
Report To:	Community Health & Care Partnership Sub - Committee	Date:	26th February 2015
Report By:	Brian Moore Corporate Director Inverclyde Community Health and Care Partnership (CHCP)	Report No:	CHCP/16/2015/BC
Contact Officer:	Beth Culshaw Head of Health and Community Care Inverclyde Community Health and Care Partnership	Contact No:	01475 715283
Subject:	Caladh House (Turning Point Scotland) (TPS) Care Home Service Unannounced Inspection of October 2014		

1.0 PURPOSE

1.1 The purpose of this report is to inform Committee of the outcome of the unannounced Care Inspection of Caladh House (TPS) over a 3 day period 8th, 10th and 24th October 2014.

2.0 SUMMARY

2.1 Caladh House is a regulated Care Home service registered with the Care Inspectorate to deliver a Care Home service and as such is subject to annual Inspections by the Care Inspectorate.

2.2 The level of Inspection was of low intensity an acknowledgement by the Care Inspectorate that this service is working hard to deliver consistently high standards of care and support.

2.3 The Care Inspectorate is an independent scrutiny body who regulate care services across Scotland assessing the quality of care against 4 themed elements: care and support, environment, staffing and management and leadership.

2.4 During the inspection information was gathered from a number of sources from the service including policies, procedures, care plans, and other records alongside consultation and conversations with a range of staff, service users, carers and relevant stakeholders.

2.5 The outcome of this inspection provided grades of 5 across all themes, indicating an overall very good quality of service. There were 2 recommendations for improvement with no requirements.

2.6 A full public report of the Inspection and grades is published on the Care Inspectorate website.

2.7 The summary of grades awarded as follows:

Quality of Care and Support (5)	very good
Quality of the Environment (5)	very good
Quality of Staffing (5)	very good
Quality of Leadership and Management (5)	very good

3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the outcome of the Care Inspection of Caladh House (TPS) and acknowledge the continued high quality of care and support provided.
- 3.2 Members are asked to note the 2 recommendations specified and actions taken to ensure continuous improvement of the service.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 Caladh House (TPS)

Caladh House is a registered Care Home supporting 10 adults with learning disability who have a range of care and support needs. Ages range from 32 – 81 years.

- 4.2 One of the conditions of the services registration is that the provider should evidence to the Care Inspectorate that it has plans in place to provide en-suite facilities for service users living within the Care Home by December 2013. The service has met this condition by evidencing plans by the deadline and that funding has been identified to begin redevelopment in 2015.
- 4.3 At the Sub-Committee on 9th January 2014, approval was granted for use of funding for the re-design of the Caladh premises at Bank Street, providing a supported living model of service to promote independence, choice, control and dignity for service users. Work has been carried out by Inverclyde Council's Property Assets & Facilities Management with respect to the re-design with an anticipated start date for work around May 2015.
- 4.4 Summary of Overall Grades:

Quality of Care and Support Statement 1 graded 6 excellent Statement 3 graded 5 very good	Overall grade 5 very good
Quality of Environment Statement 1 graded 6 excellent Statement 2 graded 4 good	Overall grade 5 very good
Quality of Staffing Statement 1 graded 5 very good Statement 3 graded 5 very good	Overall grade 5 very good
Quality of Management and Leadership Statement 1 graded 6 excellent Statement 4 graded 5 very good	Overall grade 5 very good

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

- 4.5 The current Care Inspectorate gradings acknowledge how well the service has worked with service users, relatives and the CHCP over the redevelopment of the service and that the Provider has embraced service users' participation in everything they do.
- 4.6 The Inspection highlights good practice examples from the service including a stakeholder's day facilitated by TPS involving participation by service users, carers and Care Managers in discussion groups considering the strengths of the service and areas which could be developed. The feedback fed into the Care Inspectorate self-assessment that the Manager submitted prior to Inspection. Examples were reviewed by the Care Inspectorate evidencing where feedback had led to change.
- 4.7 A further example highlighted was where service users had been supported to make presentations at National events facilitated by TPS.
- 4.8 The Inspection further acknowledged that service users' health and wellbeing were a priority to the Provider and staff. There was evidence that staff were aware of the needs of the people they supported and appropriate training provided to meet a range of needs. Specific training in Autism and Dementia were examples of targeted training.
- 4.9 The Care Inspectorate issued two recommendations:

