

Care service inspection report

Oswald Avenue Day Centre

Support Service Without Care at Home

46 Oswald Avenue

Grangemouth

FK3 9AX

Telephone: 01324 501383

Type of inspection: Unannounced

Inspection completed on: 3 July 2014



HAPPY TO TRANSLATE

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Service provided by:

Falkirk Council

Service provider number:

SP2004006884

Care service number:

CS2003011570

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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	5	Very Good
Quality of Environment	6	Excellent
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service offers a wide range of activities for people to get involved in. People using the service are very involved in planning the activities programme, trying new things. Staff know the people they support very well and relationships are very positive. The managers are experienced, knowledgeable and confident in encouraging staff to develop different opportunities for people who use the service.

What the service could do better

The service is continuing to work with people they support to look at ways they could improve. They have set up a working group to look at how they could improve activity programme planning. They are working with Falkirk council's human resources section to look at ways people using the service could get more involved in staff selection. We discussed that they could look at ways relatives and carers could get more involved in improving the service. We suggested they could look at introducing an outcomes focused support planning process. We heard that the staff performance review system was being reviewed to make it more helpful to staff and managers in supporting staff's development.

What the service has done since the last inspection

People using the service, staff and managers have been very involved in improving the environment in the centre, refurbishing and redecorating the dining room, cafe and some of the workrooms. They have worked together to improve the outside area,

creating a pleasant, relaxing and productive space. They have continued to develop the activities programme, with a focus on encouraging healthy active lifestyles, using taster sessions to encourage people to try different things. The service had managed a period of higher staff absence, making every effort to make sure people's activities went ahead as planned.

Conclusion

People using the service had opportunities to get involved in a wide range of activities of their choice. They clearly enjoyed using the service and were getting a lot out of coming to the centre. Relatives and carers were generally happy with the service their family member received and benefited from the respite it offered them. The staff team were enthusiastic and motivated to continue to develop opportunities for people they support. The managers were experienced and committed to continuing to improve the service so that it contributes to the quality of life for people who use the centre.

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.careinspectorate.com.

Oswald Avenue Day Centre is a support service which provides day time support to adults with a learning disability to take part in a variety of activities. The service is provided from a former social centre within a residential area of Grangemouth. A variety of facilities are provided within the centre, including work rooms for a variety of activities, a cafe, a garden, a quiet/small meeting room, dining room and personal care areas. People using the service are also supported to access services and facilities in the community, including education, work and leisure activities. The service is provided by Falkirk Council and is registered to provide up to 70 places each day. At the time of our inspection around 40 people were using the centre each day, some people attended five days per week and others attended one, two or three days per week depending on their needs. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service 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 Inspectorate.

We have not made any requirements or recommendations for improvement in this report. We have agreed areas for continued improvement with the service.

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 6 - Excellent

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an unannounced inspection of the service. A Care Inspectorate inspector carried out the inspection. The inspection took place on 2 and 3 July 2014. We gave feedback to the managers and senior day centre officer on 3 July 2014.

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

We sent 40 care standard questionnaires to the manager to distribute to people using the service and their relatives or carers. Twelve people using the service and 12 relatives/carers returned completed questionnaires.

We also asked the manager to give out 15 questionnaires to staff and we received five completed questionnaires.

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

We spoke with

- * people using the service during activities and over lunch
- * one relative
- * the managers
- * the senior day centre officer and day centre officers and assistant day centre officers present

We looked at

- * a sample of records for people using the service
- * "Welcome pack" of information about the service for people who are using/may want to use the service
- * information on survey of views of people using the service
- * information on survey of family/carer views
- * Oswald Avenue advocacy group information
- * service user self assessment group information

- * information on activities available and individual's activity programmes
- * medication administration and recording systems
- * accident/incident records
- * evidence of how service users were involved in café refurbishment, garden landscaping, work room décor and redecoration of the dining hall
- * environmental and activity risk assessments
- * records of environmental safety checks, including legionella prevention
- * fire safety checks
- * records of equipment/furniture checks
- * records of repairs/maintenance
- * records of Health and Safety inspections and audits
- * a sample of staff records
- * staff training information

We attended the morning staff meeting and looked around the centre.

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

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 received a fully completed self assessment document from the provider. We were satisfied with the way they had completed this with relevant information included for each heading we grade services under. They identified what they thought the service did well, some areas for improvement and any changes they had planned. The provider told us how the people using the service were involved in improving the quality of the service.

