
Report To:	Health & Social Care Committee	Date:	7th January 2016
Report By:	Brian Moore Chief Officer Inverclyde Health & Social Care Partnership	Report No:	SW/07/2016/BC
Contact Officer:	Beth Culshaw Head of Health & Community Care	Contact No:	01475 715283
Subject:	Care Inspectorate Inspection of Learning Disability Day Opportunities, McPherson Centre, Gourock - August 2015		

1.0 PURPOSE

- 1.1 To advise the Committee of the outcome of the Care Inspectorate inspection held on 17th & 20th August 2015 in relation to the McPherson Centre, Learning Disability Day Opportunities Service.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection on 17th & 20th August, 2015 in terms of the service provision.

2.2 SUMMARY OF GRADES:

Quality of Care and Support - 5 - Very Good (2014 Inspection - 4 – Good)

Statement 1 5 – Very Good

Statement 3 5 – Very Good

Quality of Environment - 5 - Very Good (2014 Inspection - 4 – Good)

Statement 1 5 – Very Good

Statement 3 5 – Very Good

Quality of Staffing - 5- Very Good (2014 Inspection - 4 – Good)

Statement 1 5 – Very Good

Statement 3 5 – Very Good

Quality of Management and Leadership - 4 - Good (2014 Inspection - 4 – Good)

Statement 1 5 – Very Good

Statement 4 4 - Good

- 2.3 Since the 2014 Care Inspectorate inspection the service at the McPherson Centre has undertaken the following actions:

- The centre has taken effective steps towards ensuring that all feedback to the service is listened to and utilised to make improvements for outcomes for our service users.
- All new staff members spend a minimum of four weeks induction shadowing more experienced staff to ensure a sound knowledge base on individual service users' needs, building confidence and understanding of the ethos of the day opportunity service.
- All mandatory and essential staff training is undertaken during the shadow induction period.

2.4 The feedback received from service users and their carers who utilise the service at the McPherson Centre was very positive. Comments received back from questionnaires included:-

- *"We are extremely satisfied with all aspects of my son's care and support at the McPherson Centre".*
- *"My son loves the challenges at the centre and has socially flourished. His needs are being met".*
- *"Overall, I am happy with the quality of care this service gives me".*

3.0 RECOMMENDATIONS AND ACTION PLAN

3.1 There were no requirements or recommendations highlighted by the 2015 Care Inspectorate inspection of 17th & 20th August, 2015 in relation to the McPherson Centre, Learning Disability Day Opportunities Service.

3.2 The following actions will be undertaken by the service to ensure high quality service delivery:-

- Supervision will be given in accordance with the HSCP policy.
- The Unit Manager will supervise the Senior Day Centre Officer and Day Centre Officers.
- The Senior Day Centre Officer will supervise support workers with assistance from the manager.
- Appraisals carried out on an annual basis as per organisational policy.
- Monitoring of new group structure with Key workers working daily with groups to ensure individual client-focused outcomes.
- Information sharing with support staff to ensure service continuity, experience and knowledge of Service Users and their needs.
- All Service Users who receive medication at the centre will have a copy of the prescription in their medication file.
- Review of Transport being undertaken to improve the service and provide additional support and back up across Day Opportunities.
- Recording paperwork has been amended to incorporate SHANARRI outcomes to ensure best outcomes for service users.
- Key workers facilitate key groups promoting positive outcomes and ensuring service users' care plans are implemented and cared out to a high standard.

- National Care Standards and Codes of Practice training scheduled as a full staff team and promotes team building and information sharing.
- New daily logs to ensure appropriate and detailed information for each individual Service User.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 Learning Disability Day Opportunities Services are part of the Health and Social Care Partnership (HSCP). The McPherson Centre provides Day Opportunities for adults in Inverclyde with severe and profound Learning and Physical Disabilities.

The McPherson Centre also manages a satellite service at Golf Road for people with autism providing support services in the community.

The McPherson Centre strives to continue to meet the high level of physical support and additional needs to enhance an individual's quality of life and improve opportunities in learning, leisure, recreation and social inclusion.

5.0 PROPOSALS

5.1 The Committee is asked to note the Care Inspection August 2015 report of the McPherson Centre and the quality gradings highlighted in the report.

5.2 The Committee is asked to note that the McPherson Centre continues to embrace change through redesign and promote positive outcomes for individual service users and their carers.

6.0 IMPLICATIONS

6.1 Financial

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 None

Human Resources

6.3 None

Equalities

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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 None

7.0 CONSULTATIONS

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate report, McPherson Centre, August 2015.