A recommendation is a statement that sets out which actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not result in enforcement. Recommendations are based on National Care Standards, relevant codes of practice and recognised good practice.

4.10 Recommendations:

1. The Caladh Management Team should arrange with qualified medical practitioners to have treatment plans included as part of Section 47 Adults with Incapacity (AWI) Certificates.
2. TPS should review their infection control procedures to reconsider risks within communal bathrooms.

4.11 Actions Taken:

1. This recommendation has been actioned by TPS with GP and Care Management input. All service users who require treatment plans in terms of AWI have them in place with two service users who have been assessed as having capacity not requiring one.
Timescale: Completed.
2. TPS have replaced the shared metal pull cord with a plastic cord and daily cleaning protocols are in place for shower chairs. Monitoring and recording of the protocol are being undertaken by Management.

TPS have advised the Care Inspectorate that cotton hand towels have been used in toilets to replace paper towels due to issues of blocking toilets with paper towels by some service users. Electric hand dryers have been requested as part of the redesign work on the building.

5.0 PROPOSALS

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

6.0 IMPLICATIONS

Finance

- 6.1 There are no financial implications in respect of this 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					

Legal

6.2 N/A

Human Resources

6.3 N/A

Equalities

6.4 None at this time, although recognition will be given to the wider and associate equalities agenda.

Has an Equality Impact Assessment been carried out?

√

YES (see attached appendix)

NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 N/A

7.0 CONSULTATIONS

7.1 Consultation has taken place between TPS, Caladh residents, families and the CHCP.

8.0 LIST OF BACKGROUND PAPERS

8.1 Turning Point Scotland Caladh House Care Inspectorate Report (SP2003002813) – 24 October 2014.

Care service inspection report

Turning Point Scotland Caladh House

Care Home Service Adults

14/16 Bank Street
Greenock
PA15 4PH

Type of inspection: Unannounced

Inspection completed on: 24 October 2014



HAPPY TO TRANSLATE

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Service provided by:

Turning Point Scotland

Service provider number:

SP2003002813

Care service number:

CS2012312217

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at 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 service has embraced the concept of service user participation in everything that they do.

What the service could do better

The service has begun to change all paperwork relating to the support they provide in order to increase the focus on the outcomes for people as a result of using the service.

What the service has done since the last inspection

The provider has held several meetings with the people who live in the service and their relatives to discuss how the care home will be re-developed in 2015; plans for the re-development are in the final stages.

Conclusion

This is a very good service which supports people to maximise their independence. People who use the service speak highly of it. The service has worked well with service users, relatives and the local authority over the re-development of the care home. There was one requirement and two recommendations made in the last inspection report all of which have been met by the service.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.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 could do more to improve its service, 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 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 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

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 second 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 met this criteria by evidencing plans were in place by the deadline and funding is now available to begin the re-development in 2015.

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 over 3 days. We visited the service on an unannounced basis 8 October between the hours of 7:30pm and 11:30 pm. This gave us the opportunity to speak with some of the people who live in the service who we may not see during the day. We continued the inspection from 10:00am until 5:00pm 10 October and concluded the inspection 24 October when we inspected the service between the hours of 9:45 am and 3:00pm; we gave the manager and service co-ordinator feedback at the end of the third day of the inspection.

