

Care service inspection report

Telford Centre (Support Service)

Support Service Without Care at Home

Telford Centre
Abertarff Place
Fort Augustus
PH32 4DR

Inspected by: Jacqueline Ferguson

n/a

Type of inspection: Unannounced

Inspection completed on: 17 January 2013



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	11
4 Other information	21
5 Summary of grades	22
6 Inspection and grading history	22

Service provided by:

NHS Highland

Service provider number:

SP2012011802

Care service number:

CS2012307273

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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service is run within the Telford Centre in the village of Fort Augustus. The service is managed by the acting manager of the care home and the day to day running of the service is carried out by the care home staff, who work hard and were observed to be kind and caring to service users. Service users spoken with during the inspection stated that it was a much needed service and that they enjoyed and looked forward to their visits to the Telford Centre.

What the service could do better

The management should continue to work on developing a questionnaire to send out to service users and their relatives/carers. This questionnaire should be used to gain feedback on the service they provide. The information gathered should be evaluated and used to make improvements to the service.

Work needs to continue on the brochure for the service to ensure that information given to service users and relatives/carers is current and reflects service provision. The management should continue to work on issuing a regular newsletter for the service.

Meetings should be held for service users, relatives/carers and staff on a regular basis.

The content of service users' reviews was very good, however staff need to ensure that action plans are made from reviews and care plans updated as a result of this process.

The provision of activities for service users could be improved.

Meetings should be held for service users, relatives/carers and staff on a more regular basis.

What the service has done since the last inspection

This was the first inspection for this service under the new provider NHS Highland.

Conclusion

The acting manager and staff in the Telford Centre were noted to be kind and respectful to service users.

The service encouraged residents and their relatives to express their views about the quality of the service.

The acting manager and staff showed a commitment to improving the service and to providing a good standard of care for all who use the service.

Who did this inspection

Jacqueline Ferguson

n/a

1 About the service we inspected

Social Care and Social Work Improvement Scotland (Care Inspectorate) regulates care services in Scotland. It awards grades for services based on the findings of inspections. These grades, including any that services were previously awarded by the Care Commission, are available on www.careinspectorate.com.

The service was registered with the Care Inspectorate from 30 March 2012. The provider is NHS Highland.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service based on best practice or the National Care Standards.

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

The Telford Centre is a two storey purpose built facility offering residential and day care provision for older people. It is located in a quiet residential area of Fort Augustus close to local amenities and transport links. The building is situated within its own grounds, with parking facilities to the front. There is a large enclosed garden to the rear of the centre and this extends round the sides of the centre. The accommodation comprised of ten en-suite rooms. There is a large, open plan dining area with good disabled toilet facilities on the ground floor. There are several small sitting areas on both the ground and first floors. There is a passenger lift and stair access between the ground and first floor.

The service aims to provide a caring, comfortable environment for its service users enabling them to have informed choices and the right to make their own decisions including the right to take calculated risks.

The service aims to treat people as individuals, ensuring their rights to privacy and freedom from intrusion into their affairs, maintaining their rights as citizens within a

wider community and to provide a quality of life which is interesting, fulfilling and stimulating.

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 4 - Good

Quality of Staffing - Grade 4 - 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 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 after an unannounced inspection that took place on 16 and 17 January 2013. The inspection was carried out by Care Inspectorate Inspector Jacqueline Ferguson. Feedback was given on the evening of 17 January 2013 to the acting manager and a senior social care worker.

As requested by us, the provider sent us a self assessment form.

We sent the service 15 questionnaires to issue to people who used the service and ten to staff. We received nine completed questionnaires before the inspection, four from service users and one from a carer/ relative. Four staff questionnaires were completed and returned.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents:

- *personal plans, care documentation and review records of people who use the service
- *training records
- *health and safety records
- *maintenance records
- *accident and incident records
- *internal audit records
- *minutes of meetings
- *questionnaires that had been requested, filled in and returned to the care service from people who use the service
- *tour of the premises which included examining and observation of the environment and some of the equipment and facilities
- *observations during the inspection visits

We also spoke with various people, including:

- *people who were using the service
- *relatives and carers of the people who use the service
- *the manager, senior social care workers, social care workers, kitchen and housekeeping staff.

