

Care service inspection report

Parkhall House

Support Service Without Care at Home

39 Parkhall Street

The Village

East Kilbride

Glasgow

G74 4JT

Telephone: 01355 574590

Inspected by: Gillian McPake

Type of inspection: Unannounced

Inspection completed on: 30 January 2013



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Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2003051416

Contact details for the inspector who inspected this service:

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Summary

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

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

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership		N/A

What the service does well

The staff work very well as a team providing a high standard of care and support to the people who attend Parkhall House.

What the service could do better

The provider needs to ensure staffing is suitable to meet the increasing dependencies and support needs of the people using the service to support them effectively in the daily activities of their choice and preference.

Staff training needs to be kept up to date, ensuring staff are trained and or have an understanding of the health related issues of each service user. This is in order to identify any needs, suitably support, and care for them.

What the service has done since the last inspection

Since the last inspection, the service has continued to work hard as a staff group providing a high level of support to the people attending the centre.

Conclusion

Overall, the service is a good performing service, with a staff team that are committed to providing a high level of support and care to the people attending.

The manager and staff respond positively to any suggestions and or actions asked of them in order to improve the service for the service users.

Who did this inspection

Gillian McPake

Lay assessor: Mrs Helen Biggins

1 About the service we inspected

"The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

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

Parkhall House has been registered with the Care Commission since 26 January 2004 and provides a support service for 24 older people. During the inspection there were 20 service users using the service.

The service is owned by South Lanarkshire Council and is situated in a quiet residential area of East Kilbride. The service operates five days per week, Monday to Friday 9:00 am to 5:00pm.

The home is in the Village of East Kilbride close to the town centre and is near to local amenities, including shops, train and bus routes.

The home is purpose built, with the accommodation on one level. The service has a main recreational and dining room; there are separate rooms for smaller group activities and relaxation. There is an outdoor garden space.

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

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 5 - Very Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - N/A

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

We wrote this report following an unannounced inspection. This was carried out by inspector, Gillian McPake and Lay Assessor, Helen Biggins.

The inspection took place on Tuesday 29 January 2013 between 9:10 am and 4:45 pm. It continued the following day, Wednesday 30 January from 9:05 am to 1:30 pm. We gave feedback to the manager and two unit seniors on this date.

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

We sent ten care standards questionnaires to the manager to distribute to service users. Three service users sent us completed questionnaires. We also sent ten care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned three completed questionnaires before the inspection.

During the inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- Sixteen service users
- The manager
- 2 seniors
- 3 care workers

We looked at:

- minutes of meetings
- support plans
- accident and incident records
- maintenance records
- training records
- residents' and relatives' questionnaires
- audits

- staff practice
- the environment and equipment

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 recommendations we made at our last inspection

The two recommendations made at the last inspection were suitably met.

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.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us the people who used the care service had taken part in the self-assessment process.

Taking the views of people using the care service into account

For the inspection, we received views from 19 of the 20 people using the service. Three gave their views via the care standards questionnaires and we spoke with a further sixteen people in the home.

Nineteen people said they were very happy with the quality of the service. People spoke very highly of the support service and the staff who looked after them. Service users' comments and references to our questionnaires are included throughout this report.

Taking carers' views into account

Three relatives returned completed care standards questionnaires. All of the returned questionnaires were positive about the support their relative received.

Relatives' comments and references to our questionnaires are included throughout 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: 4 - 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

At this inspection, we found that the performance of the service was very good for this statement. The service involved the service users and or their families' carers in every aspect of the service delivery.

We looked at minutes of meetings, surveys, the information on activities, the questionnaires returned to us, and spoke to sixteen service users.

There were very good opportunities for the people who used the support service to give feedback and make suggestions for improvement. The service was very good at involving both service users and their representatives.

Regular meetings took place for both service users and their representatives. The minutes we read demonstrated that the manager and staff discussed a range of topics including the Care Inspectorate, respite services and what this was, the dementia strategy including training for staff and explained what Power of Attorney was.

All of the service users told us that the service made changes to reflect their wishes.

Service users told us they were well informed about everything. One service user was the chair of meetings, which were well attended by the people who use the service. They commented on the opportunities to be involved in a range of areas including outings, menus, staffing, and surveys about the resource centre and staff.

There was also an opportunity for service users to attend and be part of a wider meeting with representatives from all over South Lanarkshire day care services. This

was an opportunity to share issues, concerns, and information.

