

Care service inspection report

Full inspection

Lifestyle Lanark, Harry Smith Complex Support Service

Thomas Taylor Avenue
Lanark



HAPPY TO TRANSLATE

Service provided by: South Lanarkshire Council

Service provider number: SP2003003481

Care service number: CS2003001364

Inspection Visit Type: Unannounced

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

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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	6	Excellent
Quality of environment	6	Excellent
Quality of staffing	6	Excellent
Quality of management and leadership	6	Excellent

What the service does well

The service is proactive, innovative and responsive to service user's and family's needs, requests and suggestions. There was strong evidence that issues and suggestions important to the service user, were listened to and carried forward. There were excellent methods in place to facilitate this, such as the client committee, service user forum and the service user conference.

The service is committed to supporting the recommendations from the Keys to Life Strategy, and were actively taking these forward to improve the quality of life for each service user.

The quality of the environment is of an excellent standard to ensure that service users can participate in activities that are meaningful and enjoyable to them.

The staff team are confident, experienced and knowledgeable and the needs, rights and choices of the service users were promoted at all times.

Staff were given opportunities to maximise their development and take responsibility within their role. Leadership within the service was seen to recognise, and take into account, individual staff member's skills, abilities and qualities and the contribution they made to the quality of the service.

What the service could do better

The service should consider a recording system for training records to enable an "at a glance" record of staff training attended, planned and due to be updated.

What the service has done since the last inspection

The service has met the four recommendations that were made at the last inspection.

Conclusion

We have discussed the service's strengths throughout this report.

They should continue to monitor and maintain the excellent quality of care. The service should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: www.careinspectorate.com

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

Located in a new re-provisioned building in the town of Lanark the service based at the Harry Smith Complex is for adults with learning disabilities. It is run by South Lanarkshire Council's Social Work Resources. The service runs from 9a.m. until 4p.m. Monday to Friday.

Service Users needs are assessed and this assessment decides how many days per week the service user will use the service and the activities the service will support them with.

Service users travel in to the complex either independently on local public transport or the local authority bus service will pick service users up from their own homes.

At the time of the inspection, there were 74 service users using the service.

Recommendations

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

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

Requirements

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

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

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

Quality of care and support - Grade 6 - Excellent

Quality of environment - Grade 6 - Excellent

Quality of staffing - Grade 6 - Excellent

Quality of management and leadership - Grade 6 - Excellent

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

What we did during the inspection

We wrote this report following an unannounced inspection.

The inspection was carried out by one Care Inspectorate Inspector. The inspection took place over three days on 5, 6 and 12 of August 2015. We gave feedback to the Manager on the 12 August 2015.

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

We sent 40 Care Standards Questionnaires to the manager to distribute to service users and their relatives and carers. Nineteen service users sent us completed questionnaires.

We also asked the manager to give out 15 questionnaires to staff and we received 9 completed questionnaires.

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

We spoke with:

18 people who use the service.

5 families and carers of people who use the service.

The Locality Manager.

The Senior Day Centre Officer.

Four Day Centre Officers.

Two Care Assistants.

We looked at:

The service's relevant policies and procedures relevant to the quality statements examined at this inspection.

Registration and insurance certificates.

Individual support plans of people who use the service.

The service's evaluation forms that had been completed by service users and families.

Participation and Involvement Strategy.

Individual activity schedules.

Minutes of service user and family meetings.

Medication system and records

Complaints system and records.

Accident and incident system and records.

Staff files and training records.

Minutes of staff meetings.

Quality assurance systems, reports and audits.

We also observed a dining experience to enable us to assess the noise levels in the dining area, and to see how staff interacted and supported individuals to have an enjoyable experience, and receive the appropriate level of support.

We spent time with service users participating in, and enjoying their chosen activities. We observed staff supporting individuals to actively take part in these activities which included;

Arts and crafts.

Wheelchair dancing.

Rebound therapy.

Spending time in the multi-sensory room.

Line dancing.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider had completed this and with the relevant information included for each heading that we grade services under.

Taking the views of people using the care service into account

Where service users could not communicate with us verbally, we saw that the staff had very good relationships with them and they appeared relaxed and comfortable with their interaction. Through body language and facial expressions, service users were seen to be happy and content, particularly when taking part in their chosen activities.

