
Report To:	Community Health & Care Partnership Sub Committee	Date:	24th April 2014
Report By:	Brian Moore Corporate Director Inverclyde Community Health & Care Partnership	Report No:	CHCP/24/2014/BC
Contact Officer:	Beth Culshaw Head of Health and Community Care Inverclyde Community Health & Care Partnership	Contact No:	01475 715387
Subject:	Caladh House (Turning Point Scotland) Residential Care Service Inspection of 27th & 29th October 2013 (Unannounced)		

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Sub-Committee of the outcome of the first Care Inspection of Caladh House (TPS), since assignation of the contract for the provision of residential care to Turning Point Scotland (TPS) on 17th December 2012.

2.0 SUMMARY

- 2.1 On 17th December 2012, following extensive consultation, and in agreement with Inverclyde CHCP, Caladh House Association assigned the existing Adult Residential Care Contract to Turning Point Scotland (TPS) as their preferred provider.

The assigned contract is currently in extension until 30th April 2014.

At a CHCP Sub-Committee of August 2013, approval was granted for the CHCP to negotiate directly with Turning Point Scotland as per Rule 3.2.3. (2) Of the Rules of Procedure - Contract for Procurement of Social Care Services.

Following negotiation with TPS a new contract has been developed and agreed by both parties and it is anticipated this will be issued to TPS by 1st May 2014.

- 2.2 As a result of the assignation process, TPS were required to register with the Care Inspectorate for the delivery of Adult Care Home Services. TPS have provided a registered Housing Support Service and Support Service (Care at Home) within Inverclyde for a number of years, however they did not hold registration for a Care Home Service. Therefore 3 registrations were required by TPS to comply with the Public Services Reform (Scotland) Act 2010.
- 2.3 The Care Inspectorate undertook an unannounced inspection of the service on 27th & 29th October 2013.

The outcome of this inspection provided grades of 5 across all themes, indicating an overall very good quality of service.

3.0 RECOMMENDATIONS

- 3.1 The Sub-Committee is asked to note the detail of the Care Inspectorate initial inspection of Caladh House (TPS) on 27th & 29th October 2013 and acknowledge the work undertaken by TPS in improving the care and support provided to residents.

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Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

- 4.1 Caladh House (TPS) supports 10 adults with learning disability who have mixed care and support needs. Ages range from 32 – 81 years.
- 4.2 As a first time registrant the Care Inspectorate placed a condition on Turning Point Scotland registration for Caladh House (TPS), specifying service users must have access to en-suite facilities by the end of the year (2013). The registration places were limited to 10 whilst the condition of registration was met. At the inspection in October 2013 the Care Inspectorate were satisfied that the service has met this criteria by evidencing plans to enhance the quality of the environment in the plan to re-model the service.
- 4.3 At a previous Sub-Committee on 9th January 2014, approval was granted for use of funding by the CHCP for the re-design of the Caladh premises at Bank Street; this would provide a supported living model of service promoting independence, choice, control and dignity for service users. A feasibility study is currently being undertaken by Inverclyde Council's Property Assets & Facilities Management to inform this re-design.
- 4.4 Turning Point Scotland has been supporting the residents at Caladh House for approximately 14 months with many of the previous Caladh House Association staff transferring to TPS. This has allowed for continuity of care for the residents.
- 4.5 Contract Monitoring and Care Management information including feedback from residents, families and representatives indicates that the service is operating to a high standard with support packages delivered to meet individual needs and with evidence of positive outcomes for residents emerging.

5.0 CURRENT POSITION

- 5.1 The Care Inspectorate is the independent scrutinising and improvement body for care services in Scotland. Through inspections and in seeking feedback from service users, carers, staff and stakeholders, the Care Inspectorate ensure people are receiving a high quality of care and ensure services promote and protect the rights of their service users.
- 5.2 On 27th and 29th October 2013, the Care Inspectorate assessed the performance of the Caladh House (TPS) service.