Comments about meetings:

- "I go to meetings every three months."
- "The meetings are for the service users. Staff takes the minutes and its all down in black and white."
- "My daughter goes to the meetings."

The service had a complaints policy, which staff and the people using the service were aware of. There had been no complaints.

Service users told us if they were unhappy with any aspect of their care:

- "If I had a complaint, I'd lodge it with .. or ..".
- "I would go and speak to them if I was annoyed."

The service had reviewed the timing of meetings by consulting with the people and or their representatives suitably meeting the recommendation made at the previous inspection.

Other comments from service users included:

- "Very satisfied with all aspects" of the service.
- "I think we're very lucky to have this centre."
- "I look forward to coming here."
- "I love coming here. I don't know what I'd do without it."
- "I couldn't believe I landed so lucky - I love coming here."
- "I was offered another day - I jumped at it. I love it here - its fun."

Areas for improvement

Minutes of service user and carer's meetings had significantly improved in detail and content since the last inspection, however as a further area for improvement the service need to record how they are reporting progress and outcomes. We have not repeated the recommendation as this was met but identified where further improvements could be made.

We asked service users about their involvement in their support plans. The comments we received included:

- " I know all about that. (Staff name) goes over it with me."
- "I don't know anything about that."

We sampled three plans, two did not have signatures, or dates to indicate the service user had been involved and had agreed with the contents of the plan. Service users and their families did however participate in the regular six monthly reviews.

We have reminded the staff to ensure they have the service user and or their representative sign and date their support plans to indicate they agree with its contents and any subsequent changes.

The evaluated results of the surveys returned to the service were mainly positive; however, there were a few aspects where there had been negative responses or disagreements to the questions. We could see no evidence of how the service responded to such responses and fed information back to the service users of how this was resolved in order to improve the service.

As an area for improvement the service, need to show how they respond to such comments and what measures they have taken to make the improvements. We will follow this up at future inspections.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. The service met the health and welfare needs of residents effectively. We looked at support plans, medication records activities and observed the lounges and meal times to assess this statement.

We sampled three-support plans two provided person centred information specific to the needs of each service user. Service users 'life histories' captured information about their lives. We found staff used this effectively.

The majority of service users attending Parkhall House independently self medicate. In order to reduce any risks the service tries to advise service users where possible to have their medication prescribed out with the times they attend day care.

Medication records were available for the service users who required their medication during the day. The support plans listed the medication each person was prescribed. (Please also see areas for improvement)

Staff done all they could to assist service users remain independent for example one person on the day of inspection wanted to visit the shops to purchase something for their home. We saw staff assist the service user to look on the internet before making the trip to the shops. Once they had decided on the product staff arranged for transport to the shops and back.

The service user was very appreciative of this.

The service users told us their interests were encouraged and their independence. There was a range of activities available to them while attending the service. A group of five people told us that they were "delighted" with the service. They were all enjoying participating in reminiscing about the past laughing and joking about times gone by.

In another part of the service, a larger group were doing quizzes and one service user was reading a newspaper. Most appeared to enjoy this and many found the event 'mind provoking'. (Please also see areas for improvement)

People's comments were:

- "We went out to a garden centre for a meal and a visit."
- "We get a lot of entertainment."
- " I like carpet bowls and musical bingo."

The service was good at making sure that people received the appropriate care and medical attention. The information we saw in a personal plan relating to a service user's medical condition provided clear instructions for the resident and staff in monitoring and maintaining their condition effectively. This included the relevant contact details of other health care professionals.

We saw that staff monitored service users' closely if there were any concerns; staff reacted quickly to any issues by contacting the families and the appropriate health care professionals and acting on their professional knowledge and advice.

We observed the staff attentively attending to each service user's care and support needs when a request was made. The staff who worked permanently in the service knew the service user they cared for which resulted in the appropriate care for each person.

Staff provided care discreetly and in a respectful and dignified way.

The menus displayed on the tables reflected the service users' preferences resulting in minimal wastage after meals. The kitchen based in the care home beside Parkhall House had good knowledge of people's preferences and special diets.

Many of the service users we spoke with told us they "loved the food."

The service users' told us the food was of a high standard and quality and the home baking was just "wonderful".

There was a range of snacks and fresh fruit and a choice of drinks available to the people in the service throughout the day.

Other comments were:

- "The food is exceptionally good - we have a good chef."
- "We can choose drinks - water, milk and juice."