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

This was the first inspection under the new provider NHS Highland.

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 self assessment was completed by the manager and contained good detail of the service's strengths and also highlighted areas where the service could improve.

Taking the views of people using the care service into account

We spoke with several service users during the two days of inspection. We also joined a small group who were playing Scrabble for a chat on the second day of inspection. All service users spoken with stated that they thought the service was very necessary and for some people it was a 'lifeline'. People told us that the staff were kind, caring and always treated them with respect. They also told us that the food was lovely and there was always a choice. One service user stated that she didn't know what she would do if she couldn't come to the centre. She stated that it gave her the opportunity to socialise with friends, get out of the house, enjoy board games etc and have a lovely meal.

One service user was very annoyed about what she felt was unfair charges for attending the service.

We received four completed care standard questionnaires prior to the inspection and some comments from these were:- "I attend the Telford Centre Monday - Friday for lunch. The bus collects me and it is the highlight of my week. Geoff the driver makes us so welcome and he does much more than the call of duty. All the staff are

wonderful to us. There is a warm welcome when we enter the door from all. Any problems I have they are so ready to solve. I am 92 years and have attended the Telford Centre since it opened. It has been a 'lifeline' for me, I can't praise it enough", and "I have attended the Telford Centre since it opened 25 years ago and I have always found the staff to be very caring. I think it is a very good example of how a home should be run".

Taking carers' views into account

We spoke with one relative/carer and they told us that they were very happy with the service provided at the Telford Centre and that the staff were all very nice, kind and respectful to their relative.

Comments in the care standard questionnaire we received indicated that overall the relative/carer agreed that they were happy with the quality of care the service gave them.

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

We found this service's overall performance in the areas covered by this statement to be good.

The service's policies were undergoing review at present. Some new policies were now in place and staff were being asked to familiarise themselves with any new guidance.

There was a participation policy in place and this outlined the various ways that service users and their relatives/carers could be involved in assessing and improving the quality of all aspects of the service.

The acting manager was working on a newsletter at the time of the inspection and this was to be issued to service users and relatives/carers in the near future.

The acting manager had been working on a questionnaire to give to service users and relatives/carers to gain feedback on the service provided. This had not been sent out at the time of inspection.

There was evidence of meetings taking place for day care service users and these were all minuted.

There was advocacy information displayed on the notice board in the reception area of the home.

There was a suggestion box placed at the front reception area.

There was a brochure for the service and this outlined the service and facilities offered in the Telford Centre.

There was evidence to support that there were some reviews taking place. (see areas for improvement under 1.3)

Comments from the care standard questionnaires indicated that out of four, one service user strongly agreed that they were asked for their opinion on how the service could make improvements, one agreed, one did not comment and one stated that it was not applicable.

Service users told us that they enjoyed being at the centre, found the staff kind and caring and were asked for their opinions and suggestions about how the service was to be provided.

Areas for improvement

The manager should carry on with her plans to send out a questionnaire to service users and their relatives/carers. The information gained through the use of these questionnaires should be evaluated and used to make improvements to the service. Progress will be monitored on this at the next inspection.

There was a brochure for the service, however some of the information in this needed to be updated. Progress will be monitored on this at the next inspection.

The manager should continue to develop a regular newsletter for the service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found this service's overall performance in the areas covered by this statement to be good. We concluded this after we spoke to service users, relatives, examined care plans and associated documentation, policies and procedures.

The service had good policies in place in relation to this statement. Some of these were Medication, Food, Fluid and Nutrition, Infection Control and Support in Death and Dying. Some service policies had been reviewed since the change of provider and others were undergoing review at present. (see areas for improvement and recommendation made under statement 3.3)

At the time of inspection, there were no service users who required support to take their medication whilst attending the service.