As 10 people live in this service, prior to the inspection we sent 10 Care Standards questionnaires to the service to pass out to service users, 7 of these were completed and returned to us. We sent additional questionnaires to be passed onto family members of the people who live in the house, we received 6 of these back. We also sent out 10 staff questionnaires to the service to be passed to staff members, 8 of these were returned to us. These give 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:

- 7 service users
- The Manager
- The Service Co-ordinator
- The Assistant Service Co-ordinator
- 4 Support Workers
- 1 Chef.

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

- Care plans
- The service's incident and accident book
- The service information pack
- Newsletters
- Service's development plan

- Staff training checklist
- Welcome Pack
- Employee Induction procedure
- Staff meetings
- Staff personnel files
- Supervision minutes
- Complaints folder
- Training records
- Medication records
- Questionnaires and the service's evaluation of them
- Minutes of stakeholders meetings
- Feedback from the Stakeholders Day
- Family day information
- "Key to life group" information
- European Foundation Quality Management (EFQM) report
- Provider's quality assurance report (IMPACQT report).

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

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

The requirement

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.

What the service did to meet the requirement

We checked the records and found that they were being kept up to date as evidence that people were having their creams applied as prescribed by their doctors.

The requirement is: Met - Within Timescales

The requirement

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.

What the service did to meet the requirement

A record is kept of the registration numbers with the Scottish Social Services Council. All staff who should be registered are registered.

The requirement is: Met - Within Timescales

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

There was 1 recommendation made at the last inspection which has been met. The recommendation was that the provider should add checks to ensure care plans have been updated following accidents or incidents into their quality assurance procedures. This is now part of the service co-ordinators role and records we sampled had been updated appropriately.

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 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.

It could be improved by not just telling us what they do but by providing more examples which highlight what the outcomes have been for service users as a result of the support offered.

Taking the views of people using the care service into account

Feedback about the service was all positive.

Prior to the inspection we sent out 10 care standards questionnaires so that there was one for each person living in the service. 7 were returned. During the inspection we had the opportunity to speak with 7 of the 10 people who live in the service.

People answered that they were happy or very happy with the quality of support the service gives them.

We have included further comments and views from people using the service in the body of the report.

Taking carers' views into account

There were no carers available during this inspection. We did send out 10 relative's questionnaires to the service and asked them to pass them out to each service user's next of kin. We received 6 back; all of which strongly agreed with the statement that they were happy with the overall quality of the service given to their relative.

We have included further comments and views from relatives of the people living in the service in the body of 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 excellent at involving the people who live in the care home in the assessment and development of the service which they receive. We arrived at this conclusion because we found comprehensive evidence of regular service user and carer involvement which used a range of existing and new methods to support people to influence the development of the service. We considered the following information in grading this statement:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service
- Interviews with service users
- Service user information pack
- The provider's participation strategy and the local service strategy
- Newsletters
- The service's questionnaires, returned by; service users, relatives and stakeholders and the subsequent action plan developed from the feedback
- Minutes of stakeholders meetings
- Feedback from the Stakeholders Day
- Family day information
- "Key to life group" information.

The service sends out questionnaires to the people who use the service. These ask relevant questions regarding the service in general and the staff who provide their care. The responses that we viewed were positive and where suggestions had been made the service could evidence that they had followed them up appropriately. For example 30% of respondents were not aware of the provider's complaint procedure so the procedure was re-distributed to all relatives and service users and noted in their care plans that it had been discussed with them.

Records show that the service holds care reviews for service users and their families every 6 months. We sampled some of the reviews within care plans and felt that a wide range of points were discussed at these meetings and care plans were adapted following the meetings. Over the last year reviews have become more person centred. By this we mean the person who is having the review is more involved in determining what is said at the review and how it is put across.

The service held a stakeholders day where service users, their relatives and care managers took part in discussion groups considering the strengths of the service and areas where it could be developed. This feedback influenced the self-assessment that the manager submitted to the Care Inspectorate prior to the inspection. We saw examples during the inspection where feedback from this day had led to a change in the support that someone received.

