

**Report To:** Community Health & Care  
Partnership Sub Committee

**Date:** 29<sup>th</sup> August 2013

**Report By:** Brian Moore  
Corporate Director  
Inverclyde Community Health &  
Care Partnership

**Report No:**  
CHCP/49/2013/BC

**Contact Officer:** Beth Culshaw  
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Care  
Inverclyde Community Health &  
Care Partnership

**Contact No:** 01475 715387

**Subject:** Inspection of McPherson Centre

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## 1.0 PURPOSE

- 1.1 To advise Members of the outcome of the inspection conducted by the Care Inspectorate in relation to the McPherson Centre.

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection of the McPherson Resource Centre in January 2013.
- 2.2 The grades achieved reduced from previous inspections as follows:-

Quality of Care and Support	5 Very Good to 3 Adequate
Quality of Environment	5 Very Good to 4 Good
Quality of Staffing	5 Very Good to 4 Good
Quality of Management and Leadership	5 Very Good to 3 Adequate

(See Appendix 1)

## 3.0 RECOMMENDATION

- 3.1 To note the outcome of the inspection and the actions taken to address the shortcomings highlighted within it.

**Brian Moore**  
Corporate Director  
Inverclyde Community Health & Care  
Partnership

## 4.0 BACKGROUND

- 4.1 The McPherson Centre for adults with a learning disability, many of whom also have profound and complex physical disabilities, was inspected in January 2013. The Centre is registered to provide a service to a maximum of 30 people. The inspection considered the quality themes of Care and Support, Environment, Staffing and Management and Leadership.
- 4.2 The inspection was conducted on a low intensity basis. This reflects the grading history of the service and the fact that there had been no complaints, serious incidents or accidents since the last inspection.
- 4.3 However, grades in each theme have reduced in comparison with inspections in recent years, with the most recent conducted in 2010 - details at Appendix 1.

## 5.0 PROPOSALS

- 5.1 The actions and proposals in respect of the requirements and recommendations contained within the inspection report are listed below, with details of actions in response:-

### **Quality Theme 1: Quality of Care and Support – Adequate - 3**

#### Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Action:

- Negotiation to take place with care management, accommodation services and other main providers to hold joint reviews on a six monthly basis, with it being minuted that it is a joint review in order to meet the statutory requirement for each service that is subject to care inspection.
- The manager will ensure that the current good practice with carer and other appropriate signatures is maintained.
- The manager will via staff supervision, make sure that such documents are presented for checking.

#### Quality Statement 1.3

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

#### Action:

- Following the first visit by the inspector a revised medication chart was drawn up to ensure signing by two members of staff at both the preparation and administration stages.
- In addition a secure medication trolley has been ordered in order to aid the preparation and administration of medications.
- The requirement for staff undertaking PEG feeding to be trained from qualified external agency took place on 21 March.
- A protocol in relation to PEG feeding and training is being drawn up by the service.
- The service is receiving staff training in relation to epilepsy, diabetes, moving and handling, CALM.
- A staff audit of training is already maintained by the service.
- More detailed weight and oral hygiene charts were introduced immediately after the inspection visit. Carers were also notified of the need for their consent for weight monitoring where applicable.

#### **Quality Theme 4: Management and Leadership**

##### Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Action:

Notifications to Care Inspectorate subsequently undertaken, following clarification by Care Inspector of required timing of notifications.

#### **5.2 Quality Theme 2: Quality of Environment – Good – 4**

##### Quality Statement 2.2.

We make sure that the environment is safe and service users are protected.

#### **5.3 Quality Theme 3: Quality of Staffing – Good – 4**

##### Quality Statement 3.1

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

Action:

- The Care Inspectorate commented on eight areas of positive comments from staff service users and carers that the service is currently developing further e.g. regular staff meetings and minutes produced, regular supervision, regular appraisals and the recording of such, comments from staff regarding team and management, staff induction programme, key worker system, care planning with other stake holders, carers comments.

##### Quality Statement 3.3

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

Action:

- The service ensures that the limited use of sessional/agency staff is monitored to promote staff continuity for service users.

#### **5.4 Quality Theme 4: Management & Leadership – Adequate - 3**

##### Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of the service we provide.

Action:

- The service must ensure that managers are aware of their legal obligations around notification to the Care Inspectorate – subsequently undertaken, following clarification by Care Inspectorate of required timescales.
- Future development of a quality assurance system for the service in conjunction with Contracts and Commissioning.

## 6.0 IMPLICATIONS

6.1 Legal: None

6.2 Finance:

There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: As per recommendations of the report.