The grades below represent this assessment:

SUMMARY OF GRADES

Quality of Care & Support	Quality of the Environment	Quality of Staffing	Quality of Management & Leadership
5	5	5	5

1 – Unsatisfactory. 2 – Weak. 3 – Adequate. 4 – Good. 5 – Very Good. 6 – Excellent.

- 5.3 The Care Inspectorate carried out a low intensity inspection, indicating their satisfaction that Caladh House (TPS) are, “working hard to provide consistently high standards of care”.

During inspection, the Care Inspectorate sought feedback from Caladh residents and their families both by questionnaire and in person.

The inspection process included a review of a range of policies, procedures, records and other documentation.

5.4 The Inspection

1. Quality of Care and Support - Graded 5 – Very Good.

Overall the Care Inspectorate reported the service was very good at involving residents in the assessment and development of the service they receive. The service was also assessed as very good at ensuring health needs are met. The Care Inspectorate highlighted the high level of involvement of service users and families in the future plans for the re-design of the service both with TPS and with the CHCP. Feedback from service users and families was very positive, both believing they were listened to and actively had a role to play in developing the service.

Residents expressed a view that the support they received from TPS was much improved over previous support and they felt more in control of this support.

The Care Inspectorate highlighted an area of improvement in ensuring that residents are fully able to contribute in the reviewing of their support in considering various methods of communication as appropriate for individual residents.

One requirement for this quality theme is in relation to recording the administration of topical creams and drops. This requirement was met within a week of the inspection.

2. Quality of the Environment – Graded 5 – Very Good.

The Care Inspectorate was particularly impressed at the level of participation by residents/carers in improving the quality of the environment of the service and believed this to be a service strength. Highlighted was the consultation and involvement of residents. Commended were the growing relationships between TPS staff and management, residents and carers. This participation statement within the theme was graded 6 – excellent.

One specific requirement within this area was that TPS must ensure that staff who have a 'key worker' role are registered with the Scottish Social Services Council (SSSC). This was an oversight by TPS as a newly registered Care Home service. This requirement was met by December 2013.

3. Quality of Management and Leadership – Graded 5 – Very Good.

In terms of ensuring residents and families participate in assessing and improving the quality of Management & Leadership of the service, the Care Inspectorate view the service as excellent. This is due to the work carried out with residents' families and with the CHCP in developing the service. TPS have established a "trust" with residents and families in the 14 months since taking over the service.

The inspection highlighted, "a thorough internal assessment by TPS of the service's strengths".

In summary, the Care Inspectorate was "impressed with the progress that TPS has made since taking over the service". Highlighted is the view by residents and families that the care and support delivered to them by TPS has greatly improved over the past 14 months.

The consultation work undertaken with the CHCP has ensured that residents and their families' interests have been taken into account. The Care Inspectorate viewed this process as excellent practice. All necessary improvements highlighted were met within weeks of the inspection visit.

6.0 PROPOSALS

- 6.1 It is proposed that the Sub-Committee note the outcome of the first care inspection of Caladh House (TPS), and acknowledge the work undertaken by Turning Point Scotland in much improving the care and support to all 10 residents within the service.

7.0 IMPLICATIONS

Finance

7.1 None.

Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 None.

Human Resources

7.3 None.

Equalities

7.4 EQIA Required.

Repopulation

7.5 None

8.0 CONSULTATIONS

8.1 Consultation has taken place with TPS, Caladh residents and families.

8.2 Consultation has taken place with Legal Services.

8.3 Consultation has taken place with Property Asset Management.

8.4 Consultation has taken place with Care Inspectorate.

8.5 Consultation has taken place with Care Management and CLDT.

10.0 LIST OF BACKGROUND PAPERS

10.1 None

Care service inspection report

Turning Point Scotland Caladh House

Care Home Service Adults

14/16 Bank Street
Greenock
PA15 4PH

Inspected by: Colin McCracken

Type of inspection: Unannounced

Inspection completed on: 17 December 2013



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Service provided by:

Turning Point Scotland

Service provider number:

SP2003002813

Care service number:

CS2012312217

Contact details for the inspector who inspected this service:

Colin McCracken

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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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The consultation work which has gone into ensuring that service users and their relatives interests have been taken into account in the development of the service has been excellent.