Taking the views of people using the care service into account

Twelve people using the service returned completed questionnaires to us. They all agreed, seven of the 12 strongly agreeing, that they were happy with the quality of care and support the service gave them. One commented,

"Oswald Avenue Day Centre is a very good place to attend. Plenty to do and excellent staff."

We met people using the service during the two days we visited, over lunch and taking part in activities. Everyone we met told us they were very happy with the service, the range of activities on offer and the achievements they'd made as a result of using the centre. People were very clearly engaged and enjoying the activities they chose to get involved in. They spoke highly of the staff and managers and we saw relaxed and positive relationships between everyone in the centre.

Taking carers' views into account

We received 12 completed questionnaires from relatives/carers of people using the service. Apart from one, they agreed, five of the 12 strongly agreeing, that they were

happy with the quality of care and support the service gave their family member.
Comments included,

"My (family member) has been attending the centre for just over a year now and she is extremely happy there. She has settled in well and staff are very supportive and encouraging. She wants me to tell the Inspectorate that she loves Oswald Avenue and couldn't be happier there. Thank you."

"I am very happy with the service provided for my individual needs with the help and support of my family. I believe the Oswald Avenue Day Centre provides me with good quality which enhances my quality of life. I am very happy there." (Comment written by family member on behalf of an individual using the service).

"(Name) is happy to go 4 days. It gives me time to myself.....I do not know what we would do if we did not have the centre to go to."

"Communication with home could be better."

The person who made this comment did not give their name so we were not able to follow-up their specific concern. We have addressed this under Quality Theme 4 Statement 1.

"Change routine as go to the same places. Every Monday Livingston. Very repetitive."

We were able to speak to this relative/carer who told us that since completing the questionnaire the programme had changed and they were now going to different places on "community access" on a Thursday and regularly bowling on a Monday. They were happy with this and hoped it would continue. They told us they were happy with the service overall, particularly how welcoming and supportive their family member's key worker was to their family member and their personal support staff.

"Centre would appear to be understaffed a lot of the time meaning outings etc. are not able to be carried out."

This comment was made by the person who disagreed they were happy with the care and support their family member was given. We did not have contact details for the person so could not find out more details. However, we discussed the staffing situation in the centre and were reassured that the centre had managed a period of higher staff absence. We saw how the team worked together at morning team meetings to make sure all the planned activities went ahead, apart from in exceptional circumstances.

"Collectively staff do not converse with me as an individual. My "key worker" does, DCO is caring and makes time for me." (Comment made by relative on behalf of their family member who uses the service).

We were able to speak to this relative and clarify what the issue was for the person. They felt that staff were more likely to spend more time with others using the centre who had higher support needs, which meant they were being treated differently. They were not very confident about speaking up and, because they appeared to be coping well, staff didn't always take the time to check they were ok. Their relative was keen to make sure we understood this did not apply to their key worker, who they said was wonderful, had a great rapport with their family member, was easy to talk to and had helped their family member with some difficult times. They also said they were happy with the service overall and their family member enjoyed going there and the activities they were involved in. They wanted to remain anonymous to the service and we agreed to share this feedback with the service in order that they could reflect on their practice and make sure all staff were giving each individual the attention they needed and wanted.

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

At this inspection we found the service was performing to an excellent standard in relation to this statement. We spoke to some of the people using the service. We looked at individual's records, including support plans and reviews, the service's information booklet, a range of information for people using the service and visitors displayed in the centre, newsletters and information from the Oswald advocates group. We spoke to the managers, senior day centre officer, day centre officers and assistant day centre officers present.

People using the service and, where relevant, their families and others important in their lives were fully involved in planning and reviewing their own support. The service consulted with people using the service about what activities they would like to take part in, they were open to ideas from staff who know people well and organised taster sessions for different activities. They designed the programme of activities based on what people wanted to do.

The service provided a range of information about the service, including a "Welcome to Oswald Avenue" booklet, which had been developed by a group of people using the service. This included information on how to complain to the council and to us. We saw interesting, colourful and accessible displays in the centre, including information on the rights of people using the service, what they could expect and displays with pictures and information from the various activity groups. The communications groups distributed a newsletter, which included articles and pictures of activities and events that had been happening in the centre.

