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<b>Report To:</b>	<b>Community Health and Care Partnership Sub Committee</b>	<b>Date:</b>	<b>28 August 2014</b>
<b>Report By:</b>	<b>Brian Moore Corporate Director Inverclyde Community Health and Care Partnership</b>	<b>Report No:</b>	<b>CHCP/39/2014/BC</b>
<b>Contact Officer:</b>	<b>Beth Culshaw Head of Health and Community Care Inverclyde Community Health and Care Partnership</b>	<b>Contact No:</b>	<b>01475 715387</b>
<b>Subject:</b>	<b>Learning Disability Day Opportunities, Outreach and Community Supports</b>		

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## 1.0 PURPOSE

- 1.1 To advise Members of the outcome of the inspection in March 2014 conducted by the Care Inspectorate in relation to Outreach and Community Supports.

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an announced (short notice) inspection of the Learning Disability Day Opportunities, Outreach and Community Supports between 17 March 2014 and 19 March 2014.
- 2.2 This included an inspection volunteer making telephone calls to service users and carers to collate background information.
- 2.3 **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 5 - Very Good

Statement 2 5 - Very 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 5 - Very Good

Statement 4 5 - Very Good

- 2.4 The feedback received from the people who use this service, and their relatives, was very positive.
- They said they were very happy with the service they receive.

- It is flexible to meet the needs of the people who use it.
- There is a very good assessment and personal care planning process for people who use the Outreach service.
- People receive good information on how to keep safe and healthy.
- Staff said they feel well supported by managers, seniors and each other.
- They receive good training opportunities.

### **3.0 RECOMMENDATIONS**

- 3.1 That the Sub-Committee note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

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

## **4.0 BACKGROUND**

- 4.1 Learning Disabilities Day Opportunities Services are part of the Community Care Section of Inverclyde Community Health and Care Partnership (CHCP). The service provides services to adults with learning disabilities who stay within the Inverclyde area. Day Opportunities Services offer care and support to enhance an individual's quality of life and improve opportunities to be involved in lifelong learning, leisure and recreation, employment and social inclusion. The service promotes independence and encourages and enables individuals to participate in community based activities of their choice.

Outreach and Community Supports, along with the Fitzgerald Centre, the McPherson Centre and Golf Road Autism Unit, provide support for people to access a variety of resources within and outwith the local area.

- 4.2 In this service the Care Inspectorate carried out a low intensity inspection. These inspections are carried out when the Care Inspectorate is satisfied that the service is working hard to provide consistently high standards of care. This also reflects the grading history of the service.

## **5.0 PROPOSALS**

### **5.1 QUALITY THEME – QUALITY OF CARE AND SUPPORT**

#### **Recommendation 1**

The Manager should ensure that all support plans are reviewed every 6 months as required by legislation, irrespective of the amount of support they receive.

Action: service users will be reviewed every 6 months.

#### **Recommendation 2**

Information on the needs of people using the service should be made available to all staff working with them

Action: Where a service user from another unit accesses an activity appropriate information required to support them will be available to staff.

### **QUALITY THEME – QUALITY OF STAFFING**

#### **Recommendation 1**

The manager should ensure that training records are up to date.

Action: Day Opportunities Coordinator will ensure with the Learning Disability Administrator that training information be updated in the service user's folder

### **QUALITY THEME – QUALITY OF MANAGEMENT AND LEADERSHIP**

#### **Recommendation 1**

The provider should develop a continuous improvement plan with action plan, timescales and evaluation of progress. This should reflect the findings of quality assurance processes and the involvement of stakeholders (including, people who use the service, carers staff and external agencies) from participation and feedback methods such as complaints, meetings and survey responses.

Action: Inverclyde Learning Disability Services are currently undergoing a redesign which includes Outreach & Community Supports. As part of the redesign process services are being

evaluated & reviewed in partnership with Service Users, Carers, staff and other stakeholders. This review will shape the direction and delivery of future services.

The new National Strategy for Learning Disability, 'The Keys to Life', and the 'Personalisation' agenda is the blueprint for Inverclyde CHCP in improving the quality of life for our Service Users with a learning disability.

An 'online' Satisfaction survey has been developed for service users. The intention is that this will be completed over the period of a year but each section will be updated as and when appropriate e.g. after a period of respite that particular section can be completed. The questionnaire will be discussed at each review.

A questionnaire has been sent to carers for completion, the results of which will be independently collated and feedback given to the service.