What the service could do better

The service should amend their medication audits to ensure that they include the use of prescribed topical creams to ensure that they are applied in line with the medication records.

What the service has done since the last inspection

The service has improved the quality of support plans over the last year they have also worked with the local authority to progress plans to change the fabric of the building to bring it up to modern standards.

Conclusion

We were impressed with the progress that the Provider has made in the year since taking over the service. More importantly the people who use the service and their relatives are happy with how the service has improved over the last year. This is the first time that this service has been inspected since the provider became Turning

Point Scotland therefore there are no recommendations and requirements to follow up from the previous inspection.

Who did this inspection

Colin McCracken

1 About the service we inspected

This service was registered with the Care Inspectorate in December 2012 when Turning Point Scotland took over from the previous provider. As such this is the services first inspection since it was registered.

The service is registered to provide a care home service for a maximum of 10 people who have a learning disability. The service is situated in Greenock close to the town centre. One of the conditions of the service's registration is that the provider had to evidence to the Care Inspectorate that it had plans in place to provide en-suite facilities for the people living within the home by December 2013. The service has met this criteria by evidencing plans are in place with an expectation that funding will be in place to make the plans a reality in the near future.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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 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

The inspection was carried out by one Inspector, Colin McCracken, on the 27th of October between the hours of 9.45am and 5.00pm and on the 29th of October from 9.30am to 5.30pm. Feedback was given to the manager at the end of the 2nd day of the inspection. Following feedback further information was received 17 December from the manager which concluded the inspection. The first day of the inspection was unannounced which means that the service did not know we were coming.

Prior to the inspection, we sent 10 Care Standards questionnaires to the service to pass out to service users and an additional 10 questionnaires to be passed on to their families. Of these 5 and 8 respectively were completed and returned to us. These gives individuals the chance to contribute to the inspection and to do so anonymously if they wish.

During the inspection we had individual discussions with a range of people including:

- The manager
- 5 service users
- 2 relatives
- 2 support workers
- The cook
- Care Manager

We also carried out a review of a range of policies, procedures, records and other documentation, including the following:

- care plans
- Resident's meeting minutes
- Family meeting minutes
- Incident and accident book
- service information pack
- Service's development plan
- Staff training checklist
- Employee Induction procedure

- Staff meetings
- Staff personnel files
- Supervision minutes
- Staff appraisals
- Complaints folder
- Training records
- Medication policy
- Questionnaires and the service's evaluation of them
- Public liability insurance certificate
- Financial records
- Maintenance records
- Quality assurance audits

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

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: No

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 Care inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. It could be improved by including more information about what the outcomes have been for people as a result of the support that they receive.

Taking the views of people using the care service into account

Prior to the inspection we sent out 10 care standard questionnaires to the service and asked them to be distributed to people who use the service. 5 were returned and all of them were positive about the overall quality of the service provided.

During the inspection we had the opportunity to speak with 5 people who were using the service. All of them were very happy with the service that they received.

Comments people made are included throughout the report.

Taking carers' views into account

Prior to the inspection we sent out 10 care standards questionnaires to the service and asked them to distribute them to the relatives of the people who live in the service. 8 were returned to us and all were positive about the quality of the service.

We also spoke with 2 relatives on the phone who were very positive about the improvements which had taken place in the service over the last year.

Comments people made are included throughout the report.

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: 5 - Very Good

Statement 1

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

Service strengths

The service was very good at involving people who use the service in the assessment and development of the service which they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service as well as those returned from their relatives
- Interviews with service users
- Interviews with relatives
- Participation strategy
- Minutes of residents meetings
- Minutes of family meetings
- Service user's presentation on the service development

There are regular service user meetings; these discuss a range of things from menu planning and activities to how the service will develop. There are plans in place to change the internal structure of the building to modernise it. This will involve creating either en-suite facilities or individual flats. Service users and their relatives are involved in these discussions and representatives from the service users took part in a presentation about the planned changes to relatives and senior council staff.

The provider has a local participation policy which is covered as a core part of the staff induction procedure, all staff within the service have undergone the providers

induction procedure so all staff should be aware of the policy and the staff we spoke with were aware of it.

