilets and bathroom a new stool to rest on in the bathroom while being dried and dressed. frames over toilets
- a new assisted bath allowed service users to sit up and recline and have massaging jets, which was very popular
- a new H frame hoist in the bathroom allowed for safe and secure transfers for service users
- track hoists had been installed in half of the bedrooms for transfers
- two new hospital beds, and 10 profile beds to ensure service users were safe and comfortable, and could get in and out of bed as independently as possible
- a new call alarm system, paged staff without the need for sounding alarms and call points could be placed anywhere in reach of service users throughout the service
- the smoking room had a double entrance and air extractors to minimise smoke getting into the corridor, and had a new powered door.

Where possible service users were showered within the respite service, in a vacant bedroom with an en-suite shower, rather than use the shower room in the skills centre

Service users can bring their own and familiar mobility equipment including electric and manual wheelchairs and walking frame.

Other features of the environment improved the overall look and feel of the service for the benefit of service users;

- the lower half of doors and door frames were protected by metal, which was practical and attractive
- new and attractive furniture (sofa, bookcases, sideboard) and bedding and curtains had been bought
- a service user had donated a painting, which was displayed on a corridor wall

## **Areas for Improvement**

The ends of handrails were missing, presenting sharp edges. (Requirement 1)

The quality of the look and feel of the environment was diminished when;

- service users' names were handwritten on cards on bedroom doors
- bedrooms were very plain, and relied upon service users to bring in items to make them more attractive
- the bathroom lacked anything to make it attractive.  
(Recommendation 1)

Service users said the environment was limited in meeting their needs. They wanted;

- en-suite showers in all bedrooms, as this had greater privacy and was quicker and easier
- wider doorways, as presently they are too narrow for wheelchairs to get through easily, causing service users to bang into door frames.

The provider planned to redevelop the building in the long term, taking these issues into account. In the meantime there was a plan to provide an improved shower room, with more space and hoist equipment, by an internal entrance to the respite unit.

## **Grade awarded for this statement**

4 - Good

## **Number of Requirements**

1

## **Number of Recommendations**

1

## **Requirements**

1.

The provider must ensure the ends of handrails are replaced to ensure service users' safety and quality of environment. SSI 2002/114, regulation 4(1)(a). This is a regulation for providers to make provision for the health and welfare of service users. Timescale for implementation: Within two weeks of receipt of this report.

## Recommendations

1. The service should, taking service users' views into account, improve the look and feel of the environment as part of the quality of experience for service users. National Care Standards, Care homes for people with physical and sensory impairments, Standard 4, Your environment.

## 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

There was very good involvement of service users and carers in assessing and improving the quality of the environment.

A range of methods were used to ask for service users' and carers' views separately. There were very good outcomes from the consultation with service users and carers. Examples of this included;

- Service users are routinely involved in interviewing and selecting staff. Some representative service users ask questions at interview and are asked for their views on whether is appropriate to employ a new staff member. These views are taken seriously by the provider, who makes the ultimate decision to employ, and no differences of opinion have occurred to date.
- Service users were consulted about changes to the new staffing structure of senior social care officers to support the manager and care officers.

#### Areas for Improvement

The service should continue its very good practice.

To improve practice the service should evidence more examples of improvement to staffing made in response to feedback from service users and carers.

#### Grade awarded for this statement

5 - Very 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 were good outcomes from the Council's safer recruitment policies, procedures and practice for all employees and good outcomes for the staff induction practice in the service.

The service had a good induction programme for all new staff. The service's induction for all new staff covered their first few weeks working in the service. The induction ensured new staff;

- shadowed experienced and senior staff for several shifts
- were familiar with important policies, such as confidentiality and equal opportunities, and procedures moving and handling. A checklist was completed for this
- confirmed after assessment that staff were competent in our key tasks such as moving and handling or medicines administration.

Staff progress in their induction was assessed at a supervision meeting with a senior member of staff. The assessment was evaluative as to whether competences were achieved and what further training and development to be planned in the near future.

A separate audit of the Council's, the provider, 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. An 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**

A limited range of practice was evaluated as part of the induction process, such as the quality of interactions with service users, and use of appropriate social services values in working with service users. There was a lack of evidence of direct observations of care

practice and other sources of evidence of competence, such as record keeping and interactions with other staff and management. (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 2)

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

3

## **Recommendations**

1. The service's induction and ongoing assessment of staff competence should evidence and evaluate all essential care practice and use of social service's values. Standard 5, 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 Standard 5 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 5 Management and staffing arrangements.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very 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 had excellent involvement of service users and carers in assessing and improving the quality of the management and leadership of the service.

Service users and carers were asked for their views separately. There was an excellent range of outcomes from the consultations which included;

- An action plan for the respite service and skills centre had been written based upon these consultations including service users' and carers' ideas for improvements.
- Service users were represented on a service user group, which met regularly with the management of the service to consult and agree on improvements to the service, such as new procedures and future plans for the service.
- The action plan, service users' group minutes and the collated feedback from consultations was made available to service users and carers.

#### Areas for Improvement

The service should continue and build upon this excellent practice.

#### Grade awarded for this statement

6 - Excellent

#### Number of Requirements

0

#### Number of Recommendations

0

### **Statement 3**

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

#### **Service Strengths**

There were very good outcomes in this quality statement.

There was very good practice in this service of delegating decision making and responsibility to its care staff for service users' care and to senior staff to ensure the overall quality of the service.

Care staff had significant responsibilities delegated to them for example they;

- could respond flexibly to service users' requests to change their routine
- administered medicines to service users
- contributed their views on how to meet service users' needs and wishes in team meetings and the personal plan
- updated assessments and personal plans for each respite stay
- held review meetings with residents and relatives contacted relatives and healthcare professionals on behalf of service users.

Senior care staff had delegated responsibility to supervise staff practice and have an overview of service users' welfare, for example they;

- checked personal plans to promote a consistent approach
- evaluated care staff practice in supervision meetings
- identified training or development needs for care staff.

There was very good communication between care staff and senior staff about any significant developments for service users. There were regular team meetings in the respite service to discuss service users' care and ideas for improvement in the service.

#### **Areas for Improvement**

The service is to fill one senior staff vacancy and create an additional senior post to support both the manager and care staff.

The service should continue its very good practice.

#### **Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## Other Information

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### **Complaints**

There have been no complaints upheld or partially upheld since the last inspection.

### **Enforcements**

There has been no enforcement action since the 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

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|   |               |
|---|---------------|
| <b>Quality of Care and Support - 4 - Good</b>               |               |
| Statement 1   | 4 - Good      |
| Statement 2   | 4 - Good      |
| <b>Quality of Environment - 5 - Very Good</b>               |               |
| Statement 1   | 6 - Excellent |
| Statement 3   | 4 - Good      |
| <b>Quality of Staffing - 4 - Good</b>                       |               |
| Statement 1   | 5 - Very Good |
| Statement 2   | 4 - Good      |
| <b>Quality of Management and Leadership - 5 - Very Good</b> |               |
| Statement 1   | 6 - Excellent |
| Statement 3   | 5 - Very Good |

## Inspection and Grading History

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| Date        | Type        | Gradings   |
|-------------|-------------|--|
| 22 Dec 2008 | Unannounced | Care and support 5 - Very Good<br>Environment 5 - Very Good<br>Staffing 5 - Very Good<br>Management and Leadership 5 - Very Good |
| 22 May 2008 | Announced   | Care and support 5 - Very Good<br>Environment 5 - Very Good<br>Staffing 5 - Very Good<br>Management and Leadership 5 - Very Good |

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## Terms we use in our report and what they mean

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**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

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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

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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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