The service had worked with people using the service to develop a questionnaire to

gather the views of people using the service. They were in the process of surveying people's views, with a volunteer completing the questionnaire with individuals to provide people with support independent of the service. They planned to collate the information gathered and look at any improvements suggested.

The Oswald advocates group, an opportunity for people using the service to meet together to share ideas and suggestions for managers to consider, met regularly. The group had previously been a fixed membership group which met weekly. Following consultation it had been agreed to change the meetings to monthly and to offer opportunities for anyone who wanted to attend, with at least one representative from each key group. This was proving popular and gave the managers the opportunity to respond and put suggestions into action between meetings so that progress could be recognised.

We saw the service had used questionnaires to gather feedback from relatives and carers of people using the service. The information had been collated and the managers had written to relatives/carers, informing them of the positive response, improvements made and highlighting they were "open-minded to new possibilities".

These strengths meant people using the service and their families had a range of ways they could get involved in improving the care and support the service provided. People we spoke to felt they could make suggestions and raise concerns and the service would listen to them. We saw many examples where the service was making changes and developing based on the feedback from individuals, groups and relatives/carers.

Areas for improvement

The service intends to build on current excellent practice. They were establishing a working group to look at how they could improve the activities programme planning process. They plan to continue to work with individuals and groups to plan service improvements. We discussed that they could look at improving action planning from the information gathered through carer questionnaires. For example we saw that some questions had a few "occasionally" responses. They may want to target three key areas from this for improvement and share this with families in the letter sent by managers. This would also apply to the information gathered from the questionnaires currently being completed with people using the service.

We noted that some of the information provided by the service still refers to the Care Commission. They need to make sure they refer to the Care Inspectorate in all communication with people using the service and their families.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service met people's health and well-being needs very well. To assess this statement we spoke to some of the people using the service and took part in some of the activities. We looked at a sample of individuals' records, including their activity plans, and looked at the facilities available in the centre. We looked at staff's training information. We spoke to the managers, senior day centre officer, day centre officers and assistant day centre officers present.

Each person had a care and support plan, which included details of their health needs and relevant risk assessments, in place. These included sections on relevant medical details, general aims and objectives and specific goals, mobility, diet and eating, personal care, behavioural and emotional support and any other relevant information. We saw the support arrangements were reviewed with the person and others significant in their lives at least twice per year and more frequently if changes occurred. The person's key worker prepared a review report in preparation for the meeting, which included the current programme, transport arrangements, the person's views about the current and future programme, the day centre's views about the current and future programmes, any differences of opinion and any other risks or concerns. This was discussed with everyone at the meeting and a future plan agreed.

The service recognised the increased risks from sedentary lifestyles people with learning disabilities often lead. They had been proactive in encouraging healthy lifestyles, including diet, exercise and being involved in activities meaningful for the person. We saw people were taking part in a range of centre based activities including gardening, zumba and other exercise classes, arts and crafts, cookery classes and health and beauty therapies. They made the best use of the space available, with rooms decorated and equipped to allow them to be used for different activities. People also had opportunities for community based activities from the centre, with one group developing resource information that would be helpful for others.

Staff met together each morning to discuss the previous day and plan for the day ahead. This meant they were kept fully informed about any changes in individual's health and wellbeing and were prepared for any particular needs for that day. They also used this meeting to make sure the planned activities for the day went ahead, unless in exceptional circumstances.

Staff were trained in topics relevant to meeting people's health and wellbeing needs generally, such as food hygiene, infection control and moving and handling. They also received training in meeting specific needs such as epilepsy and emergency medication for managing seizures, autism awareness and behaviour support strategies. They had procedures in place to safely administer medication, including regular and as necessary medications. We heard that medication administration

procedures were being reviewed and that all staff would receive training on the new procedures. The centre had facilities for staff to be able to carry out individual's personal care safely and respectfully and they were mindful about the limitations of the facilities when considering referrals for the service.

The service worked with other professionals to meet individual's health and wellbeing needs. They were proactive in contacting people's families and/or other services where they had concerns about individual's well-being. They looked for opportunities to work in partnership with other agencies to increase opportunities for people using the service. For example, they were working with others to develop a community garden in the local area.