Service users who were able to tell us, spoke positively of the service received and comments included;

"I am going on a barge trip".

"We went to Biggar for an ice cream this morning and I enjoyed that".

"Lunch was good".

"I like the multi-sensory room".

".....(name of staff) is one of the best!"

"I really like my keyworker and my co-keyworker".

"I like coming here - my favourite thing is everything!"

"I am making a Dolphin cushion and enjoy this".

"I go circuit training and lift heavy weights on a Friday".

"I like my scrapbook".

Taking carers' views into account

Family and carers were complimentary of the service their relative received and they gave us many positive comments. These included;

"I just attended a review and it was very positive - they are very thorough".

".....(name of key worker) is lovely".

"She absolutely loves going!"

"She gets on very well with staff and has formed good alliances with them".

"It's a really great place with great facilities - we are very lucky to have it and we value the service".

"There are lots of opportunities and different activities every day".

"..... (name) loves going and really enjoys it".

"The staff are great".

"Lots of activities such as line dancing, swimming and yoga".

".....(name's) personality really shines through".

"The staff do a great job".

"I always attend reviews and have one coming up soon".

"It is a lovely place and I am very happy with everything".

"...(name) really enjoys going and would go seven days a week if she could".

"I was unable to attend the next planned review but the key worker called to speak to me prior to this".

"...(name) really enjoys the weekly programme in place".

"...(name) is really settling in with her key worker".

"I am overall very happy with the staff and the service".

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: 6 - Excellent

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 information contained in this statement also takes into account and influences the grades awarded under Quality theme 1 - Statement 5, Quality Theme 2 - Statement 1 and 3, Quality Theme 3 - Statement 1 and 4, Quality Theme 4 - Statement 1 and 3.

We found that the service was performing to an excellent level in the areas covered by this Quality Statement.

We concluded this after looking at the many different methods the service had in place to ensure that service users, their families and other stakeholders could give their feedback and make suggestions to influence the care and support provided. For example;

- Participation and involvement strategy.
- Easy to read complaints procedure.
- Service user's individual care reviews.
- Key client meetings.
- Service user committee.
- Service user forum.

- Service user conference.
- Quarterly parent and carer meetings.
- "Speak Out" advocacy open surgeries.
- "People First" Advocacy group.
- Community based drama group managed by a committee, including service users.
- Service users and carers surveys.
- Comment and suggestion box.
- The "Lab" experiment with the Institute for Research and Innovation in Social Services (IRISS) which involved, service users, family and staff.

We found excellent examples and strong evidence that the service was innovative, proactive and responsive to service users and family's needs, requests and suggestions. Service users met with their keyworker weekly, and information from these meetings influenced the agenda for the client committee. The client committee meet on a regular basis and were supported by external advocacy, People First. Any comments, complaints or suggestions from this meeting were then carried forward to the service user forum, which is facilitated by a resource worker from South Lanarkshire Council. Throughout the year there are regular planning meetings to consider issues raised from the committee and forum, and most recent issues that service users wished to be considered were, hate crime, friendship and staffing. The participation and involvement from all of the above is then culminated into an annual service user's conference.

South Lanarkshire is moving from a day care centre service delivery model, to a model that supports and facilitates individuals with learning disabilities to access lifestyle choices that they want and need in the community. This is referred to in this report as "day opportunities" model of support. This change is complex due to the amount of people involved: people who access support, their families and carers, social workers, and day care centre managers and staff, who all have different expertise, skills and perceptions. It also involves changes to existing cultures, service processes and working practices. This had understandably caused apprehension, uncertainty and some anxiety for service users, their families and staff. We found that the manager had facilitated

meetings to enable these concerns and anxieties to be raised, and to respond to these in a sensitive and empathetic manner. Subsequent meetings evidenced that service users and families now felt better informed and reassured.

As part of the day opportunities transition, the service had taken part in the Institute for Research and Innovation in Social Services (IRISS) "experience Lab" which explores how people can engage differently with one and other. This delivered positive outcomes for service users, families and staff who were involved in this. The methodology underpinning this aimed to offer the service an opportunity to accelerate changes in the way people work together. All participants involved explained that learning from other people's perspectives was valuable and the time they had been given to do this was 'precious'.