An established 'Care Providers' forum meet on a three monthly basis.

A 'Quality Assurance' framework is currently being developed across all learning disability services. On completion this will be implemented within Outreach & Community Supports.

## 6.0 IMPLICATIONS

### 6.1 Finance

Narrative to be provided here depending on the content of the report.

#### Financial Implications:

One off Costs

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					

### 6.2 Legal

None.

### 6.3 Human Resources

None.

### 6.4 Equalities

None.

### 6.5 Repopulation

None.

## **7.0 CONSULTATIONS**

7.1 None.

## **8.0 LIST OF BACKGROUND PAPERS**

8.1 Care Inspectorate Report Outreach and Community Supports 2014.

## Care service inspection report

# Outreach and Community Supports

## Support Service Without Care at Home

Fitzgerald Centre

110 Lynedoch Street

Greenock

PA15 4AH

Telephone: 01475 712371

Inspected by: Julia Bowditch

Type of inspection: Announced (Short Notice)

Inspection completed on: 25 March 2014



HAPPY TO TRANSLATE

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## Service provided by:

Inverclyde Council

## Service provider number:

SP2003000212

## Care service number:

CS2007164625

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

Julia Bowditch

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	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 feedback we received from people who use this service and relatives shows us that they are very happy with the service they receive. It is flexible to meet the needs of the people who use it.

There is a very good assessment and personal care planning process for people who use the Outreach service.

People receive good information on how to keep safe and healthy.

Staff told us they feel well supported by managers, seniors and each other. They receive good training opportunities.

### What the service could do better

We have made four recommendations at this inspection about reviews, information in support plans, training records and the need to further develop a continuous improvement plan for the service.

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

Groups have been developed in response to people's needs and wishes, thus meeting a need for socialising and learning new skills.



A new service user satisfaction survey has been developed and will soon be made available.

Managers and senior staff are beginning to look at the effect that the redesign of Learning Disability services will have on the service and their response to it.

### **Conclusion**

This report shows the many strengths of the service, and the recommendations we have made are intended to further improve it. Overall, Outreach and Community Supports was found to be providing a service that was clearly valued by those who receive it and making a difference to their quality of life.

### **Who did this inspection**

Julia Bowditch

**Lay assessor:** Mr Raymond Boyd

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

### Requirements and recommendations

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

- 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Outreach and Community Supports is provided by Inverclyde Council Social Work Services and is registered to provide community based support to people with a learning disability.

There are three parts to the service - Outreach, Community Supports and Older People. The Outreach and Community Support services are community based and access a variety of resources throughout Inverclyde and the surrounding areas. The Older People's service is a building-based day service near Greenock for older people or those who prefer a quieter environment.

The services are managed by a Day Opportunities Coordinator whose office base is in the Fitzgerald Centre close to the town centre in Greenock.

The service states that it aims "to encourage and enable individuals to live as full a life as possible and to place at the core of service provision the need, wishes and aspirations of our service users."

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](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 which was carried out by Julia Bowditch on 17 March 2014 from 1:30 pm to 5:00 pm, 18 March from 9:30 am to 4:00 pm, and 19 March from 9:45 am to 6:00 pm. We gave provisional feedback to the Day Opportunities Coordinator who is the registered manager, on the final day. An Inspection Volunteer (formerly known as a Lay Assessor) assisted with this inspection by making telephone calls to people who use the service and relatives on 25 March.

As part of the inspection we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent 20 questionnaires to the manager to distribute to service users and/or friends, relatives or carers of people who use the service and received 8 completed before the inspection. We also received 4 completed questionnaires from staff.

During this inspection we gathered information from various sources including the following:

We met/spoke with:

- 17 people who use the service
- 5 family members
- the manager
- the deputy manager
- 1 senior day centre officer (DCO)
- 6 DCOs
- 2 community support workers
- and we attended two activity groups to meet people who use the service and see how staff interacted with them. We also visited the Day Centre to meet and speak to people there and observe the environment.

We looked at:

- the service's most recent self assessment
- annual return
- registration certificate

- insurance certificate
- minutes of reviews
- six care plans
- person centred plans and 10 week diaries
- activity access protocols
- medication folder
- risk assessments
- minutes of team meetings
- records of morning meetings
- staff training records
- training audit
- accident/incident records
- fire log book
- property maintenance log
- file audits
- control self assessment

### **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 recommendations we made at our last inspection**

Not applicable

## **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 Care Inspectorate received a completed self assessment document from the provider. We were generally satisfied with the relevant information included for each heading that we grade the service under but would have liked more detail.