Service users from this service have been supported to make presentations at national events run by Turning Point Scotland (TPS) and in front of the 'Make it happen fund.' This fund set up by TPS awards service users money to help them realise something which is important for them, such as going on a special holiday or buying some equipment. Several service users had benefited from the financial help offered through this fund.

The service has arranged for a local advocacy support worker to regularly visit the service to assist with service user meetings and with individual issues which may arise. This is important as it offers the people who live in the service independent support to voice their opinions; which could potentially be different from that of the provider. Although we stress that we did not find this to be the case during the inspection it is healthy to have the support in place in case it is needed.

100% of relatives who returned Care Standards Questionnaires to us agreed with the statement that their relative was "encouraged to discuss any concerns or views about the care home."

Comments from relatives from returned questionnaires relevant to this statement included:

- "I was very impressed by the format of the self-assessment (at the stakeholders day), It was a great way to get feedback on service provision."

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

- "We went to Butlin's, they asked where I'd like to go."
- "I'm on the social committee, we talk about what events are on in town and if we want to go to them."
- "I'm the representative at Turning Point Connects at Govan Road. I'm involved in the conference and the 'Inverclyde Voices.'"

For other strengths around participation also look at Quality Theme 2 - Statement 1, Quality Theme 3 - Statement 1 and Quality Theme 4 - Statement 1.

Areas for improvement

The management team wish over the next year to continue to develop person centred reviews where people they support will take the lead role in deciding the format and presentation style of their review.

The service should continue to develop the new outcome focused care plans for service users. Staff along with service users should think creatively of various ways that people can achieve the outcomes that they want thereby opening new opportunities for service users.

The provider should consider using a recognised assessment tool to assess how successfully they are delivering a personalised support for the people living in the service. Such as 'Progress for Providers' by Helen Sanderson Associates.

Grade awarded for this statement: 6 - Excellent

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
- Questionnaires returned from relatives
- Medication policy
- Incidents and Accident folders
- Health and Safety Checks.

We could see that the health and wellbeing of those using the service was given appropriate priority. When we spoke with staff we could see that they were aware of the needs of the people that they supported. Staff receive training on topics which support service user's health and safety including; moving and assistance, personal care, food hygiene, fire safety, break away techniques, diabetes, adult support and protection and epilepsy. Staff told us that additional training would be sourced if a service user's support needs required it for example some staff have received training in dementia and autism.

Each person who lives in the service has their medication reviewed at least once a year to ensure that they are on the appropriate medication. There was evidence of this within the care plans that we viewed.

During last year's inspection we made a requirement under this statement that medication records evidence that service users are having creams and lotions prescribed by doctors applied as per the doctor's instructions. There was evidence in the medication records that this was being done which meets the requirement.

Also during last year's inspection we made a recommendation under this statement that the service ensures that care plans are updated following accidents and incidents. There was evidence in the sample of plans that we looked at that this was happening, meeting the recommendation. The service also notifies the Care Inspectorate appropriately following accidents and incidents to inform us what action they have taken.

The service has embraced the recommendations within the Scottish Government's report 'The Keys to Life.' The management team have also set up a service user group with some of the people who live in this to look at the recommendations and how

they can be taken forward. (This report looks at how in general the health records of people who have learning disabilities are significantly poorer than those without a learning disability and recommends steps to redress this.) For some service users they have created a section in their care plan entitled 'my keys to life' which looks at how the recommendations from Keys to life can be taken forward at a personal level for the individual.

Families have also been asked in questionnaires if they are aware about Keys to Life and if they would like information on the document. Promoting awareness of this document is good practice.

100% of relatives who returned Care Standards Questionnaires to us agreed with the statement that; "I am confident that the staff will meet my relative/friend's health care needs, including arranging to see health professionals such as doctors and dentists if needed."