Care service inspection report

Full inspection

McPherson Resource Centre Support Service

McPherson Drive
Gourock



HAPPY TO TRANSLATE

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2003001085

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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	4	Good

What the service does well

The centre has developed very effective methods of involving service users and their families in all areas of the support delivered.

A recommendation which centred how the service responds to feedback from stakeholders has been met after we noted that both positive and negative responses are used to develop the service for the benefit of all.

Very good relationships have been developed between the centre staff and all service users and their families. We noted a very warm and welcoming atmosphere throughout our time in the McPherson Centre which goes towards providing the service users with a caring and person centred environment.

What the service could do better

We have made a number of suggestions through the areas for improvement including:

- Examination of care plans to ensure appropriate use of language in

recordings

- Looking at the number of medication errors being reported from the service and examining ways of learning from mistakes made to ensure a reduction in the amount of errors made.

There were other areas for improvement suggested throughout the report however we were pleased to note that all improvement strategies discussed with the manager of the service are already being addressed.

What the service has done since the last inspection

The team within the McPherson Centre has taken on board all suggestions, areas for improvement and recommendations made at the last inspection and worked very hard as a unit to ensure that better outcomes are being achieved for all using the service.

A substantial amount of work has also been done on ensuring that the physical environment within the centre has been improved to meet the continuing needs of the service users.

Conclusion

The McPherson Centre continues to make great strides in serving the needs of those using it from within the Inverclyde area.

A welcoming and supportive atmosphere exists within the centre, fostered by the staff and is for the benefit of those using the centre on a daily basis.

The centre is led by a management team who are willing to work hard and to make changes where necessary to ensure the development of the service which will mean continued positive outcomes for all.

1 About the service we inspected

Now operated within Inverclyde's Health and Social care Partnership (HSCP), Learning Disability Day Opportunities at the McPherson Centre first registered with the Care Commission in April 2002 to provide, at any one time, a service to a maximum of 30 people with a profound learning difficulty.

The Centre's aims and objectives states that:

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

The Centre has a range of rooms and resources that people can use including a garden, quiet room, art room and computer area.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 4 - 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 0345 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report after an unannounced visit by one inspector which took place between on 17 and 20 August 2015 between the hours of 9am and 4:30pm. Feedback was provided between 2pm and 3pm on 20 August 2015.

During the inspection we spoke with:

- The centre manager
- One day centre officer
- Two support workers
- One service user.

We also received feedback from two staff and seven carers/family members via questionnaires.

We examined the following documents:

- Certificate of registration
- Employers liability insurance certificate
- Public liability insurance certificate
- Four care and support plans
- Service user medication administration records
- Service user risk assessments
- Service self assessment
- Staff supervision and appraisal records
- Staff training records and plans
- Staff team meeting minutes
- Quality assurance audits including staff observational monitoring records
- Service user participation group minutes

- Organisation and service participation policies
- Accident and incident reporting
- Service questionnaires and responses
- Service newsletters.

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.firescotland.gov.uk

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.

We have made comment on the self assessment submitted by the service within Quality Theme 4 Statement 4.

Taking the views of people using the care service into account

The views of the service users was difficult to capture due to their communication difficulties however through our observations of service user and staff interactions through our time spent in the centre, we were happy that service users were treated well, with dignity and appeared very happy and comfortable within the McPherson Centre.

Taking carers' views into account

We received feedback from seven carers via care standards questionnaires submitted prior to the inspection.

All were positive in their responses, we have used some of the comments received within the body of this 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

During the inspection, we gathered evidence relating to participation; in particular, we examined support plans, minutes of reviews and participation meetings. We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

We found that the service has a good range of involvement strategies for service users to take part in, to assess the quality of staffing, management and the care and support. These included:

A range of questionnaires which are sent to carers, families and staff to assess the levels of satisfaction across all areas of service delivery. The responses we examined were largely positive in their nature. The same can be said for the care standards questionnaires that we sent to service users and their families prior to the inspection taking place.

We received eight completed questionnaires in which the respondents all advised that they agreed with the statement:

"Overall, I am happy with the quality of care this service gives me."

Comments received within the documents included:

"We are extremely satisfied with all aspects of XXX care and support at the McPherson Centre."

"My son loves the challenges at the centre and has socially flourished....His needs are being met."

Feedback is also gained from families and carers through an annual open evening organised to make stakeholders more aware of what goes on within the centre and the resources available to their family members using it.