The provider has started using care plans which are outcome focused; by this we mean that care planning considers how the success of the support provided can be measured for each individual. These were an improvement over the previous care plans. More importantly the people who use the service told us that they felt better supported and more in control of the support they receive since Turning Point Scotland took over the service.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "Our presentation went really well last night."
- "I have reviews every 3 to 4 months."
- "They'll listen to your problems and they will do something about them."
- "I feel in control of the support I get now that TPS have taken over."

Comments from relatives we received in relation to this statement included:

- "We have met with the head of social work to discuss the way forward."
- "The presentation was really a big hit the other night."
- "It's really great to be listened to."
- "We feel that we have a real say now."

Areas for improvement

The provider should consider using different formats for review meetings depending on the needs of the individual. The review minutes we sampled were all similar in style which is based on a standard social work format. This is appropriate for many of the people who use the service, for others it may be more beneficial to use more person centred review formats such as using videos and photographs to explain what someone has done or would like to do.

Care plans allow space for key workers to ask service users to sign as evidence that they have been consulted and agree with the plan; however we came across several unsigned sections. The service should look to address this.

The management team should consider how they can involve service users, their relatives and staff in the completion of their self-assessment which we will ask them to complete prior to their next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service was very good at ensuring service user's health and wellbeing needs are met. We arrived at this conclusion after considering the following information:

- Care plans
- Medication policy
- Risk assessments
- Interviews with service users
- Interviews with relatives
- medication policy
- Incidents and Accident folders

When we interviewed staff their responses demonstrated that they were aware of the needs of the people that they supported. Staff had received training on; moving and assistance, personal care, diabetes, protection of vulnerable adults, adult support and protection, administering of medication and epilepsy awareness. Staff told us that additional training would be sourced if a service user's support needs required it.

People who use the service told us that they were being encouraged to be more active than they had previously; for example they told us that there were more staff available to go out for walks with them than had been previously.

Care plans included considerable information about service user's medical and health related issues and this was regularly reviewed and updated. There was also evidence that the service had accessed community learning disability professionals and others for support and advice. The involvement of these associated professionals was evidenced and implemented within the care plan documentation. This gave a picture of considerable coordination and cooperation to ensure that service users had access to a variety of health related professionals to ensure that they received the optimum care available.

Issues regarding the people who use the service are raised at regular meetings and generally support plans are updated and reviewed when necessary and on a regular basis. We sampled both review meetings and care plans during the inspection.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "There is more staff looking after us since Turning Point took over."
- "We get out more since Turning Point took over."
- "I'm getting more help now."

- "I'm getting out more for wee walks with the staff."
- "They help me to check my bloods regularly."
- "The best thing about staying here is that I am with the rest of the gang."

Comments from relatives we received in relation to this statement included:

- "There has been a huge improvement in the standard of care since TPS took over."
- "My relative has never been so well cared for."
- "Since Turning Point took over I can see a big change in my brother, he's more outgoing."

Areas for improvement

We looked at the medication records that the service keeps for the people it helps support with their medication. We saw that there were gaps in the recording of topical creams and eye drops. The provider must ensure that people are supported with these in line with the prescriptions sent to the service. (See requirement one under this statement)

There were a couple of incidents within the services accident and incident records which although appropriate action had been taken at the time care plans had not been updated to reflect what had happened. While other events such as accidents had resulted in appropriate changes to care plans, the management team should ensure that care plans are updated following any significant incident. (See recommendation one under this statement.)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. If service users have creams prescribed from their general practitioner stating how frequently they have to be applied, records need to be kept up to date to evidence that this has been done.

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 - Within a week of receiving this report.

Recommendations

1. The provider should add into their quality assurance procedures checks to ensure care plans have been updated following accidents or incidents.