Comments from relatives from returned questionnaires relevant to this statement included:

- "The individual medical and care needs of my relative are exceptionally well attended to."
- "In my experience all staff are very caring."
- "I am constantly impressed by the huge change for the better in all aspects of the standard of care provided for my relative since Turning Point Scotland took over responsibility for Caladh House."

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

- "I've no worries, staff help me."
- "They ask me what support is important to me."
- "The staff are brilliant they know me, they know what is important to me and how to get it."
- "If I had a problem I would tell the staff."

Areas for improvement

The management team is aware that current best practice guidance is that people in care homes have their medication stored in a locked cabinet within their own bedrooms rather than in one central location. It is the intention of the provider to put this in place as part of the redevelopment of the building.

As part of the service's quality assurance procedures checks, medication audits take place each week, this was regularly taking place however we noticed that it had missed a week earlier in the month. Management should be checking that quality assurance checks take place as planned.

The service has made links with other organisations that support people with similar needs to the people they support. This is with a view to expand the social opportunities of the people they support. The management team should continue to develop these links as this is a good initiative.

While care plans contained up to date Adult with Incapacity (AWI) certificates they did not contain treatment plans, also known as part 5 of the act AWI act, which is best practice. The management team should ensure that staff are aware of part 5 of the AWI act and request this whenever AWI certificates are being renewed. (Refer to recommendation one under this statement).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The management team should arrange with qualified medical practitioners to have treatment plans included as part of section 47 Adults with Incapacity Certificates.

This is a recommendation against the National Care Standards; Care Homes for People with Learning Disabilities, Standard 5 , Management and staffing 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

The service was excellent at involving the people who live in the care home in the assessing and improving the quality of the environment that they live in. We arrived at this conclusion because we found comprehensive evidence of regular service user and carer involvement which used a range of existing and new methods to support people to influence the development of the service. We considered the following information in grading this statement:

- Service's newsletters
- Care plans
- Care Review minutes
- Interviews with service users
- Interviews with staff
- Service participation policy
- Returned Care Standards Questionnaires
- Minutes of Stakeholder meetings
- 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 two years 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 Quality Theme 1 - Statement 1 the service has worked with; service users, their families and the local authority 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 with service users, relatives and the local authority applications for funding have been approved to allow the provider to change the existing building into single flats. As a result of the feedback from service users

and their relatives the building will still include communal areas so that people who have been used to socialising with each other for such a long period of time will still be able to do this. 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.

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 which were followed up to the individual's satisfaction.

The service has a newsletter which has information about what is going on in the home and across the organisation.

People that live in the service told us that they were able to go out with their key workers to choose the colour schemes for their bedrooms. We were invited into a few bedrooms all of which had been personalised with the persons own taste and belongings.

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

- "I'm on the committee to talk about turning my room into a flat."
- "I moved room because a bigger sized room became available."

For further strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

The staff and management team have been preparing service users for a temporary move while the re-development of the building takes place. This work will intensify over the next few weeks as plans for the temporary move take shape.

For further areas for development around participation see Quality Theme 1 - Statement 1.

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
- Fire safety records
- Staff rotas.

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 users this is to keep people safe in the event of a fire.

The service keeps a record of cleaning tasks carried out by staff, an inspection of the environment showed the home to be clean and odour free.

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 met and at times exceeded their minimum staffing levels as laid out in the registration certificate.

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.

The service has made good use of having empty bedrooms in the upstairs part of the building. These have been turned into games rooms. One service user told us; "I have a game of pool most days now."

We sampled some financial records to ensure that people were being supported appropriately. We found that staff follow safe practice for assisting people with their finances.

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

- "Staff help me to clean my room."
- "I enjoy helping with the cleaning."
- "I've managed to save a lot of money since TPS took over."

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

- "The house and the rooms are very much cleaner now." (since TPS took over.)
- "The outings and entertainment are hugely improved in variety and frequency since TPS took over."

Areas for improvement

Some of the bathrooms were in need of redecoration and bedrooms are not currently en-suite. Both these issues will be dealt with in 2015 when the re-development of the building takes place.

