

Care service inspection report

Quarriers - Davidson / Parklands / Kelly Care Home Service Adults

Quarriers Village

Bridge of Weir

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Inspected by: Colin McCracken

Type of inspection: Unannounced

Inspection completed on: 31 March 2014



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Service provided by:

Quarriers

Service provider number:

SP2003000264

Care service number:

CS2003001127

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

What the service does well

The service supports people to live as independently as they can and to do activities that they want to do.

What the service could do better

The service needs to review how it progresses placements once it has been assessed that the service is not the best environment to meet an individual's needs.

What the service has done since the last inspection

The service has since the last inspection increased service users' involvement in the recruitment of staff.

Conclusion

Generally this is a good service with some aspects which are very good. It supports people with physical and/or learning difficulties to maximise their independence. People who use the service speak highly of it. The grades of some statements within this report reflect the provider's need to review how they can help people move forward when it is identified that their needs would be better met elsewhere. This is in the interests of everyone that the service supports. There were 3 recommendations made at the last inspection all of which were met or partially met.

Who did this inspection

Colin McCracken

1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission, including the work of registering care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS.

Davidson / Parklands / Kelly registered with the Care Commission in 2006 to provide accommodation and support to a maximum of 26 adults with physical and sensory impairments, primarily epilepsy.

The service is provided from three purpose built, single storey buildings in Quarriers Village and aims to meet individuals support needs, promoting and maintaining independence, skills and social inclusion.

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 3 - Adequate

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 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

The inspection was carried out by two Inspectors; Colin McCracken and Sharon Reynolds, on 29 March 2014. Brief feedback was given to the manager at the end of the inspection with further discussions taking place over the phone the following week between Care Inspectorate and Quarriers staff.

Prior to the last inspection we sent out care standards questionnaires to the service to pass out to service users and their relatives. Although we didn't get a big response, those who replied were positive about the service. As this was a second inspection for the service within 6 months we did not send out any more questionnaires prior to carrying out this inspection.

On the day of the inspection we turned up unannounced, we focused solely on Parklands at this inspection due to some concerns raised at the last inspection. We spoke individually with 4 people who use the service and joined the other service users who were in the building (totalling 6 people) for lunch, to observe how people interacted within the service.

During the inspection we had discussions with a range of people including:

- The manager
- 1 team leader
- 3 practitioners
- 6 service users
- 1 senior social worker
- 1 contract compliance officer.

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

- care plans
- service information pack
- provider's aims and objectives
- Newsletters
- Service's development plan 2014

- Staff training details
- Welcome Pack
- Mission Statement
- Employee Induction procedure
- Staff meetings
- Staff personnel files
- Supervision minutes
- Appraisal records
- Complaints folder
- Medication records
- Questionnaires and the service's evaluation of them.
- The service's incident and accident book
- Notifications to the Care Inspectorate

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 service had three recommendations made against it in the last inspection report.

1: The management team reviewed along with service users how frequently they wished to have residents meetings, their policy was updated accordingly and checks are made to ensure that the meetings now happen when they are planned. This action meets the recommendations in the previous report.

2: The management team has worked along with outside agencies to arrange additional training for staff in how to staff to deal with behaviour which challenges the service. This action meets the recommendations in the previous report.

3: The management team have discussed the limitations with their HR department on how the provider's computer system currently stores staff training records. This currently does not give managers an overview of what training the staff team have had or flag up when mandatory training is due to be refreshed. The provider is in the process of updating their computer system which will do these things. We would expect that this recommendation will be fully met when we next inspect the service.

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. The management identified what they thought the service did well, some areas for development and any changes they had planned. It could be improved by making it clear how service user and carers have been involved in the assessment

process and highlighting what the outcomes for people have been from using the service.

Taking the views of people using the care service into account

We spoke individually with 4 service users who were in the building when we carried out the inspection and with a further 2 in the dining room at lunch time. Due to some people having communication difficulties we had to use our observations of their interactions with staff as well as their verbal responses to gather service users views. People appeared happy and relaxed within the service, everyone indicated that overall they were happy with the service they received, some indicated that there were aspects they wished changed.