These strengths meant people using the service and their families could be reassured the service was working hard to make sure they stayed as healthy and well as they could. We found many examples from talking to people and their families and in individual's records of how people were being supported with healthy, active lifestyles and with accessing health services. Many people proudly told us about their achievements through using the service, including increased skills, new interests and hobbies, meeting new people, achieving awards/qualifications and feeling more confident and independent. People who returned questionnaires to us agreed, 12 of the 24 strongly agreeing, they were happy with the quality of care and support they or their family member got from the service. People we met during our inspection told us they liked coming to the centre and they were clearly having fun and enjoying the range of activities they got involved in.

Areas for improvement

We discussed that the use of a personal outcomes approach could further improve how the service meets people's health and wellbeing needs. This could help develop more personalised services for each person, generate more ideas for things people could do and help identify other information and services that could have a positive impact on their quality of life. We suggested that using an approach, such as the Talking Point personal outcomes approach, could help structure individual plans, identifying specific personal outcomes rather than sometimes less specific goals currently included in plans. This approach could also provide better information about the benefits of the service for individuals. The managers told us this was being discussed by the managers' group.

We noted that there could be a delay in putting the care and support plan in place when someone started using the service. The service could look at how this process could be completed in good time.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

The service was excellent at involving people they support in improving the quality of the environment. The evidence we looked at for Quality Theme 1 Statement 1 was also relevant for this statement.

The strengths noted under Quality Theme 1 Statement 1 are also relevant to this statement.

The service used the methods described under Quality Theme 1 Statement 1 such as group and individual discussions, questionnaires and Oswald advocates meetings to consult with people about the priority areas of the centre for improvement. We saw that people had been actively involved in refurbishment and decoration of the café, dining room, quiet/meeting room and a number of the work rooms. They got involved, not only by putting forward ideas for redecoration and furnishings, but by getting actively involved in decorating, upcycling furniture and choosing soft furnishings. People were proud of the difference they had made to their centre.

People using the service had been actively involved in developing the outside space. The gardening group worked hard to maintain the garden area, making it a pleasant, relaxing and productive space for people using the centre and a positive addition to the environment on the local community.

As noted under Quality Theme 1 Statement 3, people using the service were creating community resource information that would be useful for others using the service by visiting a variety of places in the local community.

These strengths meant people using the service and their families had a range of ways they could get involved in improving the environment the service operated in.

Areas for improvement

As noted under Quality Theme 1 Statement 1 we discussed ideas on how the service could build on current excellent practice.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We found the service to be excellent at making sure the environment was safe for the people using the service. Some of the information we looked at to assess Quality Theme 1 Statement 3 was also relevant to this statement. We looked around the centre and looked at records of health and safety checks and equipment maintenance. We spoke to the managers and senior day centre officer about health and safety management.

The strengths noted under Quality Theme 1 Statement 3 in relation to individual's risk assessments, safe medication administration procedures and staff training are also relevant to this statement.

Falkirk council had safe recruitment procedures in place, including checks to make sure staff are safe to work with vulnerable adults. They also have adult support and protection procedures in place and staff had opportunities to refresh their knowledge in these procedures.

The building is accessible. The managers were mindful of the limitations of the building when considering new referrals to the service. For example, the space to carry out personal care was limited so they were thoughtful about the needs of any new people to make sure these resources would not be over stretched, causing potential difficulties. As this was an older building some of the hallways were narrower. They were mindful about people's mobility and sensory difficulties to make sure they would be able to keep safe in those areas. They were considering how they could improve lighting and decoration to make those areas safer.

The service had generic risk assessments in place covering all areas of the building, staff's practice and for one-off events. These were reviewed at least annually and more regularly if necessary.

The service carried out regular fire safety checks and evacuation practice. They had systems in place to regularly check equipment, with maintenance contracts in place for specialist equipment. Regular legionella checks were carried out. We saw the service had systems in place for reporting and following up any repairs. We heard that staff and people using the centre were good at reporting any hazards or necessary repairs. The centre was cleaned regularly and was free from any obvious hazards.

The manager carried out a walk round inspection of the premises at least annually. We saw they completed an action plan from this and saw this was being progressed. We saw that the council's health and safety officer carried out an audit of the procedures in place. We heard they were easy to contact and helpful if advice was

needed.

These strengths meant that people using the service and their families could feel reassured that the service was working hard to make sure the environment was free from hazards and they were kept safe.

Areas for improvement

The service intends to maintain and build on excellent practice, maintaining all safety checks and making sure any repairs or improvements are carried out in good time. We noted that some repairs had been outstanding for some time. The service could look at agreeing timescales for completion of non-urgent repairs with the maintenance section and reporting to the health and safety officer where timescales were not being met.