The provider identified what they thought the service did well, some areas for development and any changes it planned. The self assessment contained a range of information which reflected what we found on our visits. It would have been strengthened by some examples of where strengths have led to positive outcomes for people using the service.

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

During this inspection we met nine people taking part in group activities. We also met six people at the day centre and the Inspection Volunteer spoke to a further two people by telephone. In addition to this two people gave their views via the care standards questionnaires we sent before the inspection.

We observed very positive interactions between people who use the service and staff. Everyone we spoke to said they enjoyed the activities they attended at the flat and liked the staff who supported them. People at the day centre appeared happy and relaxed with staff who clearly knew them well. Those we spoke to told us they liked

coming. These are some of the comments we received:

"If I was worried I'd talk to anyone."

"It's good here. The staff are nice."

"If anything was bothering me I'd talk to (staff member)."

"I have no problem with staff. I like them all."

"There's nothing I don't like. Outreach is quite good."

"I've met with (staff member). I've tried all sorts of different things."

"I like (staff member). She's funny. If I was upset I'd talk to her."

"It's great for me. I love it."

"Staff are brilliant."

"They make life bearable for me."

One person indicated how they thought the service could be improved:

"I would like more group courses provided for service users, other than health and safety."

We have included further comments and views from people using the service throughout the report.

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

Seven relatives gave their views via care standard questionnaires and the Inspection Volunteer spoke to five by telephone. All comments were very positive and included:

"Good service. Staff are brilliant with my daughter. Been a godsend to my daughter's life. Give the service the thumbs up."

"The staff that come in are great. No bother with them at all. They get (relative) out and about and bring her out of herself. They do more than what's needed really."

"The staff are marvellous. I wouldn't leave (relative) with them if they weren't. We simply wouldn't manage at home without them."

"Staff are absolutely marvellous. They are fantastic. They do exactly what's needed."

"The service is fantastic, couldn't do without it. It gives (relative) confidence."

"The service is great. (Relative) likes to be out and about. Gets on great with staff."

"There's always someone there (at Outreach) who knows (relative)'s needs."

"He'd have nothing if he didn't go there. He has a quality of life and he loves it."

"Without a doubt staff are very skilled. They'd have to be to look after (relative)."

We have included further comments and views from carers of people using the service 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

We found that this service was very good at involving the people who use it in the assessment and development of their care and support. We decided this after talking with people who use the service, relatives, managers and staff. We also looked at six care plans and other written evidence.

We found that there was a commitment by the manager and staff to involve people who use the service as much as possible in how they wanted their service to be delivered. We saw good attempts to encourage more participation and consultation.

People who use the Outreach Service were involved in person-centred planning where they met with their keyworker to develop a ten week programme where they tried a range of activities and reviewed them regularly before developing a person-centred plan. This meant that their programme was based entirely on their own wishes and aspirations and their choice of how to use their support time so that they would benefit most from it. One person who was currently taking part told us:

"When we do my person-centred planning we talk about things I like to do and how much I can do."

Another who had completed the ten week programme said:

"I tried some tasters like going to the community centre or cinema to see what I wanted to do. At reviews you go over your daily activities and see what you want to keep."



An action plan meeting was held at the end of the ten week period to confirm the person's choices and identify the person responsible for carrying out each action.

The person-centred plans we saw were very user friendly and made good use of pictures and photographs.

People were supported to make choices at a level that suited their understanding. Those who used the Day Centre met every week in keywork meetings to talk about their choices of activities and food for the following week. We also saw them being given day to day choices such as who they wished to support them in specific activities. People using the Community Supports project received a level of support which depended on their individual needs to help them to be involved in the community, for example by socialising, attending college or going shopping.

Regular reviews were held to give people the opportunity to feed back on whether the programme in place was meeting their needs. People we spoke to were very happy with their support. The manager had a schedule for six- monthly reviews and was beginning to carry these out as required by legislation. We saw from the minutes of reviews that people's views were sought and where possible implemented. For some people advocates were involved in reviews to help them to put across their views.

Support plans and other documentation such as risk assessments had been signed by the person and/or their representative to show their agreement with the content.

People who use the service and relatives we spoke to told us they knew who to speak to if they had any concerns about the service.