NCS 15 Care Homes for People with Learning Disabilities - Keeping Well -
Medication

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

The service was excellent at ensuring that service users, their relatives and other stakeholders such as the social work department had participated in assessing and improving the quality of the environment. We considered the following information under this statement:

- Services questionnaires returned from families and social workers
- Service information packs
- Care plans
- Care Review minutes
- Interviews with service users
- Interviews with staff
- Service participation policy
- Service user's presentation on the development of the service

The people who live in this service have lived together as a group for over 20 years. Just over a year ago this service was at risk of being closed for various reasons including the need to meet the National Care Standards for care homes for people with learning disabilities. So in addition to the strengths which were outlined about participation under statement 1.1 the service has worked with; service users, their families and the social work department to ensure that the people who live in the service are able to continue living together as a group. Service users and their relatives told us this had been their main concern when discussing the future of the service.

Through a long period of consultation, applications for funding have been submitted to allow the provider to either change the existing building into single flats or create en-suite rooms bringing the building up to modern standards. Service users were involved in the presentation for the funding application. We viewed the presentation and spoke to service users who had been involved in it.

The consultation process has been handled particularly well as service users and their relatives did not know the provider previously and therefore the management and staff had to build a trusting relationship from scratch and the feedback that we have received from service users and their relatives is that; the change has been really positive, that they feel they have been fully involved in the consultation process and they have trust that they will continue to be involved in decisions around the development of the building.

Care reviews were being monitored to ensure that they were taking place every 6 months. These meetings gave individuals the opportunity to discuss the communal environment and personal space within the homes. There was evidence that people had raised issues about their bedrooms, everyone's bedrooms had been decorated since the last inspection and people who use the service told us that they were able to go out with their key worker to choose the colour of their paint or wallpaper and the carpets for their bedrooms.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "I had my room painted and I chose the colours."
- "The residents chose the carpets; there's been a total refurb."
- "Our presentation went really well last night."
- "Individual flats sounds like a plan to me."
- "I went out with my key worker and picked all my furniture."

Comments from relatives we received in relation to this statement included:

- "They have made great strides in tidying up the house since they took over."
- "We had to fight to keep the service but Turning Point and the social work department have really been great to work with."
- "Our wishes and concerns are listened to now."

Areas for improvement

The management team could improve the way they write their self-assessment which they send to us so that they fully capture the work that has gone into involving service users and their relatives in the assessment and development of the service. At present the self-assessment does not capture this.

The management team should continue to involve service users and their relatives in the discussions around the development of the building.

Grade awarded for this statement: 6 - Excellent

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 was good at ensuring that the environment was safe and that service users were protected. We arrived at this conclusion after considering the following information:

- Written agreements
- Accident and incident forms
- Risk assessments
- Health and safety policies and practices
- Registration Certificate
- Public Liability Insurance Certificate

All staff are given health and safety training as part of their induction. Senior staff carry out health and safety audits on a regular basis. We saw these during the inspection.

The service completes personal emergency evacuation procedures for each service user, this is to keep people safe in the event of a fire.

The provider operates safer recruitment practices with all staff requiring to undergo an enhanced disclosure check with newer staff having to undergo a Protection of Vulnerable Groups (PVG) check.

A sample of staff rotas demonstrated that staffing levels are met and at times exceeded their minimum staffing levels as laid out in the registration certificate. The minimum staffing levels and registration certificates can be viewed at on the notice board at the reception area.

The service takes a multi-disciplinary approach to trying to ensure that service users are protected. By this we mean they link in with the social work department, community learning disability team and psychiatric and other medical services where appropriate. This was made clear from the care plans that we sampled.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "There is more staff on now to look after us."
- "I feel safe here."

Comments from relatives we received in relation to this statement included:

- "Money is properly accounted for and the place is properly staffed."

Areas for improvement

The service at the start of the inspection did not have all the staff who hold key working responsibilities registered with the Scottish Social Services Council. The manager did forward us evidence by the end of the inspection that all staff who meet registration criteria had now submitted their registration forms. It is a requirement that the providers keep up to date and comply with the registration criteria for all social service workers as laid down by the Scottish Social Service Council. (See requirement one under this statement.)

The service hope to be in a position to offer people en-suite facilities at sometime over the next year once funding has been made available.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that managers are aware of the eligibility criteria for registering staff with the Scottish Social Services Council and comply with this criteria.