We were unclear as to the frequency of the audit carried out by the council's health and safety officer. It appeared the last audit had been carried out in 2012 and we were not clear if this should be completed annually. The service could clarify this and make sure these take place in line with planned frequency.

Grade awarded for this statement: 6 - Excellent

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

The service was very good at involving people who use the service and their families in improving the quality of staffing in the service. The evidence we looked at for Quality Theme 1 Statement 1 was also relevant for this statement.

The strengths noted under Quality Theme 1 Statement 1 are also relevant to this statement.

We heard that the service had begun to re-establish involvement of people using the service in selecting new staff.

The service's training programme had been structured based on the needs and issues people using the service commonly experience. Staff had learning opportunities relevant to particular needs of individuals they support. They also had learning opportunities to develop different activities people using the service wanted to take part in.

These strengths meant people using the service and their families had a range of ways they could get involved in improving staffing in the service.

Areas for improvement

The areas for improvement noted under Quality Theme 1 Statement 1 are also relevant to this statement.

The service is working with Falkirk council's human resources section to increase opportunities for people using the service to be actively involved in selecting new staff for the service.

The manager agreed they could involve people in staff's performance review by asking individuals for feedback about their key worker's performance. This could be done by asking a few key questions and the information gathered could be included in a 360 degree performance appraisal.

Falkirk council and the service could consider how people using the service could be involved in delivering staff's training, including induction training for new staff.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found the service's performance to be excellent in making sure people received support from staff who had the skills, knowledge and experience required. To assess this we took into account the views of people using the service and their families. We looked at a sample of staff records, training information, information on staff qualifications and some staff meeting records. We also looked at questionnaires staff returned to us and spoke to the managers, senior day centre officer, day centre officers and assistant day centre officers present. We saw staff work with people.

We found the service had systems in place to support staff's professional development, including regular 1:1 supervision meetings, annual performance review and professional development planning. The service had staff meetings every morning, where staff were kept informed about service developments and shared information and practice.

As noted under Quality Theme 1 Statement 3 staff had learning and development opportunities relevant to meeting the needs of the people using the service. The staff team had qualifications that were relevant for their role. The managers were qualified and registered with the Scottish Social Services Council.

Staff who returned questionnaires to us said they had regular 1:1 supervision and they had opportunities to meet up with colleagues. They said they had the skills and knowledge to support people using the service and did not have any training needs that were not being met by the service. Staff we met were very positive about their role, felt motivated and said they worked well as a team. We saw them work skilfully and respectfully with the people they support. We heard that managers were available to offer support and guidance and staff appreciated their experience in delivering day care and support. Staff particularly mentioned the support they got to take forward ideas for developing the service. Managers asked them to complete a "business plan" and if they could demonstrate how it could work they were encouraged and supported to go ahead. We heard how the service used staff's own interests and skills to best advantage and this all added to staff's motivation.

These strengths meant that people using the service and their families could be reassured that the service worked hard to make sure staff delivering their support were safe and competent to do so. People the service supports and relatives who returned questionnaires to us agreed, 12 of the 24 strongly agreeing, that staff had the skills to support them. They agreed, 14 of the 24 strongly agreeing, that staff treated them with respect. People we met during our inspection spoke highly of the

staff and it was clear there were very positive relationships between people using the service and the staff supporting them.

Areas for improvement

The service intends to build on excellent practice. Staff continue to maintain their own training and professional development records and the senior day centre officer is developing training spreadsheets to provide managers with easy to access information to better manage staff training. We discussed that they could review the format used for supervision to give it more structure and make sure all key topics were covered. The service acknowledged that the format for staff's performance review could be improved. We suggested that they could look at the Scottish Social Service Council's professional development framework to develop a more helpful format.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The service was very good at involving people who use the service and their families in improving the quality of management and leadership in the service. The evidence we looked at for Quality Theme 1, 2 and 3 Statement 1 was also relevant for this statement. We looked at information from a consultation with people using the service about our self assessment and spoke to the senior day centre officer who had taken a lead with this.

The strengths noted under Quality Theme 1, 2 and 3 Statement 1 are also relevant to this statement.

The managers and senior day centre officer were very involved in the day-to-day activities of the centre. They were available to discuss any suggestions or concerns with people using the service or their families. The manager made sure they responded to any ideas, suggestions or concerns raised by the Oswald advocates group.