### **Areas for improvement**

People who use this service received varying amounts of support and we discussed with the manager ways in which six-monthly reviews could be achieved for those who use the service infrequently. Every person's support plan should be reviewed every six months irrespective the frequency of support. (See Recommendation 1 under this statement)

The manager told us that a new service user satisfaction survey was being developed to ask people for their views on all areas of the service. They were currently awaiting IT assistance to make it available to all. We will follow up on this at the next inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

1. The manager should ensure that all support plans are reviewed every six months as required by legislation, irrespective of the amount of support they receive.

National Care Standards for Support Services, Standard 4.6: Support arrangements

## Statement 3

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

### Service strengths

We found that performance by this service was very good in the areas covered by this statement. We concluded this after we looked at six care plans and related recordings and spoke with staff, managers, people using the service and relatives about health and wellbeing.

We saw from most care plans we looked at that there had been good assessments of needs carried out with the full involvement of the person and/or their relative when the person started the service. Support plans reflected a person centred approach in that they were focused on meeting the needs of each individual. Some we sampled contained good information about specific issues and we saw detailed intervention protocols for areas such as behaviours that challenge, with input from a Community Psychiatric Nurse. These helped staff to work in a consistent way and so support the person safely.

We saw from training records that staff had received a range of training to support people in their health and wellbeing. This included dementia, diabetes, total communication, the use of epipens (for adrenaline injection following anaphylactic shock) and emergency rescue medication for epilepsy. Staff told us they had good links with the Community Learning Disability Team for training and information. We saw that annual epilepsy reviews had been carried out by the CLD nurse.

Carers we spoke to confirmed that their relative was supported by a small team of staff which meant that they got to know people and their needs very well and therefore provide consistent care. Staff were flexible according to the person's wants and needs. The parent of a person using the Community Supports project told us:

"Without the support of (relative)'s service workers we would find things extremely difficult. His workers are very experienced on his particular needs. They are caring and protective towards him which puts us very much at ease. They are flexible and will make adjustments as required depending on the situation. It is clear that (relative) enjoys their interaction and is always happy to see them."

The Outreach Service used a nearby flat for people to meet to carry out group activities. During the inspection we visited two groups - a baking group and a women's group. We spoke to some of the people attending and they told us:

"I like coming here. I like baking and art. The staff are a good laugh."

"I love Outreach. We have a bit of a laugh."

"I like Outreach because I like being with people my own age."

We heard of many positive outcomes for people's health and wellbeing as a result of the service, such as increased confidence, volunteering, socialising, integration into the community and improved health through exercise and learning about good nutrition. The women's group had carried out some good work in conjunction with the Community Learning Disability Nurse to help them to look at topics such as relationships, breast screening and other health screening. This increased women's awareness and gave them information on what to expect if they decided to have such tests carried out.

We saw good individual risk assessments for areas such as mobility, behaviour and epilepsy which identified the risks and gave detailed interventions for staff to follow to keep the person safe.

The manager had sourced copies of the new Scottish Government strategy for Learning Disability - 'Keys to life' - for staff and was beginning to look at what it meant for this service.

The provider had developed a new website 'Positive Pathways' for young people and adults with a learning disability which provided a simple self-referral process giving access to a range of information on community resources, opportunities and services such as training and employment, voluntary work and leisure and recreation.

### **Areas for improvement**

Many of the people who use this service also attended another day service from the same provider. When we looked at care plans at the Day Centre we found that some contained very little information on the person as it was kept at their other service. Although we acknowledge that staff are knowledgeable about the people they support and their needs, in general we would like to see a better crossover of information between services so that important information required to care for the person is shared with all staff who support them. (See Recommendation 1 under this statement)

The manager told us that Emergency Rescue Medication care plans were about to be introduced. Some staff had received training for trainers to deliver information about the process to the staff team.

We would like to have seen more outcomes-focussed support plans particularly for people using the Day Centre. A document that provides practical guidance to support organisations to embed personal outcomes at the heart of the way they work is 'Talking Points, Personal Outcomes Approach' by the Joint Improvement Team. This approach puts people using services and unpaid carers at the centre of the support they receive. It can be found at <http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement>.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

1. Information on the support needs of people using the service should be made available to all staff working with them.

National Care Standards for Support Services, Standard 4: 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

We found that the performance for service user and carer involvement under this statement was very good. Some of the evidence relating to this has been included under Quality Theme 1, Statement 1.

In addition:

- people were consulted on the venues for activities
- people using the Outreach service were consulted on colours and décor for redecorating the flat. They were also involved in discussing the best use for each room.
- at the Day Centre we saw that the environment was arranged to suit people's needs, for example one person preferred to eat alone and so was supported to do this. Chairs had been purchased which better suited the people who use the service.