This is to comply with: SSI 114 Regulation 13 Staffing. A provider shall, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of service users - (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users.

Timescale to address this - Within a week of receiving this report.

Quality Theme 3: Quality of Staffing

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 staffing in the service.

Service strengths

The service was very good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff

Questionnaires used by the service to get people's views included questions on the quality of staffing. The responses that we viewed were positive. We also saw minutes of meetings where issues about quality of staff were mentioned and discussed.

Review records showed that people who used the service could give their views about the quality of staff at review meetings.

Each individual has a service user agreement between themselves and Turning Point Scotland. This includes a section on recruitment asking if you would like to be involved in choosing your staff, how you would like to be involved and if you would like your representative to be involved in the recruitment of staff. We spoke with service users who had participated in the recruitment of staff.

All the people who use the service that we either spoke with or who returned care standards questionnaires were very positive about the quality of staffing within the service. For example 100% agreed with the statement 'staff know my likes and dislikes and preferences and do what they can to meet them.' Comments made from service users included:

- "Staff are getting on better with us since Turning Point took over."

- "I like helping with the cleaning on a Monday and Wednesday."

Comments from relatives we received in relation to this statement included:

- "He has a really good key worker who gets the best out of him, he really relates to her."

See also Quality Statement 1.1. for general strengths in relation to participation.

Areas for improvement

While it is good that service users are offered the chance to take part in staff recruitment and as mentioned above several people have done this; those who had had not been given any training on recruiting staff. This is an area that the provider should consider.

The provider should consider having a section within the staff appraisal process which encourages managers to record feedback from service users and carers.

The provider has a standard probationary period for new staff prior to their position being made permanent. The provider should consider how they can evidence that service user's opinions have been sought as part of this process.

Grade awarded for this statement: 5 - Very 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 found the service's performance in the areas covered by this statement was very good. We concluded this after considering the following:

- Interviews with management /staff/ service users and relatives
- Staff induction procedure
- Samples of staff supervision and appraisal minutes
- Staff meeting minutes

Staff views on the service were sought through staff questionnaires. Staff meetings were also held regularly. The staff that we spoke with told us that they had contributed to the service's self-assessment. Staff came across as being very positive when we spoke with them about their work. They also told us that they felt valued and well supported by management.

The provider has a supervision policy which makes clear what the role and purpose of supervision is, the minutes we looked at demonstrated that the provider's policy was being followed and a supervision planner was given to us to evidence that time is set aside regularly for supervision. We sampled the minutes from some supervision sessions and this evidenced that good practice and areas for development are discussed.

The provider has a range of policies and procedures which meet the expectations laid down in the National Care Standards. For example; Health and Safety, Fire Safety, Accidents and Incidents and Whistle-blowing.

The management explained that the provider was developing training opportunities for staff and training dates for staff were already in the diary for 2014, these included; adult support and protection, epilepsy awareness, moving people, food hygiene, first aid. Some of these courses were for new staff and some are refresher courses for experienced staff.

The people who use the service told us:

- "The staff are brilliant."
- "The staff are more friendly now."
- "I feel in control of the support I get now that TPS has taken over."

Comments from relatives we received in relation to this statement included:

- "Staff are well trained and seem highly motivated to improve the lives of residents."

Areas for improvement

As the service has only been in existence for one year few staff have had an annual appraisal, the management team should ensure that the appraisal system is up and running this year.

Once all eligible staff are registered with the Scottish Social Services Council (SSSC) they have to complete a minimum amount of training each year. The management team should ensure that staff are supported to identify enough training to meet their registration requirements.

The management team should continue to build up a resource library for staff to access best practice information; this can include a list of useful website for staff to access.

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: 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

We have graded this statement as excellent due to the work which the management and leadership has carried out with service users, their relatives and the social work department regarding the development of the service. We considered the following information in grading this statement:

- Discussions with relatives
- Discussions with service users
- Interviews with management and staff
- Corporate plans
- Returned questionnaires
- The services aims and objectives
- Advocacy meeting minutes
- Discussions with senior social work management
- Correspondence with a care manager

The returned questionnaires which we viewed agreed or strongly agreed with the statement that 'the service has involved me in developing the service for example asking for ideas and feedback.' Discussions we had with relatives confirmed this.