We also found that service users, families and carers were routinely kept up to date with developments within the service and that the service continued to provide opportunities to give them clear and accurate information, to allow them to make informed choices. For example, The Learning Disability National Strategy - Keys to Life, the recommendations from this and how these could improve the lives of people with learning disabilities. Each year the service held a conference in partnership with People First and the theme in 2014 was The Keys to Life. The conference held this year was "The Keys to Life - 1 year on" which we have discussed in greater detail under Quality Theme 1, Statement 5.

We made a recommendation at the last inspection that the Provider should explore how to overcome the difficulties people living remotely experience when attending the centre. Where service users lived remotely, we found that this did not have a negative impact on the very good experience they had when attending the centre. The service provided four buses to ensure that all service users, regardless of their geographical location could arrive timeously at the centre. Scheduled days that service users attended and the bus routes were routinely monitored to ensure that these remained effective. This is also an area that will be reviewed as part of the day opportunities, which we have discussed in this report. We saw that all service users arrived by 10a.m. and did not leave until 3p.m., therefore fully able to participate in their chosen activities. This recommendation has been met.

We concluded that the excellent methods in place ensured that service users and their families could be confident that the service was actively listening to their views and what was important to them. It was also evident that their opinions, views and suggestions clearly influenced the quality of the care and support delivered.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

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

Not all aspects of this Quality Statement were looked at during this inspection. This inspection focused on following up the two Recommendations made at the previous inspection. Information and evidence under Quality Theme 1, Statement 5, is also relevant to this statement and influences the grade awarded.

We made a recommendation at the last inspection that the provider should continue to seek a solution to the noise in the dining room.

The service had taken action to put "baffle boards" in place around the environment and this had made a significant improvement in the reduction of noise levels. We saw that there were plans to put additional boards in place at the reception area which would further reduce the noise levels. Where a high number of service users attended on a specific day, the service offered them a choice of times for their lunch which ensured that not all service users were present in the dining room at the same time. We spoke with service users and staff who told us that they felt that this had greatly improved the noise levels and that they were happy with this.

We also spent time in the dining area during lunch time to evaluate the noise levels and the experience of service users when having their lunch. We did not consider that the noise levels negatively affected the enjoyable lunch experience that service users had. The service should however, continue to get feedback from service users, families, staff and other stakeholders to monitor this as part of their quality assurance methods. This recommendation has been met.

We also recommended that the provider should ensure that items are not stored above lockers. We looked at locker areas during our inspection and found that there were no items stored above these. This recommendation has been met.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 5

"We respond to service users' care and support needs using person centered values."

Service Strengths

"The Care Inspectorate fully supports the principles of the Learning Disability National Strategy - Keys to Life, in order to support continuous service improvements and better outcomes for people using the service. Although this service was not included in our Inspection Focus Area, we found excellent examples of how the service was supporting and promoting Human Rights, Individual Safety, Communication and the wider recommendations from the Keys to Life Strategy and have reported on these below.

We found that the service was demonstrating practice to an excellent level in the areas covered by this quality statement and within the Keys to Life Strategy, therefore leading to positive health and wellbeing outcomes for service users.

The Keys to Life, recommendation 27 states "That by June 2018 the Scottish Government in partnership with local authorities, the Third Sector and people with learning disabilities and carers review and further develop day opportunities that are person-centred, assets-based, and values driven and that take account of staffing, education, employment and transport issues". We have referred to this as "day opportunities" and the progress the Provider has made in taking forward this recommendation.

We found that the service ensured that each service users' rights and choices were promoted and respected at all times. They were proactive at ensuring service users and their families were routinely kept up to date with the development of the day opportunities review and the planning around this. This information was provided taking into consideration service users' communication needs, choices and preferences. For example, the Annual Learning Disability Conference which was held in May 2015 is led by people who have a disability for people with a disability. This is a forum where service user's voices can be heard talking about issues that are important to them; a platform for communicating; disseminating and discussing new information;

and a forum where people with learning disabilities are listened to. The Conference was titled "The Keys to Life..... 1 year on" and focussed on the strategy and Self-Directed Support. We found that there were excellent methods in place as part of the conference to demonstrate how the service was supporting the recommendations, including a presentation by the "Wireless Hub" drama group, which was delivered in a fun and easy to understand performance. By relating to the three characters as "Keys" "To" and "Life", and injecting humour into this, the feedback from the performance was very good, and service users and families expressed that they now had a much better understanding of the Keys to Life and Self-Directed Support. There were also facilitated workshops and question and answer sessions held by advocacy, health staff, day opportunities staff, Self-Directed Support team leader, and the manager from Transport. We considered this excellent practice to support service users, their families and staff through times of change and demonstrated the service's commitment to supporting the recommendations from the strategy, taking into account individual's wishes and aspirations.