Comments regarding service users views are included in the body of the report.

Taking carers' views into account

There were no relatives present on the day of the inspection. We sent out questionnaires for relatives prior to the last inspection we carried out 6 months ago; as the responses we received were positive, we decided that it was too soon to ask relatives to complete more questionnaires.

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

The service was very good at involving people in the assessment and development of the service which they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service
- Interviews with service users
- Service user information pack
- Participation strategy
- Minutes from service user meetings
- Newsletters which service users have been involved in producing
- Questionnaires received by the service, the analysis of them and subsequent action plan by the management team.

The service has within their service user induction pack a statement about Inclusion. This explains how people who use the service can participate in the assessment and development of the service; it uses graphics to help people understand it. People we spoke with told us they were aware of meetings which took place for residents and that staff listened to them at these meetings.

Quarriers in 2013 launched a new participation strategy which puts a real emphasis on all its services to; promote, measure and review the effects of service user participation on the service.

The service holds formal review meetings with residents and their families with; social workers, advocates and health care professionals invited as appropriate at least twice a year. Residents meet with their key workers in-between the formal reviews as was evidenced in care plan notes. Several staff in the service have been trained in how to graphically record the content of review meetings, to aid where required service users understanding.

The service sends out questionnaires to the people who use the service. These ask relevant questions regarding the service in general and about the staff who provide their care. The responses that we viewed were positive and where suggestions had been made the service could evidence that they had followed them up appropriately.

The provider offers training for service users in assertiveness if they wish. One person we spoke with has been supported by staff to become more assertive by encouraging them to speak out if they are unhappy. Previously we were told they would keep things bottled up. We viewed the complaints records and saw that this person had made a formal complaint and that the provider had responded to this.

There was also evidence that some service users had been supported by local advocates, this is important as it may not always be appropriate for the service to represent a service user's point of view due to a conflict of interest.

The service has involved Quarriers' Inclusion team since the last inspection to support service users to increase their input into the development of the service. They ran a workshop entitled "If I could, I would," this was to encourage people to think of what they want to do rather than what is possible with existing resources. These conversations are essential as they will hopefully shape future services rather than existing resources dictating the future.

During the inspection we spoke with people who use the service, due to a mixture of communication and learning difficulties people did not initiate conversations with us but they indicated that they understood the questions we put to them. All agreed that staff listened to them and support them to do what they wish. Comments included, "It's o.k. it's my own house."

Areas for improvement

The management team should ensure the new participation strategy is communicated to all service users and relatives so that they are informed of all the ways and means that they can contribute in the assessment and development of the service.

While there was evidence that the management team has discussed Quarriers new participation strategy during supervision; the management team should, prior to their next inspection review how effectively it has been implemented. This should include ensuring that the service appoints a participation champion, as detailed within the strategy. (Refer to recommendation 1 under this statement.)

The service should continue with the work which took place in the "If I could, I would" workshop and ensure that they highlight what the outcomes have been within their next self-assessment that they submit to the Care Inspectorate.

The provider has identified that outcome focused care planning is an area that they wish to develop further. The provider is planning on providing training for staff on this and to roll out the new model of care planning over the next year to enhance the plans which are already in place. Training should include discussions on the document produced by the Scottish Government's Joint Improvement Team entitled "Talking Points;" which promotes an outcome focus within planning processes.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The management team should carry out an annual review of how well they have implemented Quarrier's Participation Strategy.

This is a recommendation under the National Care Standards, Care Homes for People with Learning Disabilities, Standard 5, Management and Staffing Arrangements.