The senior day centre officer had used our self assessment format as a guide in getting people's views about what the service was doing well and how it could improve. He said it had been challenging to get people interested and to share their own ideas rather than what they thought he wanted to hear, but people had come up with a range of suggestions through the process.

We noted that there were many common themes coming from the managers' ideas on how the service should improve, staff's suggestions for improvement and the things people using the service wanted to see develop. This indicated that everyone was working together and sharing responsibility for continually improving and developing the service.

These strengths meant people using the service and their families had a range of

ways they could get involved in improving the management and leadership in the service.

Areas for improvement

The areas for improvement noted under Quality Theme 1, 2 and 3 Statement 1 are also relevant to this statement.

We discussed how the service could encourage further involvement by families and carers in improving the service. The service is considering using social events to encourage more involvement.

The service could develop opportunities for people using the service and their families to contribute to managers' performance review and in the selection of new managers.

We heard that Falkirk council are carrying out a service review of day services. We noted the importance of consulting with people using the service and their families and carers in a meaningful way as part of the process.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

At this inspection we found the performance of the service was very good for this statement. The information we looked at to assess the quality of care and support, the quality of environment and the quality of staffing was relevant to this statement. We discussed quality assurance processes with the managers.

The strengths relating to service user participation noted under Quality Theme 1, 2, 3 and 4 Statement 1 are relevant to this statement. These provide opportunities for people the service supports and their families to influence the quality of service they receive. Involving people using the service was a key method used by the service in quality assurance.

The strengths noted under Quality Theme 2 Statement 2 in relation to having a safe environment are relevant to this statement. These strengths meant people using the service and their families could feel reassured that the service was working hard to make sure the environment was free from hazards and they were kept safe.

The strengths noted under Quality Theme 3 Statement 3 in relation to having a

professional, trained and motivated workforce contribute to assuring the quality of the service people receive, providing reassurance that staff who are delivering their support are safe and competent to do so.

The service had experienced a period of increased staff absence, which combined with a decision to "freeze" two posts could have adversely affected the quality of the service. We heard how the managers and staff team had worked hard together, along with colleagues from human resources, to make sure this did not happen. While some pieces of work had not progressed as quickly as would have been liked, people using the service had continued with their planned activity programmes and many developments and improvements had been achieved. The service had been able to fill the vacant posts and worked with staff to return to work in a supported way.

We heard that the managers met monthly with their line manager, individually for support and supervision and as a group to review the service provision. They discussed all aspects of the service at these meetings, including service user issues, staffing and the building/environment. They decided on how to address any issues and reviewed progress with developments.

In discussion, the managers showed awareness of the Government's Keys to Life strategy and that they were considering how the service could make sure the recommendations in the strategy are implemented.

The service works well with us in our role as regulator. They provide us with the information we require and notify us about any events they must tell us about. They made sure we had access to the information we needed and encouraged people using the service and staff to take part in the inspection.

These quality assurance systems and processes meant people using the service and their families could feel the service is working hard to make sure their service continues to improve.

Areas for improvement

The areas for improvement relating to service user participation noted under Quality Theme 1, 2, 3 and 4 Statement 1 are relevant to this statement, increasing opportunities for people using the service and their families to influence the quality of service they receive.

The areas for improvement noted under Quality Theme 2 Statement 2 in relation to having a safe environment will reassure people the service is continuing to work hard to make sure they are kept safe.

The areas for improvement noted under Quality Theme 3 Statement 3 in relation to having a professional, trained and motivated workforce will contribute to continuing to improve the quality of the service, reassuring people that the service is continuing

to improve how they support staff's professional development.

The service could consider a more formal quality assurance system to support continuous quality improvement.

We discussed that the introduction of a personal outcomes approach (see Quality Theme 1 Statement 3) could provide the service with a tool to help monitor the impact the service has on the quality of people's lives and generate ideas for continuous improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

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

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Environment - 6 - Excellent	
Statement 1	6 - Excellent
Statement 2	6 - Excellent
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	6 - Excellent
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
19 Jan 2012	Announced (Short Notice)	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	5 - Very Good
25 Nov 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
18 Feb 2010	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	4 - Good

Inspection report continued

9 May 2008	Announced	Care and support 5 - Very Good Environment 5 - Very 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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