### Areas for improvement

See areas for improvement under Quality Theme 1, Statement 1 in this report.

**Grade awarded for this statement:** 5 - Very 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 found performance by this service to be very good in the areas we looked at under this statement. We focused on the service's approach to the management of the physical environment and how this ensured people's safety.

It was clear that the provider took their responsibilities for health and safety seriously. They had a range of policies, procedures and systems in place to ensure that service users were safe and protected.

Regular health and safety checks were carried out such as PAT testing of electrics, fire equipment checks, alarms and emergency lighting tests. Staff reported any repairs in a property maintenance log book and we saw evidence that they were dealt with promptly. Staff had received training in fire awareness, fire evacuation, health and safety, food hygiene and infection control. All of this helped to make the environment safe for people using the service.

We found that the service carried out risk assessments of the range of venues that people used. These contained good detail of what the risks were to people using the service and what staff could do to make sure that these risks were kept to a minimum. They were signed by the person and/or their representative and reviewed regularly.

Everyone using the Day Centre had been assessed for risk in the event of a fire and a Personal Emergency Evacuation Plans (PEEP) drawn up to ensure that they would be evacuated safely in the event of a fire. The service held regular fire drills to familiarise everyone with procedures.

We looked at some accident and incident records and saw that they contained good detail and identified any actions required as a result, such as updating a risk assessment or referral to another agency. It was good practice that where there was a serious or recurring incident, an incident analysis meeting was held for all those involved to discuss ways of minimising the risk of it happening again.

The keygroup system that the service used meant that each person had a small identified staff team who knew them well. Because of this, staff had built up relationships with them and were available to talk to them in confidence as well as being able to identify and deal with any concerns promptly. We observed friendly, caring interactions between staff and people who use the service. One person told us:

"Staff are good. I've not seen anything bad with any staff. They're there any time you need them, anything personal. They'll get someone else to help you if they can't."

Another important aspect of keeping people safe was staff knowing what to look out for and what action to take if abuse was suspected and so it was good to see that staff had received training in adult support and protection.

### **Areas for improvement**

In the self assessment the manager submitted to us before the inspection she stated that the Transport Policy had been amended, revised information forms had been completed and updated information given to transport providers.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0



## 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

We found that this service was very good at involving the people who use it in having their say on the quality of staffing. We decided this after talking with people who use the service and relatives, and looking at care plans and reviews.

Please refer to the strengths noted under Quality Theme 1, Statement 1 for information on the various opportunities people who use the service and their carers were given to comment on the staff who supported them.

We received very positive feedback from people who use the service and their relatives about the staff who supported them. Please see comments in the sections entitled "Taking the views of people using the service into account" and "Taking carers' views into account" in Section 2 of this report.

Support staff in Community Supports were matched to people who use the service after being introduced to the family and if necessary shadowing another member of staff. This arrangement could be flexible and we heard of an example where a carer had requested a change of support worker and this had happened. Also in other services people could change their keyworker if the relationship was not working out.

### Areas for improvement

The areas for improvement under Quality Theme 1, Statement 1 also apply here.

The service could benefit from using feedback from people who use it and relatives on staff performance for use in staff supervision and appraisals. This would give people further opportunity to have their say on the quality of staffing.

**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 that performance by this service was very good in this area. We decided this after talking with people who use the service, managers and staff and looking at evidence relating to the quality of staff training, supervision and team meetings.

Staff told us they had a good team and were well supported by each other and managers. They said they received good back up at all times including out of hours support. Those we met appeared motivated and committed to providing a good service for the people who used it.

Staff in the Outreach service met each morning to plan the day and told us it was a good way of keeping up to date with any issues. They also held regular team meetings and could add to the agenda. We saw from minutes that there was a good mix of service, staff and service user issues and there was evidence that staff were given opportunities to make suggestions about the service as well as opportunities to develop their role further by becoming trainers.

Staff told us that they received regular one to one supervision with their line manager. This was important for their development as it gave them dedicated individual time to discuss any issues about people who use the service, practice issues, training needs and any support they required.

Annual appraisals were held where staff identified their training needs for the coming year and they were responsible for keeping their own Continuous Professional Development folder up to date.