Statement 3

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

Service strengths

The service was assessed as being adequate at ensuring service user's health and wellbeing needs are met. We arrived at this conclusion after considering the following information:

- Care plans
- Medication audits
- Risk assessments
- Interviews with service users
- Incidents and Accident folders
- Health and Safety Checks
- Behavioural charts

When we spoke with staff we could see that they were aware of the needs of the people that they supported. Staff have health related training including; moving and assistance, personal care, diabetes, colostomy care, and epilepsy. Staff told us that additional training would be sourced if a service user's support needs required it.

Since the last inspection the staff within the service have received additional training from the community learning disability team on how to support people whose behaviour can challenge. Staff also received training on Calms (crisis, aggression, limitation and management). This was additional training to try and increase staff knowledge, understanding and confidence in dealing with difficult situations.

Care plans on health care needs were in place. Nutrition assessments were also carried out where there was an identified need.

Care plans had a lot of very good detail about how to support someone with their health and well-being needs; such as the individual signs to be aware of when someone may be about to take a seizure, and what staff should do to assist the person if they take a seizure.

There was evidence of good, regular contact with community health care professionals such as dieticians, occupational therapists, physiotherapists, epilepsy nurses, general practitioners and psychiatrists. We looked at incident and accident forms and found that these were followed up with referrals to the appropriate community professionals for advice and assessments.

Areas for improvement

All staff have signed that they have read the document produced by the Scottish Government entitled; 'Keys to Life'. This looks at the inequalities between the health records of people who have a learning disability against people who do not have a learning disability. The report highlights that many areas have to be challenged to improve the health record of people with learning disabilities. The management team should consider how the service can take forward the recommendations in the findings of the report. (Refer to recommendation one under this statement)

As mentioned above the service has worked with outside agencies to provide staff with additional training in how to best support service users in difficult situations. Additional staffing has also been a feature within Parklands since the last inspection to try and meet service user's needs. However even with these things in place incident reports show that there has continued to be some incidents involving conflict between service users within the service. This was mentioned to us by a service user we spoke with and it was affecting how they viewed their home as they couldn't relax as they would like.

In the week following our inspection visit Quarriers provided us with assurances that they were reviewing how they can best support people when it is assessed that their needs can not be fully met. This should reduce the number of incidents within the service.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The management team should create a plan of action which they can take forward at a local level following the points raised within "The Keys to Life" report.

NCS 5 Care Homes for People with Learning Disabilities - Management and Staffing Arrangements

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

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 good at ensuring that service users participated in assessing and improving the quality of the environment. We considered the following information under this statement:

- Service information packs
- Service's newsletters
- Care plans
- Care Review minutes
- Interviews with service users
- Interviews with staff
- Service participation policy

At the last inspection we made a recommendation under this statement that the service review how frequently that they hold residents meetings within the 3 distinct units that make up the service. The service has done this and as a result the regularity with which these meetings take place has increased. Checks that the meetings take place have been added to list of quality assurance checks carried out by the management team. We sampled the minutes of these meetings and they included discussions about redecoration of communal areas.

Care reviews continue to be monitored to ensure that they are taking place every 6 months. These meetings gave individuals the opportunity to discuss the communal environment and personal space within the homes. There was evidence that people had raised issues about their bedrooms which were followed up to the individual's satisfaction.

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

People that use the service told us that they were able to go out with their key worker to choose the colour of their paint or wallpaper and the carpets for their bedrooms. We were invited into a few bedrooms all of which had been personalised with the persons own taste and belongings.

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

- "I like my room."
- "It's my own home."

Areas for improvement

The service should continue to encourage feedback from relatives and stakeholders and evidence how their participation has helped to develop the environment within the service.

While the general environment within the service is good; in order to make discussions about the environment more informed, the management team should consider whether service users have anything to compare their present environment with. For example people do not have on-suite facilities which newer care homes have and the garden area at Parklands could be enhanced.