One of the handles on a bathroom light pull cord in the downstairs bathrooms was, due to its shape, difficult to clean thoroughly making it a potential infection control problem. The management team should replace this with a pull cord handle that is easy to clean thoroughly. (See recommendation 1 under this statement.)

The provider should consider the infection control risks of using hand towels within bathrooms. Particularly as there is likely to be a communal toilet in the building after the re-development. (See recommendation 1 under this statement.)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should review their infection control procedures to reconsider risks within communal bathrooms.

This is a recommendation made against the National Care Standards; Care homes for people with learning disabilities, standard 4, Your Environment.

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 excellent at involving the people who live in the care home in assessing and improving the quality of staffing within the service. We arrived at this conclusion because we found comprehensive evidence of regular service user and carer involvement which used a range of existing and new methods to support people to influence the development of the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff
- Staff appraisals
- Staff supervision.

All service users have had the opportunity to be involved in the recruitment of new staff. The service has encouraged people to become involved at a level that they feel comfortable. For example some people are happy just to meet candidates when they arrive for their interview and show them around the building, others wish to sit in the interviews and ask their own questions. Service users that we spoke to said that they had enjoyed this experience.

Since the last inspection service users have been asked their opinions about staff prior to their annual appraisal. The evidence is now recorded on the official staff appraisal paperwork. Caladh house is piloting this approach for the whole of Turning Point Scotland. This is very good practice as it empowers service users to know that their opinions on staff matter.

The stakeholder event which was attended by service users, relatives, care managers and staff asked people to consider the strengths and any areas for development for staff within the service. Words or phrases used to describe staff in the feedback we

viewed included; "Excellent," "Caring and committed," "organised and approachable."

Staff gave recent examples of training which had been organised to meet the changing needs of individual service users. For example dementia training had been organised for some staff.

There was clear evidence that where staff were assessed as not having the right skills or attributes to support people then probationary periods were either extended or cancelled, with feedback being taken on board from service users.

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. 100% of the people who returned the questionnaires answered that they agreed or strongly agreed with the statement 'The service asks for my opinions on how it can improve.' (In relation to staffing)

Service users from this service have contributed to a booklet called "Have your Say," which is sent out to all candidates who express an interest in applying for a working position within the service. Service users that we spoke with also told us about how they got involved with staff induction training and as an organisation TPS pays service users to be co-facilitators for all staff training courses. Service users who are interested in this receive training to help them play an active role in the training.

The service is visited regularly by an advocate from the local advocacy project. They attend service user meetings frequently and would offer service users impartial support if they ever felt that they required it.

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

Areas for improvement

Currently the standard service user agreement asks service users if they would like to be involved in choosing your own staff group. The provider should re-phrase this question as it is unrealistic within a care home setting to suggest that everyone who wanted could have their own staff team; due to the way rotas are agreed and funded within care homes.)

The service should continue to support service user involvement in staff recruitment and training.

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.

Staff have to sign to say that they have read policies and best practice guidance such as Talking Points - personal outcome approach. Staff have recently had training on key working to support them to take forward the new outcome focused care plans.

The people who use the service told us:

- "The staff are brilliant!"
- "It's better staff since Turning Point took over."
- "If I had a problem I could tell the staff."

Comments about staff within the questionnaires returned from relatives included:

- "The staff are much better trained and much more professional and dedicated to the individual needs of the residents." (since TPS took over.)
- "Staff have a positive attitude towards service users."
- "The attitude of the support staff is very friendly and importantly they all like him which he is aware of."

Areas for improvement

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

Some of the newer staff within the service require as part of their registration with the SSSC to complete an SVQ qualification. While the registration condition gives staff time to achieve the qualification the Provider needs to consider how it can ensure that all staff achieve these timescales.

The management team should review the finding of the Winterbourne View enquiry with the staff team as part of adult support and protection awareness.