6.4 Equalities: None

6.5 Repopulation: None

## 7.0 CONSULTATION

7.1 N/A

## 8.0 LIST OF BACKGROUND PAPERS

- 8.1 • Care Inspectorate – Care Service Inspection Report – McPherson Service Without Care at Home 30<sup>th</sup> January 2013.

APPENDIX 1



**Recent History of Grades**

	<b>Quality Theme: Care &amp; Support</b>	<b>Quality Theme: Environment</b>	<b>Quality Theme: Staffing</b>	<b>Quality Theme: Management Leadership</b>
2013	1.1 Good 1.3 Adequate Overall: Adequate	2.1 Good 2.2 Good Overall: Good	3.1 Good 3.3 Very Good Overall: Good	4.1 Good 4.4 Adequate Overall: Adequate
2010	1.1 Very Good  1.2 Excellent  1.3 Overall: Very Good	Not undertaken	3.1 Very Good 3.4 Excellent Overall: Very Good	Not Undertaken
2009	1.1 Very Good  1.2 Very Good  Overall: Very Good	2.1 Very Good 2.3 Very Good Overall: Very Good	3.1 Very Good 3.2 Very Good Overall: Very Good	4.1 Very Good 4.3 Very Good Overall: Very Good
2008	1.1 Good 1.2 Very Good Overall: Good	2.1 Good 2.2 Good Overall: Good	3.1 Good 3.2 Very Good Overall: Good	4.1 Good 4.4 Good Overall: Good



## Care service inspection report

# McPherson Resource Centre Support Service Without Care at Home

McPherson Drive

Gourock

PA19 1LJ

Telephone: 01475 714495

Inspected by: Colin McCracken Type

of inspection: Unannounced

Inspection completed on: 30

January 2013



HAPPY TO TRANSLATE

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**Service provided by:**

Inverclyde Council

**Service provider number:**

SP2003000212

**Care service number:**

CS2003001085

**Contact details for the inspector who inspected this service:**

Colin McCracken

Telephone 0141 843 6840

Email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

### We gave the service these grades

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

### What the service does well

The service has good links with local schools to provide a co-ordinated approach to supporting young people in the final year of school to make the transition to the day centre.

### What the service could do better

The service has to ensure that staff follow best practice guidelines when administering medication.

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

The service has created a modern high tech sensory room which was being well used by service users during our inspection.

### Conclusion

The feedback that we received from people who use the service and from their relatives continues to be positive about the service. During the inspection our observations were that service users looked happy as they were supported to take part in various activities. There were no requirements or recommendations to follow up on from the last inspection.



**Who did this inspection**

Colin McCracken

# 1 About the service we inspected

Managed by Inverclyde Social Work Department the McPherson Centre registered with the Care Commission in April 2002 to provide, at any one time, a service to a maximum of 30 people with a profound learning difficulty.

The Centre's aims and objectives states that "We believe that Day Opportunities services should be person centred, community based and non institutional, be dynamic and not static and be part of a net work of special and ordinary services across a range of providers."

The Centre has a range of rooms and resources that people can use including a garden, quiet room, art room and computer area. The local Further Education College use the Centre to provide courses.

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

Quality of Care and Support - Grade 3 - Adequate

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 3 - Adequate

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection that took place over 2 days the 10th and the 29th of January by one Inspector, Colin McCracken. Due to the grading history the service has had with us as well as the fact that there have been no complaints, serious incidents or accidents since the last inspection a low intensity inspection was carried out.

Brief feedback was given to the depute manager at the end of the second day of the inspection with written feedback being shared with the depute manager on the 30th of January 2013.

As requested by us, the care service sent us an annual return. The service also sent a self assessment form.

During this inspection we gathered evidence from relevant sections of policies, procedures, records and other documentation including:

- evidence from the service's most recent self assessment
- personal plans of service users
- service's registration certificate
- medication records
- personal finance records

#### Reviews

- Care Plans

-

#### Questionnaires

- Feedback from social workers/nurses/speech and language therapists, etc.
- hospital passports
- Accident and Incident forms
- Repair logs and maintenance
- Staff appraisals
- Staff supervisions
- Team meetings
- Compliments records
- Duty rotas



We also had discussions with various people, including:

- Care staff
- People who use the service
- As well as observing how staff work.

## Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

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

The requirement

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

What the service did to meet the requirement

The requirement is:

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The manager submitted a self assessment to us within the time scale expected. The self assessment highlighted areas of strength for the service and some areas which the service wished to develop.

Taking the views of people using the care service into account

Due to communication difficulties we were limited in the number of people who we were able to offer us their opinions. Those who were able to speak with us have their comments contained in the body of the report. We did observe the people who use the service in various groups and they looked as though they were happy with the support they were receiving. Families who have returned questionnaires to us have indicated that their children are happy to attend the centre.