A random sample of four care plans were looked at and these were found to be of a good standard. All the care plans sampled were good and contained some very detailed information on how service users' health and wellbeing needs were to be met.

The review system for the home was looked at and there was evidence to support that some service users were offered a review of their care plan. (see areas for improvement)

There was evidence that the service maintained good links with health professionals such as community nurses, dietician, pharmacist, and GPs. The acting manager explained that there were regular meetings held with local community nursing staff, where she could bring up and discuss any issues in relation to service users' health needs.

There was some evidence of activities being planned for service users. Small group activities took place after lunch for example, dominoes and scrabble. Day care service users could join in with the residents of the Telford Centre for afternoon musical entertainment. (see areas for improvement)

Areas for improvement

A sample of review notes were looked at and these were found to be of a good standard, however it was noted that some service users had not received a review of their care plan for some time. (see recommendation)

There was some evidence that activities were being planned, however consideration should be given to planning activities for service users using information gained about their past and present interests and hobbies. One to one activities should also be provided for service users who are unable to participate in groups. (see recommendation).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It is recommended that each service user receives a minimum of two reviews in each year with family present where appropriate.

National Care Standards - Support Services - Standard 6 Support Arrangements

2. It is recommended that there should be a planned programme of activities for service users, which takes into account service user past and present interests/hobbies etc. Service users who are unable to participate in group activities should also be offered the opportunity to have one to one activities provided.

National Care Standards - Support Services - Standard 13 Lifestyle - social, cultural and religious belief or faith and Standard 14 - Daily life.

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

The grade for Quality Theme 1, Quality Statement 1 (1.1) has been accepted as the grade across 2.1, 3.1 and 4.1. See Quality Theme 1, Quality Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We found this service's overall performance in the areas covered by this statement to be good. We concluded this after we spoke to the management and staff, undertook a tour of the premises, examined care assessments, accident/incident recording, maintenance records, and risk assessments.

The Day Care service took place in the large dining area and also in the communal area on the first floor of the care home.

Staff were noted to wear appropriate protective clothing when carrying out care tasks and when carrying out food handling.

There was liquid soap and paper towels at all points of need throughout the home.

There were some environmental risk assessments in place.

Personal risk assessments had been developed where necessary and were part of service users' care plans.

External contracts were in place to ensure equipment and systems were maintained satisfactorily and were fit for use.

There was a system for the reporting of any faults or repairs and staff were aware of how to use this.

A signing-in book for visitors was in use at the main entrance door to monitor who was in the building. Locks were used in some parts of the building to minimise the risk to some vulnerable residents.

There were appropriate health and safety policies, procedures and arrangements in place aimed at ensuring the safety of residents and staff. (Some policies had been reviewed and some were being reviewed at present as provider had changed from Highland Council to NHS Highland earlier this year). (see recommendation under 3.3) Service users all had a contract in place.

There was a system for the reporting of accidents and incidents.

Areas for improvement

Further work needed to be carried out on the environmental risk assessments to make sure that they covered all aspects of the service environment. Where a risk has been identified there should be written evidence of the control measures that have been put in place and that the risk had been assessed as being at an acceptable level. Progress will be monitored on this at the next inspection.

There were toileteries and cleaning fluid being stored in a communal bathroom.

These should be removed immediately to ensure the safety of all service users.

Some bins in communal toilets were noted to be swing lid type. These should be changed to foot operated bins. All other open topped bins should be fitted with a disposable plastic liner.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - 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 grade for Quality Theme 1, Quality Statement 1 (1.1) has been accepted as the grade across 2.1, 3.1 and 4.1. See Quality Theme 1, Quality Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade awarded for this statement: 4 - 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 this service's overall performance in the areas covered by this statement to be good. We found this after we examined training records, training plan, supervision records and spoke to service users, relatives/carers, staff and management.

The acting manager had a training plan in place for staff.

There were policies in place for staff. Some of these had been reviewed since the change of provider. (see areas for improvement)

Staff were encouraged to complete an SVQ at a level appropriate to the work they perform. At the time of inspection there were two staff on a waiting list to undertake SVQ level 3, including medication unit.