For general areas for development under participation Refer to Quality Statement 1 - Theme 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

At the last inspection we assessed that the service was adequate at ensuring that the environment was safe and that service users were protected. We arrived at the conclusion that the service has maintained this standard in relation to this statement. While there are some additional strengths since the last inspection some of the key areas for improvement remain the same. We arrived at this conclusion after considering the following information;

- Written agreements
- Accident and incident forms
- Risk assessments
- Health and safety policies and practices
- Registration Certificate
- Public Liability Insurance Certificate
- Care Plans
- Accident and Incident records
- Discussions with staff and service users

All staff are given health and safety training as part of their induction. Senior staff carry out health and safety audits on a regular basis. We saw these during the inspection.

The service completes personal emergency evacuation procedures for each service user, this is to keep people safe in the event of a fire.

The provider operates safer recruitment practices with all staff requiring to undergo an enhanced disclosure check with newer staff having to undergo a Protection of Vulnerable Groups (PVG) check.

We checked all the communal areas within Parklands and some of the bedrooms and found that they were kept clean and tidy. Cleaning materials were safely stored.

A sample of staff rotas demonstrated that staffing levels met and at times exceeded their minimum staffing levels as laid out in the registration certificate. The service has worked with the local authority to secure additional staff support at certain times of the day to support the needs of the people who live in the service.

We sampled the services complaints records and found that complaints are investigated appropriately with feedback being given to the complainants and the local authority where appropriate.

The service takes a multi disciplinary approach to trying to ensure that service users are protected. By this we mean they link in with the social work department, community learning disability team and psychiatric and other medical services where appropriate. This was made clear from the care plans that we sampled. Additional training has been sourced for staff since the last inspection meeting the recommendation that we made under this statement at the last inspection.

Areas for improvement

Although the management team have worked with outside agencies to support staff with training on behaviour which challenges; it remained the case that some service users had been caught up in incidents which involved conflict with other service users.

The management team have tried to minimise tension within the service by increasing social outings and staffing levels, however within a communal living environment it is not always possible for people to avoid each other and even if it was possible it still creates an atmosphere where it is harder for people to relax in their own home. As mentioned under Quality Theme 1 - Statement 3 Quarriers have provided assurances that discussions are on-going to ensure a positive outcome for all concerned.

While the environment was generally good we were invited into one bedroom where a drawer front was missing and pipes under a sink hadn't been boxed in which detracted from the room. (Refer to recommendation 1 under this statement.)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The management team should review each bedroom to ensure all repairs have been reported.

NCS 4 Care Homes for People with Learning Disabilities - Your Environment
"Your environment will enhance your quality of life and be a pleasant place to live."

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 service was very good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff
- Information about staff interviews

Questionnaires used by the service to get people's views included questions on the quality of staffing. We also saw minutes of meetings where issues about quality of staff were mentioned and discussed.

Review records showed that people who used the service could give their views about the quality of staff at review meetings. The people who use the service also had opportunities to influence staff development.

Service users are asked their views on staffing as part of the staff appraisal process.

All the people who use the service that we spoke with during this inspection were positive about the quality of staffing within the service which was the same response we received at the previous inspection from both those we spoke with and those who returned care standards questionnaires. Care reviews that we sampled included discussions on the staff within the service and there were no concerns raised in the sample we saw.

Quarriers new participation statement emphasizes that service users must play a role in the recruitment of staff, it states: "If a recruitment process is to take place without the involvement of people we support, agreement will be sought from the operational manager, or the equivalent senior manager will need to sanction." The policy also states that: "Inclusive recruitment training to be delivered to people we support on a regular basis to ensure they can contribute appropriately and as fully as possible."

Since the last inspection the management team told us that they have increased the number of service users who have had the opportunity to become involved in staff recruitment within the interview process. Service users had also assisted staff at recruitment fairs.

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

Areas for improvement

The provider has a standard probationary period for new staff prior to their position being made permanent. The provider should consider how they can evidence that service user's opinions have been sought as part of this process.