### Taking carers' views into account

We assessed that the service has achieved a very good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

The service holds regular staff meetings during which service users needs and best practice issues are discussed. We sampled the minutes of staff meetings during the inspection.

Staff told us that they receive regular supervision. We sampled minutes of staff supervisions and annual appraisals and found that they were of good quality in that they encouraged staff to reflect on their practice and identify areas for development.

Staff told us that they felt supported within their work and that it was a good team to work in.

The service has an induction programme for new staff which involves shadowing experienced staff until they feel comfortable to work unsupervised.

People who use the service have keyworkers who are the most frequent point of contact between the service and service users' families.

We saw evidence within care plans that staff liaise regularly with other services such as respite units, care homes and social work departments.

Relatives who returned questionnaires to us wrote:

- "Staff on the whole are very hard working and committed fully to their roles within the service."
- "My son is respected, valued and cared for to a very high standard."
- "We have great confidence in the ability of the staff to deal with the consequences of our daughter's unpredictable behaviour."

The following statistics can also be taken from the questionnaires returned to us; 100% answered that they have the confidence that staff have the skills to support them, 100% said that the staff treat them with respect and 100% knew the names of the staff that support them.





## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

#### 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

We assessed that the service has achieved a good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

We sampled care plans and found that they contained some very good personalised information that demonstrated a lot of joint work had gone into them with staff from the service, schools, relatives and where appropriate medical professionals.

The depute manager explained that there was a lot of support given to young people who use the service to help them make the transition between school and using the centre. This included; staff from the service visiting the schools to meet with young people and their teachers, and the young people then visiting the service with their parents prior to committing to attend the centre.

Everyone using the Centre had a Key Worker/Link Worker. They met weekly to make sure that people's support needs were met and that their views and opinions were listened to.

There was a Complaints Policy. Complaints and concerns were recorded, with Inverclyde Council Contract Compliance and Complaints Team being notified of complaints on a quarterly basis.

The service has held fund raising events which service users have contributed their art work which they make in the centre. A family of someone who had used the service

donated enough money to the service for them to create a modern high tech sensory room which was being well used during our inspection.

Relatives who returned questionnaires to us wrote:

- "We are always aware of any problems and involved in strategies which will be used to solve any difficulties which may arise."
- "Staff were very friendly and made me feel most welcome, and shared the knowledge they had with me."
- "There is a constant review going on which will not only deal with arising problems but will prevent difficulties getting out of control."

Service users we spoke with said about the centre:

- "My Mum and Dad have come up for a meeting here."
- "I have a keyworker, he looks after me."

Out of the questionnaires which were returned to us; 100% said that they had a care plan which detailed their personal needs, 86% said that the service asks for their opinion on how the service could be improved and 89% said that they were aware that they could make a complaint to the service if they wished to.

### Areas for improvement

Last year the legal expectation on day services to hold reviews of individual's care changed from annually to six monthly. The service has not changed the frequency with which it holds reviews. (See requirement one under this statement.)

Relatives should be asked to sign care plans and risk assessments if service users are not able to do this for themselves. This is good practice as it provides evidence that service users and their families have been involved in decisions being made about support needs. (See recommendation one under this statement.)

When the depute manager stated that the service wish to reintroduce the service newsletter.

The depute manager stated that it is hoped that the services own questionnaire will be reintroduced in the near future.

The service should consider how service users and relatives feedback can be reflected in the next self assessment that they submit to the Care Inspectorate as this years self assessment didn't really capture this.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

## Requirements

1. The service must ensure that reviews are held for everyone that it supports at least six monthly.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5 (2) (b) review the personal plan:-

- (i) when requested to do so by the service user or any representative; and
- (ii) at least once in every six month period;

Timescale to comply: The provider must inform the Care Inspectorate within 4 weeks of receipt of this report what plans they have in place to meet this requirement.

## Recommendations

1. The service should ensure that if service users can not sign their own care plans and risk assessment their next of kin should be asked, as their representatives, to sign that they are in agreement with these plans.

This is a recommendation under the National Care Standards, Support Services, Standard 4: Support arrangements.

## Statement 3

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

### Service strengths

We assessed that the service has achieved an adequate standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires. Some aspects of the statement are very good and these are outlined under the strengths, however the requirements mentioned under the areas for improvements have resulted in the grade for this statement being lowered.

Staff had received a range of training related to health for example; head injuries, moving and assistance, diabetes, intensive interaction.