Service user reviews take place on a six monthly basis and are multi disciplinary in their make up, with contributions from service users, carers, families, local authority care managers and other professionals involved in the care and support of each individual. Again from our examination of the review minutes we found that those in attendance were very pleased with the supports being delivered to each individual.

A newsletter which is inclusive of service user contributions is produced quarterly to ensure that all external stakeholders are aware of goings on within the centre and to publicise its activities and successes of those using the service.

Inverclyde Health and Social Care Partnership (HSCP) has its own organisational policy on the participation and involvement of service users within its many locations delivering support. This is complimented by the centre's own strategy which details the way people are involved in this service at a local level.

A service booklet has been developed with using the feedback of all stakeholders and is given to all using the centre to outline what anyone attending the centre should come to expect in terms of support. This is consistently reviewed in line with the needs of service users to ensure that their positive experiences are being reflected in the lives of all going forward.

The care and support plans that we examined during the inspection had been developed over time with the involvement of service users and their families to ensure that the information held within was directly related to their ever changing needs.

The service has developed good links with a local independent advocacy group who have made themselves available to become involved in the service as and when required. This provides service users and their families with an additional independent voice when it comes to making any decisions related to their on-going care and support.

Areas for improvement

We noted that staff within the centre had assisted service users who were unable to complete an internal survey on how satisfied they were with the service.

We have suggested to the manager during feedback that this could be construed as a conflict of interest given that the staff are working in the service that they are asking for feedback on.

We have suggested that the surveys be continued however for service users who are unable to complete them on their own, a more independent support network should be sourced when providing this support.

During feedback we also discussed involving more people in the make up of the centre's self assessment which is to be submitted to the Care Inspectorate once per year.

We will make further comment on this in the areas for improvement within Quality Theme 4 Statement 4.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

During the inspection, we gathered evidence relating to the health and wellbeing of service users; in particular, we examined support plans, medication records, accident/incident records and risk assessments.

We spoke with the people using the service, the management team and the support staff. From the evidence we considered, we found the service was performing at a very good level in this area.

We examined the care plans of four people who attend the centre on a daily basis. We found that they have been well put together via a uniform approach but with the support needs of each individual person clearly noted throughout. Care plans are developed and maintained by a mixture of staff, service users and their families.

Routines for all service users are present within the plans, giving the reader an indication of how best to provide supports at specific times of the day.

Those requiring medication support have the information correctly recorded throughout their plans along with a range of other health related information including risk assessments, section 47 certificates and guardianship documents, ensuring that each plan is person centred.

Some staff working in the centre have been trained to a good level in areas such as PEG feeding, epilepsy, diabetes and medication administration in order to fully meet the health needs of all using the centre.

Outcomes are noted throughout the care plans for each individual along with ways in which the service users can be supported to achieve them.

Personal Emergency Evacuation Plans have also been developed for those service users in need of assistance in the event of an emergency within the centre.

During the inspection we spent time with service users and staff within the main hall in the centre at lunchtime. We could see that each person was afforded a choice of healthy options to eat for lunch according to their dietary requirements. The privacy and dignity of each service users was maintained during this time of support whilst ensuring they could enjoy the company of other centre goers and the staff supporting.

Areas for improvement

During feedback we highlighted a number of instances within care plans where the use of language was a little impersonal and could be construed as being more task orientated rather than person centred.

We have suggested that during care plan audits the service management could highlight these instances of inappropriate language "dealt with the service user, XXX requires to be toiletted" and ensure that staff are aware of the most appropriate ways to record the support given.

We have received 11 notifications of medication errors from within the service since March 2015.

During feedback we have suggested that the service should ensure that a reasonable amount of first time and refresher training is provided to all members of the team to avoid more unnecessary errors occurring. We will make further comment on this in Quality Theme 4 Statement 4.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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 performance for service user involvement under this statement was found to be very good. We decided this after touring the building and speaking to the service users and staff.

We found that service users have been involved in helping to decorate the service in each specific area/room.

Work done by service users is apparent as is decorative pictures of their involvement in activities throughout the centre.

The strengths noted within Quality Theme 1 Statement 1 are also applicable here.

Areas for improvement

Please see the areas for improvement noted under Quality Theme 1 - Statement 1.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service Strengths

The performance of the service under this statement was found to be very good. We decided this after touring the building and speaking to the service users and staff.

We found a very warm and inviting atmosphere within all areas of the centre which has been decorated over the past year to provide a bright airy environment which we found to be conducive to a supportive atmosphere. Each specific area of the building used to deliver supports was noted to be clean, tidy and professional maintained at all times.