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

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found the service's performance in the areas covered by this statement was good. We concluded this after considering the following:

- Interviews with management/staff and service users
- Staff induction procedure
- Samples of staff supervision and appraisal minutes
- Staff meeting minutes
- Training plans

A training plan with both induction and mandatory training was in place. This helped staff to come across as confident in their roles and service users told us that they believed staff knew what they were doing when supporting them.

Staff told us that they are regularly supervised; supervision minutes that we sampled showed that there is a set agenda which ensures important subjects such as; service users, health and safety, new policies and training are discussed as well as giving staff the opportunity to discuss other issues. Good quality supervision is important to ensure that staff are motivated and working to best practice principles.

New staff undertake mandatory training in areas such as: Introduction to Quarriers; emergency first aid; medication administration; safer handling of people; health & safety; infection control; fire awareness; food hygiene; epilepsy and rescue medication; and adult support and protection within the first six months of starting with the service. This core training is repeated every two years. The provider has introduced new e-learning courses on certain topics such as cook safe. Quarriers hope e-learning will offer increased training opportunities for staff.

Staff working with people who have complex medical needs receive training appropriate to the needs of the person being supported for example since the last inspection the service has sourced training on behavioural issues and on dementia to meet the changing needs of the people the staff support.

The provider has a range of policies and procedures which meet the expectations laid down in the National Care Standards. For example: Health and Safety, Fire Safety, Accidents and Incidents and Whistle-blowing.

Service users that we spoke with told us in relation to staffing:

- "The staff are good."
- "Staff help calm me down."

Areas for improvement

The manager should ensure that staff are involved in the self-assessment which the manager sends to the Care Inspectorate prior to our inspections. These discussions would be enhanced if staff were aware of the grading criteria within the reports.

The provider should consider providing training on Self Directed Support (SDS) for staff. This is important due to the possible implications for the people who use the service.

The provider is planning on giving staff training on outcome focused care planning. This will be rolled out to all staff in Quarriers over the next year or so. This is important to help staff as this is a different style of care planning than they are used to.

We made a recommendation at the last inspection that the provider review how it records and stores staff training information. At present managers cannot easily check which staff have undertaken which training courses and when. The manager told us that a new computer system has been developed which will allow managers to check this information easily. The system is not up and running yet so we will reiterate the recommendation and review this at the next inspection. (See recommendation 1 under this statement.)

From discussions with staff it was clear that despite additional training some staff still felt that morale had been affected by the atmosphere which at times could be tense and the effort involved in trying to reduce the tension.

The management team have made requests for leadership and management training to be made available to the manager and team leaders within the service to help them develop in their role.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that the gaps identified in the staff training analysis are filled over the coming year.

This is a recommendation made against the National Care Standards, Care Homes for People with Learning Disabilities, Standard 5, management and leadership.

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 service was very good at ensuring that service users participated in assessing and improving the quality of management and leadership of the service. We considered the following information in grading this statement:

- Interviews with management and staff
- Corporate plans
- Returned questionnaires
- Discussions service users.

The manager and team leaders have regular contact with the people they support which includes; undertaking reviews, checking support continues to meet their needs; and responding to any areas identified for improvement. Team leaders work on the rota so there should always be one available if service users or staff need their support.

The provider runs several different service user groups and an annual conference which service users are able to take part in. Several people who use this service are members of groups like the Discovery group or the I.T. group. Some of the people we spoke with said that they liked these groups as it gave them a chance to discuss issues which interested them.

The provider produces newsletters which it sends out to keep service users and their relatives informed about what is happening within the organisation locally and nationally.

The management send relatives and service users questionnaires on an annual basis. Points raised from the last questionnaire have included the desire to have more in-house and social activities. Following on from this the service now holds a games night within Parklands, with people from external services and social groups invited. The service has also purchased a greater variety of indoor and outdoor activities.

The external line manager visits the service and speaks to service users about the manager and team leaders. This feedback is used within their annual appraisals and within Quarriers' standards evaluation which is completed annually.

For general areas of strength around participation refer to Quality Theme 1 - Statement 1.