From what we were told the provider has established a trust with service users and their relatives. This was important as just over a year ago, prior to Turning Point Scotland taking over the service, one of the options being considered was that the care home should close and people living in the home would move to different places. This was not a popular choice with those living in the home or their relatives. Through regular meetings with residents and relatives and the social work department an agreement has been made that the building will either be made into individual flats for the people who live in the home or they will be given on-suite rooms.

As mentioned previously service users have been involved in the presentations made for grant applications. Relatives and residents have both met with architects over what the building could look like following renovations.

Several people also remarked that the service has encouraged people to be more independent. As a result of the joint work, service users and their relatives told us that the change of provider has been a very positive move.

Service user told us:

- "The management are brilliant."
- "The manager is a gentleman and a scholar."
- "The management are very fair, they will listen to your problems and they'll do something about them."
- "The best thing about being here is I'm still with the rest of the gang."
- "The best thing is I feel more independent now."

Relatives that we spoke with said in relation to this statement:

- "We have met with the head of social work to discuss the way forward."
- "The presentation was really a big hit the other night."
- "It's really great to be listened to."
- "We feel that we have a real say now."
- "One year on both my relative and I are completely reassured by the quality of the care received in every respect."

Areas for improvement

The management team should involve service users and relatives in developing their self- assessment prior to next year's inspection.

The manager told us that they wish to continue to support people to achieve as much independence as they are safely able to achieve. This is something that they are working towards at services users own pace.

Grade awarded for this statement: 6 - Excellent

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

The service was good in relation to this statement. We considered the following information in grading this statement:

- audits of questionnaires
- Care standards questionnaires returned from service users and carers
- feedback from minutes of meetings
- direct observation and feedback on staff practice
- accident and incident reports
- audits and reviews of care and support plans
- audits of medication procedures
- Feedback from other professionals
- Feedback from service users and carers

100% of the people who returned care standards questionnaires to us agreed or strongly agreed with the statement that 'overall I am happy with the quality of care and support the service gives me.' We viewed the feedback from questionnaires given out by the service themselves and they had a similar response.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that the manager discusses; service audits, supervision, training and development plans during these meetings. As a result staff that we spoke with were aware of the standards expected of them and that their performance would be monitored by management.

Needs assessments and risk assessments are monitored monthly we saw evidence that they are increased or decreased depending on the risk to the individual. This is important as risk assessments which are not up dated on a frequent basis are of less value.

The provider uses the EFQM Excellence Model which aims to inspire organisations to achieve sustainable excellence by engaging leaders to learn. EFQM awarded Turning Point Scotland an award in excellence, their report stated "It was very clear that Turning Point Scotland always wants to push forward and test itself and examples such as the external governance review of the organisation support this mentality."

The provider has a standard quality assurance tool which the manager has completed on the service. This tool is evidence based meaning that the manager has to provide examples to his line manager of how the service has met the standards set by the

organisation. We looked at this and it appears to be quite a thorough internal assessment of the services strengths.

In relation to this statement people who use the service told us:

- "Things have been excellent since Turning Point took over."
- "The manager is a gentleman and a scholar."
- "It's been absolutely excellent."
- "I'm tickled pink with the help I'm getting."

Comments from relatives we received in relation to this statement included:

- "The quality of care in all its aspects has greatly improved."
- "There has been so many improvements made in the last year."
- "Since Turning Point took over all aspects of the service have improved."
- "People look healthier and happier since Turning Point took over."

Areas for improvement

As mentioned under statement 2.2 the service needs to ensure that all eligible staff are registered with the Scottish Social Services Council.

As mentioned under statement 1.3 the service should review their medication audit to ensure it includes topical creams and eye drops.

The management should ensure that when they make notifications to the Care Inspectorate they update them as appropriate.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

No additional information.

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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	4 - Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	4 - Good

6 Inspection and grading history

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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