Staff we spoke to told us they received good training to support people using the service and we saw that they had received training in response to the needs of the people they supported, for example emergency rescue medication and behaviour interventions such as CALM (Crisis and Aggression Limitation and Management, a procedure for de-escalating challenging behaviour). As we said elsewhere in this report the Community Learning Disability team supported staff with training and advice about specific needs. Staff received mandatory training in manual handling, health and safety, food hygiene and Adult Protection. All staff who were required to had completed an appropriate SVQ qualification to register with the Scottish Social Services Council (SSSC), the body responsible for the regulation and learning and development of the social care workforce.

### **Areas for improvement**

We found that training records were not always up to date which made it difficult for the manager to provide evidence that any proposed training had been carried out,

although she was able to provide the evidence in other ways. We have asked the manager to ensure that records are updated regularly to make it easier for her to audit training and identify any gaps promptly. (See Recommendation 1 under this statement)

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The manager should ensure that training records are up to date.

National Care Standards for Support Services, Standard 5: Management and leadership

## 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 found that this service was very good at involving the people who use it in having their say on how the service was developed. We decided this after talking with people who use the service, staff, managers and looking at supporting documentation. Some of the evidence relating to this has been included under Quality Theme 1, Statement 1.

For the Outreach service, group activities were held in the flat as a result of feedback from people who use the service on the way they wanted their service to develop. We saw from the minutes of reviews that people were asked if they were happy with their service and if there was anything they'd like to change.

The manager and deputy manager had a high profile in the service. People who use the service were clearly relaxed and comfortable with them. Relatives we spoke to told us that if they had any issues they could speak to the manager at any time as they had 'an open door'.

People who use this service and relatives were invited by the manager to take part in this inspection to give feedback on the service.

### Areas for improvement

The areas for improvement under Quality Theme 1, Statement 1 also apply here.

**Grade awarded for this statement:** 5 - Very 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 found that performance by this service was very good in this area. We decided this after talking with people who use the service, managers and staff and looking at evidence relating to how the service monitored and audited quality.

From the evidence we have seen at this inspection and in talking to the manager and staff we can see that there is a commitment to keep improving the service and therefore the outcomes for people using it.

Methods of participation described elsewhere in this report have resulted in people who use the service and relatives having an input into assessing the quality of the service, for instance through person-centred planning, daily contact with staff and reviews.

We saw a document showing how the Outreach service involved service users, carers and staff in its development through participation and consultation. The impact or proposed impact on the service from each identified method was shown, such as improvements to health, communication, knowledge of local resources and improved service delivery.

Staff had opportunities to be involved in the development of the service and to have their say on how it could be improved through supervision and team meetings. A standing agenda item in staff supervision gave staff regular opportunities to suggest ideas for how the service could develop further. We heard of an example of where a staff member's suggestion of using support hours differently had meant that staff could support the person more in an activity they enjoyed. We also saw that practice issues were raised with staff in supervision. This helped to ensure the quality of service people were receiving.

There were good systems for monitoring quality in this service. These included:

- managers carried out regular audits of files and review minutes, and monitored information sheets which were used to record significant issues and any actions taken
- the manager had carried out a training audit of mandatory training
- the manager provided an annual control self-assessment to the provider, Inverclyde Council. This was a joint assurance process between internal audit and the Community Health and Care Partnership (CHCP) - for the areas looked at most recently, which included health and safety, the service was fully compliant.
- meetings were held with other internal services and external providers to discuss

the redesign of learning disability services and self-directed support. These helped to improve communication between them and develop a multi-agency approach.

- managers visited the Day Centre and flat regularly where they could observe staff practice and speak to people who use the service

### **Areas for improvement**

We could see at this inspection that a number of areas of the service were being regularly monitored. However we would like to see a continuous improvement plan for this service with action plan, timescales and evaluation of progress. It should reflect the findings of all quality assurance processes and monitoring. This would be a good way of showing how stakeholders contributed to helping the service to improve. (See Recommendation 1 under this statement)

The self assessment the manager submitted to us before this inspection would have been improved by the involvement of service users and staff in describing outcomes for people using the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The provider should develop a continuous improvement plan with action plan, timescales and evaluation of progress. This should reflect the findings of quality assurance processes and the involvement of stakeholders (including, people who use the service, carers, staff and external agencies) from participation and feedback methods such as complaints, meetings and survey responses.

National Care Standards for Support Services, Standard 5: Management and leadership

## 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

#### 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

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

## 6 Inspection and grading history

Date	Type	Gradings	
26 Oct 2010	Announced	Care and support	6 - Excellent
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
10 Mar 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
10 Feb 2009	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very 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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