Areas for improvement

Quarriers' new participation policy states that there should be "internal and external monitoring and evaluation of the progress" of the participation strategy, this should include what the outcomes have been from the various groups so that it is clear they have a purpose in influencing the direction of the organisation. (This relates to the recommendation made under Quality Theme 1 - Statement 1)

The management team should consider what the outcomes have been for service users in relation to this statement i.e. how have all the various service user groups that Quarriers run influenced and improved the organisation; this should be made clear within the next self-assessment that they send to the Care Inspectorate. The local management team could be helped by Quarriers' Inclusion team who could provide an overview from the organisational viewpoint of the outcome of participation. (Refer to recommendation 1 under this statement.)

The provider's new participation strategy identifies as a strategic goal that there should be a participation champion at the local level who will provide assistance to service users, such as helping with the production of newsletters. By the service's next inspection we would hope that both staff and people who use the service know who the champion is and what their role is.

As Quarriers have produced a new participation strategy it would be a good idea for this to be included in discussions at service user reviews to ensure everyone is aware of its content.

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

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

There are aspects of this statement which the service is very good at but other aspects where the service needs to improve upon. Overall we assessed that the service had adequate quality assurance procedures in place. We considered the following information in grading this statement:

- Discussions with people who use the service
- Interviews with management and staff of the service
- Compliments records
- Complaint records
- Medication audits
- Finance audits
- Notifications to the Care Inspectorate
- Quarriers' Adult Support and Protection Policy
- Inverclyde Council's Adult Support and Protection Policy.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that management discuss; service audits, supervision, training and action plans during these meetings. Staff told us that they had a clear understanding that management carry out checks to ensure that they are working within the guidelines set down to them. Management ask staff to bring their written work into supervision meetings so that it can be discussed as a regular item on the supervision agenda.

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

As mentioned under Quality Theme 1 - Statement 1 in our last inspection report we identified that participation meetings were not happening in line with the service's local participation policy and supervision and team meetings were held with varying frequency between the 3 different units which make up the service. The management team have since then added monitoring the frequency of these meetings to their quality assurance checks. This is good practice as it holds people accountable because a reason has to be provided if a meeting does not take place as planned.

Service users we asked said about the overall quality of the service:

- "It's a good place."
- "It's great."
- "I've no worries."

Areas for improvement

We sampled the accident and incident records in the service, the reports detailed appropriate action was taken, including the fact that the local authority and the Care Inspectorate were notified. However the management team did not completely follow Quarriers own policy on Adult Support and Protection (ASP). Quarriers' ASP policy clearly states that the local authority ASP policy must be followed. The local authority policy states that any ASP concern should be reported using an AP1 form, these were not the forms used to notify the local authority. (See requirement 1 under this statement.)

As Quarriers looks to develop more outcome focused care plans the management should adopt this approach to their self-assessment process next year. For example they should give more examples under each statement to demonstrate the difference that support has made to service users and how service user participation has led to improvements within the service.

As mentioned earlier in this report the management team should consider how they can help progress situations where it has been assessed that the service is not the best place to meet someone's needs. We were given assurances before the end of the inspection that the organisation's senior management were working towards this.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that their Adult Support and Protection (ASP) Policy is followed at all times.

SSI 114 Regulation 4 (1) Welfare of Users

(a) providers shall make proper provision for the health and welfare of service users;

Timescale for meeting this requirement is on receipt of this report.

4 Other information

Complaints

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

Enforcements

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

Additional Information

No additional information recorded.

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
29 Oct 2014	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good
9 Oct 2013	Unannounced	Care and support Not Assessed Environment 4 - Good Staffing 4 - Good Management and Leadership Not Assessed
10 Oct 2012	Announced (Short Notice)	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate

Inspection report continued

15 Aug 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 4 - Good 3 - Adequate
27 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
1 Oct 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
2 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
4 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
31 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 4 - Good 4 - Good
12 Nov 2008	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - Good
2 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 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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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

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