Mandatory training was provided for staff in First Aid, Moving and Handling and Food Hygiene.

All staff had undertaken a training course in Infection prevention and control - Older person care homes and home environment. (SCSWIS and NHS Education for Scotland 2011)

There was evidence of some staff meetings being held and staff spoken with stated that they had found the meetings beneficial. (See recommendation under 1.1)

Some staff had received one to one supervision and there were records kept of these sessions. Some staff spoken with confirmed that they received supervision and that they could use this planned time to talk about any issues/problems they had and also to highlight any training they felt they could benefit from.

The manager operated an open door policy and all staff spoken with stated that they would have no problem talking or bringing up any issues they had with either the manager or senior staff.

During the inspection, staff were noted to be kind and caring to service users and were always very professional when dealing with relatives/carers or health professionals visiting the service.

Areas for improvement

This was the first inspection of the service since registration with the provider NHS - Highland on 30 March 2012. The service was registered under Highland Council before that date. NHS - Highland's policies and procedures, which should provide staff with clear guidance on their working practices, were not all in place in this service. In the absence of new policies and procedures from NHS - Highland, staff were following the previous provider's policies and procedures. We were told during the inspection the existing Highland Council policies and procedures were under review by the new provider. The provider should ensure that staff are provided with clear guidance relevant to the work they carry out and the service provision. Staff guidance should take account of National Care Standards, current legislation and best practice. (see recommendation).

There was evidence of supervision, however it was noted that this was not taking place for everyone or on a regular basis. The manager and senior staff should ensure that the programme of supervision for all staff continues until it becomes regular practice. (see recommendation)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It is recommended that NHS - Highland provide clear guidance for staff relevant to the work they carry out and the service provision. Policies and procedures should take account of National Care Standards, legal requirements and current best practice. Staff should know how to put these policies and procedures into practice and have regular training to review this and to learn about new guidance.

National Care Standards - Support Services - Standard 5 Management and staffing arrangements.

2. It is recommended that the management continue with the programme of supervision for all staff working in the service. This should provide staff with support, the opportunity to raise individual issues and as a means of monitoring staff awareness of working practices, effectiveness of induction and training and to identify any further training needs.

National Care Standards - Support Services - Standard 5 Management and staffing arrangements.

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 grade for Quality Theme 1, Quality Statement 1 (1.1) has been accepted as the grade across 2.1, 3.1 and 4.1. See Quality Theme 1, Quality Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We found this service's overall performance in the areas covered by this statement to be good. We found this after we examined internal audits, care plans and reviews, questionnaires and other quality assurance documentation, and spoke to service users, relatives/carers, staff and management.

The manager had carried out audits of the service users' care plans. There was evidence to support that issues found were highlighted and a list of actions made for keyworkers to carry out. This list was on the manager's notice board at the time of inspection. (see areas for improvement)

Service users received a review of their care plan with family present where appropriate. (see areas for improvement under 1.3)

The management completed their self assessment for the service on request.

There had been regular consultation meetings with service users, staff and relatives/ carers in relation to the recent transfer of provider.

The acting manager was in the process of developing a questionnaire to issue to service users and their families to gain feedback on how they could improve the service. (see areas for improvement under 1.1)

The service had a complaints procedure in place and service users were given details on how to contact the Care Inspectorate if they wished.

Areas for improvement

The manager had carried out a recent audit of the care plans and there was a list of actions to be taken to update care plans. It was noted through the inspection that not all these actions had been taken, even though some time had passed since the audit. The manager should give consideration to making her action plan more formal with timescales for staff to complete the necessary actions. Progress will be monitored on this at the next inspection.

The manager should also give consideration to auditing other systems e.g. accidents, incidents, activities and reviews.

There was a complaints procedure in place, however this gave guidance on how to complain to Highland Council. The acting manager was to look in to this to ensure that service users had access to information that was accurate and current. Progress will be monitored on this at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

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	4 - Good
Statement 3	4 - Good
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

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

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