There are pen pictures kept of individuals needs regarding; meal time assistance, epilepsy, dental care, and weight management, to help staff identify individuals support needs.

The service encourages people who use the service to spend time in the Multi Interactive Learning Environment room (MILE) which is a modern sensory room. This can provide relaxation or stimulation to service users, during the inspection the room was being well used.

All staff have had CALM training (Crisis, Aggression, Limitation and Management) and are given refresher training on this annually, this is training to help staff assist service users manage emotions which may lead them to a crisis point if they do not receive support. We certainly received a comment from a relative praising staff for the way that they intervene to "prevent difficulties getting out of control."

We saw evidence that other services had approached the staff to seek advice on how best to meet someones needs. The service willingly spent time with staff from the other services for the benefit of the people who use the service.

Each service user has a risk assessment which details an agreement for how staff will intervene should their behaviour put them or others in any danger. We sampled these and they varied from person to person which is good practice.

Within care plan there was good information for staff who escort people on the centre's buses as to how to support the individual in an emergency situation.

We saw evidence that one family was pleased that their relatives' mobility had improved as a result of the staff encouraging them to walk and exercise. We saw staff supporting service users both to walk and in an exercise class.

Relatives who returned questionnaires to us wrote:

- "I was very impressed by the level of different activities available to different service users."
- "Recently we had a difficult day and the staff dealt with the situation very well."

Service users we spoke with said about the centre:

- "It's relaxing."
- "I get to go to the places I want."

### Areas for improvement

The service must ensure that medication is signed for when it is given. On the first day of the inspection we witnessed that medication was being signed for when it was made up and was given out at a later time. This practice is dangerous and we pointed this out at the time. The service had amended the practice of administering medication when we came out on the second day of the inspection so that medication had to be signed for twice, once when made up and once when given to the individual. (See requirement one.)

As mentioned under statement 1.1. risk assessments should be signed by relatives as evidence of their involvement in the assessment.

While the service records the weight of some service users the recording processes should be clearer. i.e. they should contain a short summary as to why the persons weight is being recorded, what was their starting weight, it should also be clear how frequently someone is expected to be weighed (this wasn't clear during the inspection) and also what action staff should take; for example at a certain weight should G.P.'s advice be sought or a referral be made to a dietician. (See recommendation one under this statement)

While the service supports people who receive their food through gastric tubes, the staff supporting people with this have not been instructed by trained medical staff but rather by more experienced care staff. This is not best practice and the service must organise training for any staff supporting individuals with gastric feeding by a suitably qualified professional. The service should have an appropriate policy on gastric feeding which includes the need for appropriate training within it. (See requirement two under this statement.)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 1

## Requirements

1. The provider must ensure that staff follow best practice guidelines when administering medication and that there are regular checks made to ensure that this is happening.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4 (1) (a) A Provider must make proper provision for the health, welfare and safety of service users. Timescale to address this - From the date of the published report.

2. The provider must ensure that staff who assist service users who are gastric fed have had training from a suitably qualified professional and that this is incorporated into an appropriate policy on assisting people with Percutaneous endoscopic gastronomy (PEG) feeding tubes.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4 (1) (a) A Provider must make proper provision for the health, welfare and safety of service users. Timescale to address this - 31/3/13.

## Recommendations

1. Monitoring charts should note the reason monitoring is required, how frequently monitoring is required and what action needs to be taken as a result of the information identified by the monitoring.

This is a recommendation under the National Care Standards, Support Services, Standard 16: Keeping well.

## Quality Theme 2: Quality of Environment

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 environment within the service.

#### Service strengths

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

#### Areas for improvement

For areas for improvement around participation see Quality Statement 1.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

## Statement 2

We make sure that the environment is safe and service users are protected.

### Service strengths

We assessed that the service has achieved a good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

The service regularly maintains; electrical equipment, hoists, slings fire alarms and water temperatures we viewed the records which were kept in the centre.

The centre is has plenty of space for people to move around safely.

The entrance to the centre is secure with access via a buzzer system controlled from the reception area with visitors being asked to sign in and out of the building.

As mentioned previously the centre has a modern high tech sensory room which is regularly used by people who use the service.

New staff all have to under go PVG checks as part of the provider's safer recruitment policy.

As mentioned under statement 1.3 everyone who uses the service has an individual risk assessment which outlines the circumstances under which staff should support someone with their behaviour, which includes what that support should be.

Since the last inspection the buildings has had new fire doors fitted to the interior and ramps fitted to the exterior of the building.