We found well maintained support equipment used to ensure that all necessary aids were available to service users who required them during the course of any activity they may wish to become involved in.

There are many different rooms which contribute to supporting the needs of individuals attending the centre, these include Sensory, Beauty, Arts, and Crafts, Music and Education rooms.

A training kitchen is also provided for use by those who may wish to learn some new skills in preparation for a transition they are making in their lives.

The centre benefits from extensive external grounds for service users to use in less inclement weather. During our time in the centre we observed service users spending one on one time with some staff outdoors, from our observations these activities were noted to be very positive.

Special adaptations have been made throughout the service to fit in with the needs of each person using the centre. This demonstrates the centres commitment to providing better quality services and outcomes for those attending on a daily basis.

Any remedial work to be done within the centre is carried out by the local authority after being reported by staff in centre, all defective equipment is replaced in a timely fashion to ensure the safety of all within the centre.

Areas for improvement

The centre staff should continue to make use of the very good resources available with the McPherson Centre to ensure better outcomes for those using the centre on a daily basis.

Grade

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

During the inspection, we found that the service was very good at encouraging those using it to have their say on the staffing in the service. We concluded this after we examined support plans, reviews, questionnaires and spoke with the staff and service users themselves.

The strengths noted in Quality Theme 1 Statement 1 are also applicable here.

In addition:

The service has demonstrated the involvement of service users and family members in recruitment and selection in line with the needs and abilities of service users.

Due to the communication difficulties faced by some of the service users, some may not be able to speak directly with candidates however the manager has implemented a local policy within the centre whereby all those shortlisted for interview are invited to come along to meet service users and spend time within the environment in which they would be working on a daily basis.

Over time a number of carers/family members have expressed an interest in becoming involved in the recruitment of new staff for the centre. As per Inverclyde Council's policy on this, the manager of the service is looking into securing training spaces for those interested which must be completed prior to involvement in the process.

Areas for improvement

The areas for improvement within Quality Theme 1 Statement 1 are also applicable here.

Grade

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

During the inspection, we gathered evidence relating to professionalism, training and motivation of the staff; in particular, we examined staff training records/schedules, team meeting minutes and supervision records. We observed practice and spoke with staff members and the management team. We concluded that the service is operating at a very good level in relation to this quality statement.

As mentioned earlier in the report, our observations of staff/service user interaction at lunch was very good. Attention was paid to each person throughout what was a busy time, with all being afforded choice and being treated with dignity throughout the time spent together.

We observed staff working with service users in a range of settings over the course of our visit. Our findings were the same throughout, finding staff to exude a values based approach to the care and support of each individual being supported.

Respondents to our care standard questionnaires commented on staff:

"The staff at the centre are fantastic. They treat all clients with great respect and often encourage clients to push themselves through learning, exercise and enjoyment."

Through examination of training files we could see that staff have been trained well in a number of areas all which are appropriate to the needs of service users.

These include but are not limited to:

- CALM
- Moving and Handling
- Learning Disability & Dementia
- Autism Awareness
- Sensory processing.

The staff we spoke with throughout the inspection process commented that they feel well trained and provided with the tools required to properly support the service users in all aspects of their care and support.

Most have completed a formal qualification in relation to their role, those who have not are on the HSCP learning and development plan which aims to "build a competent, confident & valued workforce allowing them to improve our services to deliver better outcomes for people.

The centre holds a team meeting every week in which staff feel empowered to make contributions to the direction of travel for the service. An agenda is available prior to the meeting for staff to add to with any discussion points they feel would be of worth to the team as a whole.

The staff team report feeling well supported by the management team in the McPherson Centre. An open door policy exists where staff feel they can go to their line manager at any point to discuss issues related to their role and be confident of receiving support to ensure they can provide consistently high class support to those using the service.

Areas for improvement

As stated above within the strengths for this quality statement, staff have commented that they feel supported by the management team within the service, however the levels of formal supervision sessions which have been offered to the staff are not at a level which we would expect to find.

We have acknowledged during feedback with the centre manager that supervisions are occurring, however maybe not just frequently enough.

Ideally we would like to see all staff being offered four separate sessions per year to ensure that they have regular protected time to discuss their development in each particular role.

We also found that information contained within some of the sessions recorded is a little sparse with a lot of emphasis on service user issues rather than staff development issues.

We would suggest that line managers try and always use the headings provided within the official supervision document as they provide good prompts for discussion points for each staff member.