The care standard questionnaires we received from service users and relatives their comments were:

- " The opportunity to have appointments with chiropodists, hairdressers etc. is really appreciated."
- " staff are very friendly and attentive. Trying to make sure our needs are met. The food provided is of a very good quality. We are offered various activities to encourage us to socialise. If there are any issues, staff are very good at contacting myself or my family."

The service users told us and the care standards questionnaires returned to us all expressed confidence in the staff and that the care and support was of a high standard.

Staff were very friendly and took time to listen.

Areas for improvement

The manager and seniors we fed back to were very receptive to the information we provided and signposted them to, in particular to the medication recording and support plan information.

They agreed and identified where they could make improvements in the support plans especially relating to recording the specific medical conditions a service user had. Including how they effectively managed this in order to improve the outcomes for the people concerned. For example, effective continence care and management, this needs to include details of how they effectively promoted residents continence with details of the assessed continence products used by the service user. (See recommendation 1)

Medication

The medication records we sampled did not have photographs of the resident in order to assist the person administering the medication to identify the resident and minimise the risk of error. The manager and staff recognised this as an area that should have been completed but had not and aimed to rectify this as a matter of priority. We will follow this up in the future.

The recording of medicine administration did not specify the times only the morning referenced as 'am' or afternoon referenced as 'pm'. We have recommended that the staff record the specific times they and or the service user administers/takes medication. For example when administering and or observing, the service user with medication such as pain-relieving medication. It is important there is a specified time between taking certain pain relieving medication. (See recommendation 2)

We also spoke with the staff and the manager about improving the medication details

in the support plans. The plans although have the medication recorded, need detail what the medication is in relation to the medical condition it is prescribed for.

This would assist the service user to understand what medication they are on and why and assist staffs knowledge and understanding of medication. We have sign posted the manager and staff to our website as well as a website on patient leaflet information regarding medication. They have agreed to improve this area; we will follow this up at future inspections.

Nutrition

We highlighted at feedback a service user who had not enjoyed their meal, but had not asked for an alternative because they had not been aware this was available to them. Although we saw staff express alternatives were, available we have suggested as an area for improvement that the menus state an alternative is available to anyone who wishes.

Care standard questionnaires returned to us and questionnaires returned to the service highlighted staffing levels were not as they should be.

We spent time observing staff and their interactions with the service users. Service users and staff told us the staffing compliment could be better.

We agree.

Examples we saw, on at least two occasion's staff carrying out activities in two separate areas had to stop the activity in order to assist service users' to the toilet. This left the rest of the service users waiting.

A range of people we spoke with advised the dependency of service users had increased but not staffing.

Service users' also told us some of the activities could be better organised as some were big group activities. An example we received was a few service users who did not particular enjoy the quizzes especially when it was such a big group, felt if there was more staff then their could be a range of various activities taking place that would meet peoples preferences.

On the day of inspection, a member of staff from another day care centre was helping with transport and activities due to staffing issues. (See requirement 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that there are appropriate numbers of staff at any time to meet the care and support needs of each service user attending the day care service.

This is in order to fully support each service user and offer them a range of appropriate, purposeful, recreational, and stimulating activities without unnecessary interruptions.

A copy of the staffing schedule must be displayed along with the registration certificate for the support service as detailed on the certificate of registration.

This is in order to comply with
The Social Care and Social Work improvement Scotland (requirements for Care Services) SSI 2011 No 210, Regulation 15 (a) - Staffing.

Timescale: to commence in 1 day and be completed within 3 weeks from receipt of this report.

Recommendations

1. The support plan information should describe the specific healthcare and medical needs of each service user. A description of what this is, how this will be effectively managed and where applicable the expected/achieved outcome.

The service should continue to review this information updating where there have been any signs of improvement or deterioration.

National Care Standards Support Services Standard 4 - Support Arrangements and standard 16 Keeping Well.

2. The medication administration records (MAR's) should record the specific times a medicine is administered.

National Care Standards Support Services Standard 16 Keeping Well.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We focussed on the environment and the safety and security of the service users in the home.

There is a secure entry system and book to sign in and out.

The information available to service users and any visitors to the service is available on entering the service. This information advises people of for example how to make a complaint.

Each person has a legal agreement and contract in place. Service users told us:

- "I just filled up that agreement - it's not as if you get it for nothing, so you need to know about it."
- "No, I'm not sure - I don't remember."
- "I think I have."

There were records available of reviews, which had taken place in order to ensure the care, and support is of a high standard, and regular assessment of their needs is in place.

We saw comprehensive maintenance records and information, which were up to date ensuring any repairs, completed almost immediately in order to protect the residents and staff. A fire plan and log was available with records of daily, weekly, and monthly checks.