### Areas for improvement

The provider does not currently re check Disclosure Scotland checks on staff, it is best practice that this is carried out every 3 years.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0



## 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

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

#### Areas for improvement

For areas for improvement around participation see Quality Statement 1.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

## Statement 3

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

### Service strengths

We assessed that the service has achieved a very good standard in relation to this statement. We came to this conclusion after reviewing the available written evidence, speaking with service users and viewing feedback we received from relatives questionnaires.

The service holds regular staff meetings during which service users needs and best practice issues are discussed. We sampled the minutes of staff meetings during the inspection.

Staff told us that they receive regular supervision. We sampled minutes of staff supervisions and annual appraisals and found that they were of good quality in that they encouraged staff to reflect on their practice and identify areas for development.

Staff told us that they felt supported within their work and that it was a good team to work in.

The service has an induction programme for new staff which involves shadowing experienced staff until they feel comfortable to work unsupervised.

People who use the service have keyworkers who are the most frequent point of contact between the service and service users' families.

We saw evidence within care plans that staff liaise regularly with other services such as respite units, care homes and social work departments.

Relatives who returned questionnaires to us wrote:

- "Staff on the whole are very hard working and committed fully to their roles within the service."
- "My son is respected, valued and cared for to a very high standard."
- "We have great confidence in the ability of the staff to deal with the consequences of our daughter's unpredictable behaviour."

The following statistics can also be taken from the questionnaires returned to us; 100% answered that they have the confidence that staff have the skills to support them, 100% said that the staff treat them with respect and 100% knew the names of the staff that support them.



### Areas for improvement

The service should continue to ensure that the use of agency staff is monitored to promote continuity. In 2012 frequent changes in agency staff made continuity difficult for both people who used the service and for existing staff who had to support new agency staff through the induction procedures.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

#### Service strengths

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to 2.1, 3.1 and 4.1. For strengths and areas for improvement around participation see Quality Statement 1.1.

#### Areas for improvement

For areas for improvement around participation see Quality Statement 1.1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

## Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

### Service strengths

We assessed that the service was adequate in relation to this statement.

Staff are regularly supervised as part of supervision they have to bring their key clients files to supervision with them so that their supervisors can check that they are keeping records up to date.

The feedback that we received from relatives in questionnaires returned to us remains positive as it was at the last inspection.

The provider carried out an external financial audit by an external financial manager. This indicated that finances were being well maintained.

We viewed the services complaints records and noted that there were only 2 complaints recorded in 2012 and the records show that appropriate action was taken to resolve these complaints.

Relatives who returned questionnaires to us wrote:

- "Our son who attends the centre is delighted to have the opportunity to attend."

100% of those who responded agreed or strongly agreed with the statement that overall they were happy with the quality of the service provided by the service.

### Areas for improvement

The service did not notify the Care Inspectorate about events that it has a statutory obligation to do. On this occasion it appears that this was a misunderstanding and the service has since sent us formal notifications. The provider needs to ensure that all care service managers are aware of their responsibilities towards notification to the Care Inspectorate. (See requirement one under this statement.)

As mentioned under statement 1.1 the service needs to ensure that care reviews take place at least every 6 months.

Apart from financial and health and safety audits there was no external audit of the quality of the service provided by the centre. It is good practice to have a system which provides an overview of the quality of the service. The provider should consider a quality assurance model which best meets the needs of the people who use the service. (See recommendation one under this statement.)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

## Requirements

1. The provider must ensure that managers are aware of their legal obligations around notifying the Care Inspectorate.

This is a requirement made against the Scottish Statutory Instrument 2002 No. 114. The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002;

21.

(2) A provider of a care home service shall give notice to the Commission without delay of the occurrence of-

(a) the outbreak in the care home of any infectious disease which in the opinion of any registered medical practitioner attending persons in the care home is sufficiently serious to be so notified;

(b) any serious injury to a service user;

(c) any theft or accident; or

(d) any allegation of misconduct by the provider or any person who is employed in the care service.

This deadline for meeting this requirement is within one week of the receipt of this report.

## Recommendations

1. The provider should introduce a quality assurance system for the service along with training for staff on its implementation.

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

## 4 Other information

### Complaints

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

### Enforcements

We have taken no enforcement action against this care service 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 Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).



## 5 Summary of grades

### Quality of Care and Support - 3 - Adequate

Statement 1	4 - Good
Statement 3	3 - Adequate

### Quality of Environment - 4 - Good

Statement 1	4 - Good
Statement 2	4 - Good

### Quality of Staffing - 4 - Good

Statement 1	4 - Good
Statement 3	5 - Very Good

### Quality of Management and Leadership - 3 - Adequate

Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings	
6 Jul 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
21 Jul 2009	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
20 Jun 2008		Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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