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 and continues to carry out with service users, their relatives and the social work department regarding the re-development of the service. We considered the following information in grading this statement:

- Discussions with service users
- Interviews with management and staff
- Corporate plans
- Returned questionnaires
- The services aims and objectives
- Advocacy meeting minutes
- Stakeholder day information
- Residents meetings
- Newsletters.

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.' Feedback contained within minutes from various meetings confirmed this.

Had service users and their relatives not been able to influence the direction of the service then it is quite clear that the service would have closed 2 years ago with people having to move to various different settings. People were clear that they wanted to remain living together and the provider and the local authority worked with them together to make this possible.

As mentioned previously service users were involved in the presentations made for grant applications to the council for the funding required to make the necessary changes to the building. Relatives and residents have met with architects over what the building could look like following renovations.

Through regular meetings with residents their relatives and the social work department an agreement has been made that the building will be made into individual flats for the people who live in the home. Due to the wishes expressed at these meetings the provider has agreed to maintain a communal area within the building where people can still socialise with each other. This is an excellent outcome for the people who live in the service.

For other areas of strength around participation see Quality Theme 1 - Statement 1, Quality Theme 2 - Statement 1 and Quality Theme 3 - Statement 1.

Areas for improvement

The manager should consider what the outcomes have been for service users in relation to this statement and make it clear within the next self-assessment that they send to the care inspectorate. The local management team could be helped by Turning Point Scotland's The Advisory Group (TAG) team who could provide an overview from the organisational viewpoint of the outcome of participation.

The areas for development in Quality Theme 1 - Statement 1 remain relevant for this statement.

The management team should continue to involve service users and their relative in discussions about the re-development of the service and the temporary re-location required to allow this to happen.

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 has very good quality assurance procedures in place which involve service users, stakeholders and staff. We considered the following information in grading this statement:

- Discussions with people who use the service
- Interviews with management and staff of the service
- Service's aims and objectives
- Compliments records
- Complaint records
- Medication audits
- Finance audits
- Turning Point Scotland's quality assurance audit (IMPAQCT)
- Staff meeting minutes.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that management discuss; service audits, supervision, training and action plans during these meetings. Staff told us that they had a clear understanding that management carry out checks to ensure that they are working within the guidelines set down to them. We sampled the services accident and incident forms and saw that the co-ordinator checks if care plans require to be updated and ensures that the changes happen if needed.

Service users, Carers and Care Management are invited to assess the service on a 6-monthly basis at the service user's care reviews. In the reviews that we sampled all the opinions about the service were positive. Service users, as mentioned earlier in the report were being encouraged to take more of a lead in the care reviews than before with more emphasis being placed on what the outcomes were for the people using the service.

Senior staff check medication and financial records on a regular basis. The records that we sampled appeared generally to be in order and maintained in line with the provider's policies.

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

- 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.

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 "Key results which are monitored throughout the year include; positive outcomes for service users, effective governance and positive outcomes for staff."

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

- "I am happy here, I have no problems."
- "Things are brilliant."
- "I like all the things about staying here."
- "It's a great change for the better." (since TPS took over).

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

- "I am constantly impressed by the huge change for the better"
- "The managers are very helpful; and the place is very well run"
- "My relative is exceptionally well attended to."

Areas for improvement

Management should take a more outcome focused approach to their self-assessment process next year. By this mean that they should give examples under each statement of the difference that support has made to service users and how service user participation has led to improvements within the service. Verbally the management team were able to do this; they just need to reflect this in the self- assessment.

The service should continue to transfer all their paperwork over to their new outcome focused design.

The management team should ensure that they regularly review the checklists such as weekly medication audits or care plan audits to ensure they are completed within the expected time limits and that any areas for action they highlight have been followed up quickly.

Grade awarded for this statement: 5 - Very 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 recorded.

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	6 - Excellent
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	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
17 Dec 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

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