Any actions required for example environmental health the service acted quickly and effectively in order to ensure standards remained high.

Equipment was maintained in accordance with the manufacturer's guidelines such as moving and handling equipment in order to ensure the safety of service users and staff.

The cleanliness was of a high standard and as a result, there were no odours. There were sufficient bathing and toilet facilities, maintained to a high standard.

The lay assessor reported:

Everyone I spoke to was happy with the general comfort and relaxed atmosphere of the centre. One person commented, "its fine - it suits me here".

Other comments included:

- "Yes, it is comfortable and warm enough."
- "The furniture is nice - we might get different furniture, yes, I'd tell them."

One person commented about the relaxation room "I like that, the staff take us there".

The accident and incident records, detailed the actions where necessary to reduce any further occurrences with ongoing monitoring of the service user where this was applicable.

All staff were recruited according to the safe recruitment policy of South Lanarkshire Council which included a relevant police check such as Disclosure Scotland and or PVG (Protection of Vulnerable Groups). Staff confirmed this.

The comments we received told us that service users and their relatives felt very safe and secure while attending ParkHall House.

We observed staff and their rapid response to any service user who required assistance. All staff gave reassurance and did not rush any service user providing time for them to mobilise.

All service users who required a mobility aid had this beside them.

Areas for improvement

We visited the small activities area to the rear of the service where there were six service users and a staff member. There was a lot of 'clutter' in this area that posed a safety risk to service users. The room itself had some structural repairs carried out and subsequently was in need of some refurbishment and decoration.

Staff told us the centre is due for a refurbishment programme in the very near future. Representatives from South Lanarkshire Council planned to visit in order to assess the works needed. (See recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure the service is clutter free and equipment is stored safely in order to reduce the risk of harm to service users.
National Care Standards Support services standard 5 - Your Environment.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 3

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

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We focussed on the staff training and supervision as well as observing staff in practice.

The staff told us they had a wealth of training opportunities. They were well supported by the manager and senior staff and encouraged to develop their skills and knowledge.

Staff competently and confidently carried out care efficiently and effectively in order to assist and support the residents attending the centre.

Residents told us they were very confident that staff had the knowledge and skills to care for them effectively.

Service users were very positive about the staff. Comments were:

- "... has been exceptionally good to me."
- "... is a great listener so is ... - they're all good."
- "I can go to any of the girls and if I've anything to say, I'd say it to them."
- "Staff are good."
- "Staff are always pleasant."
- "They're all good, they look after you."
- "The staff are so kind and care about us."

A training calendar for this year was available for 2012/13. Training staff had received included, role-play, moving and handling, fire, and first aid.

Staff told us that they had regular meetings and supervision in order to discuss their development and training needs/opportunities.

They had opportunities to discuss things in private and were confident this was

confidential. Staff told us the manager, the seniors, and their colleagues supported them.

Areas for improvement

Although staff training was ongoing, there was staff who had not received for example infection control training in some time.

We also identified where a service user had a specific health related issue staff should receive training and/or information for example supra pubic catheterisation, staff had received training in basic catheter care but not specifically supra pubic catheterisation.

We observed staff practices and witnessed an inappropriate moving and handling technique, which compromised the safety of both the service user and staff. We fed this back to the staff during feedback providing details of what we had observed. The manager and staff aimed to address this immediately and advised all staff had recently received moving and handling training. (See requirement 1)

During the inspection a member of staff who had come to assist from another day care facility, we could not see how they had been effectively orientated to Parkhall House. While we observed them, they were unfamiliar with where activity equipment was stored and what activities were to take place. (See recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure all staff carries out safe and effective moving and handling practice in order to ensure their safety and the people they care for. Staffing competencies must be assessed regularly to ensure they are effective and safe in such practices.

All staff must have training specific to their roles and responsibilities in order to meet the care and support needs of the people they are caring for.

This is in order to comply with:

The Social Care and Social Work improvement Scotland (requirements for Care Services) SSI 2011 No 210, Regulation 4(1)(a) - Welfare of Users and regulation 15 (a) - Staffing.

Recommendations

1. All staff who are unfamiliar with the service should be appropriately orientated and given information/support about the service in order to effectively support the

people who attend.

National Care Standards Support services, standard 2- Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - 5 - Very Good	
Statement 2	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 3	4 - Good
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings
29 Jul 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
4 Dec 2009	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
26 Sep 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

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

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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