During feedback we also discussed the introduction of a formal system of observational monitoring of staff practice and performance within the centre.

We noted evidence of medications being checked at regular intervals by line managers which is a strength however we would like to see this widened to incorporate other areas of daily support provided to service users.

This could include communication skills, moving and handling skills and the staffs abilities to take the national care standards and SSSC codes of practice into their everyday duties.

Line managers could also attempt to gauge instant feedback from those being supported and use these findings to inform the basis of supervision sessions. This will further involve stakeholders in the continual assessment of staff.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.”

Service Strengths

The strengths highlighted in Quality Theme 1 - Statement 1 are also applicable here.

Areas for improvement

The areas for improvement highlighted in Quality Theme 1 - Statement 1 are also applicable here.

Grade

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

During the inspection, we gathered evidence relating to the quality assurance systems used by the management team in the service; in particular, we examined auditing paperwork and spoke with staff members and the management team. We concluded that the service is operating at a good level in relation to this quality statement.

A six monthly reporting and standard check is completed by management team. This is a good audit tool which can be used to contribute towards the completion of the annual self assessment. The check examines various areas within the service under headings such as:

- Safety of Service
- Healthy
- Nurtured
- Respected and Responsible
- Achieving
- Included.

We found this to be an effective quality assurance tool, allowing staff to comment on how they would grade the service and to make comment on how they would improve the service delivery.

We also noted other areas of support which are audited regularly by both the staff and management team in a joint effort to improve standards within the centre.

These included medication checks (see further detail in area for improvement). Care plans, which are audited within supervision and a list of weekly and monthly checks which monitors all paperwork prior to service user review, accident/incident logs as they come in, fire drills, fire safety etc.

We noted that the centre has developed an Improvement Action Plan, which is a very good resource to use in setting future goals for the service. We have made further comment on this below, within the areas for improvement.

Areas for improvement

During feedback we have discussed the service's recording and notifications of medication errors which have occurred within the centre. Examination of medication checks folder shows eleven medication errors have occurred within the centre since 1 March 2015.

The service should take any and all appropriate steps to ensure that repeated medication errors are kept to a minimum and that when they do occur, lessons are learned through reflective work.

The six monthly reporting and standard check is very similar to the self assessment which the service must complete and submit each year to the Care Inspectorate. This would prove to be a worthwhile exercise in preparation for the completion of the self assessment.

The self assessment submitted prior to this years inspection contained many references to previous years strengths and areas for improvement. At feedback we discussed how the involvement of all staff and stakeholders can allow a more updated and relevant document to be developed. By using the tools within the reporting and standard check, the service will ensure that good preparation work for the self assessment is completed and is ready to be used.

The Improvement Plan which we noted above is a good resource however could be improved upon by examining a number of issues within it. The plan we examined contained no indication of when it was completed therefore any development areas could not be tracked for progress. We would like to see where the information held within the plan comes from, for example, who has

set the goals within the plan, have they come from external/internal feedback etc.

The plan contains a colour coding system for the stated outcomes to be achieved over time. We have suggested adding a section for specific timescales for the completion of these outcomes, especially when the status is red, indicating immediate action required. This will allow the service to track progress and work to a methodical plan of action allowing all outcomes to be worked on strategically.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. The service should ensure that any issue raised by or on behalf of service users is not only addressed but the resulting action, if any, is fed back to the reporter and properly recorded. This will help to engender confidence in the service and encourage open dialogue and communication with those with a vested interest in how the service is delivered.

NCS 12 Support Services - Expressing Your Views.

This recommendation was made on

We found that the centre management have taken effective steps towards ensuring that any and all feedback to the service is taken on board and used to make improvements to outcomes for service user.

This recommendation has been met.

2. The service should ensure that new staff and those changing roles are provided with the opportunity to shadow experienced staff prior to being given care responsibilities. We consider this to not only be good practice but an essential grounding for less experienced staff working in this specialist

area. This is likely to produce better care outcomes for service users and also staff by way of their professional development.

NCS 2 Support Services - Management and Staffing Arrangements.

This recommendation was made on

All staff we spoke with advised that they felt safe and comfortable within the working environment thanks to a thorough and supported induction scheme which allows all new staff to learn about the job and the service users within a protected timeframe.

This recommendation has been met.

6 Complaints

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

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

9 Inspection and grading history

Date	Type	Gradings
18 Aug 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

9 Dec 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
30 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
6 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
21 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
20 Jun 2008		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.