We saw that the service was working hard to ensure that feedback and comments from key client meetings, committee and forum were raised and discussed at the conference planning meetings. These meetings were held regularly to look at the issues that were important to service users and their families, which could then be brought to the annual conference. The most recent planning meeting had brought forward issues of hate crime, friendships and staffing. Service users felt strongly about the way they were often negatively treated and the service was working with them and other agencies in relation to hate crime, such as the Police, to challenge these stereotypes. Hate crime is a crime motivated by malice or ill will which can be towards people with disabilities who are extremely vulnerable.

As discussed in Quality Theme 1, Statement 1, the service had worked with the Institute for Research and Innovation in Social Services (IRISS) in a "lab" experimental learning process. This process had successfully created an experience for day care centre staff which supported them to learn and develop on how to work in an outcome focused way within this new service model. To support focus on outcomes, a new support plan was in place that was much more personalised to the individual. This ensured that their rights, choices and needs were fully taken into account.

From feedback from service users, families/carers, staff and by looking at supporting documentation, we found that the service meets the health care needs of individuals very well. Individual support plans were in place with corresponding risk assessments which we found contained a good level of detail to enable the care and support to be carried out safely and consistently.

We made a recommendation under Quality Theme 2, Statement 2 at the last inspection that the provider should look to ensuring legibility in service user's personal plans. We have assessed progress the service has made on meeting this recommendation under this Statement when we looked at support plans and risk assessments. We found all care plan documentation and risk assessments to now be completed online, therefore typed up and clearly concise and legible. This recommendation has now been met.

It was evident that the service worked in close collaboration with other healthcare professionals, for example the physiotherapist, speech and language therapist and dietician. We saw very good examples of how this had promoted positive healthcare outcomes for service users. The service was connected to the leisure complex and we saw that facilities were accessed as part of individual service user's programmes to support their healthcare outcomes. For example the swimming pool, steam room, hydrotherapy pool, gym with adapted equipment and the dance studio for activities such as line dancing or wheelchair dancing. We observed service users taking part in line dancing and wheelchair dancing during our inspection and found that these activities were enjoyed and meaningful for them. These also encouraged physical exercise in a fun and enjoyable way and we saw that this also supported service user's mobility skills and coordination.

To support the recommendations from the Keys to Life Strategy to tackle ill health and health inequalities, staff had also worked closely with service users to take forward these issues, and provide information on these through the Wireless Hub drama group. As detailed above this uses drama in an interactive way to promote effective communication and enable service users to have a better understanding of the topic. We saw that the drama group had covered topics of safety and personal safety, smoking, going to the GP and healthy

eating. These had proved very successful at giving the information to service users in a way that they could understand and retain, therefore promoting a healthier lifestyle.

We spent time with service users in the multi-sensory room. Multi-Sensory Rooms and the equipment in them are designed to create a stimulating and yet calming atmosphere. They can help develop skills such as switching, and cause and effect, to colour or hand eye coordination skills among many others. For example, some service users enjoyed the heated water beds, pod chairs, bubble tubes, music and the projector. Some service users were able to tell us they enjoyed their time in the multi-sensory room and having a hand massage. We observed service users who were unable to tell us, to be relaxed, content and at ease within this environment and support from staff.

Staff worked closely with the physiotherapist to support service users with their planned programme of rebound therapy. Staff had attended training to ensure that they could support the service user to participate in this therapy, in a safe and consistent manner. Rebound Therapy is used to facilitate movement, promote balance, promote an increase or decrease in muscle tone, promote relaxation, sensory integration, improve fitness, exercise tolerance, and improve communication skills. We observed this activity during our inspection and saw that service users really enjoyed this through their facial expressions and body language.

As part of supporting the recommendations from the Keys to Life, the service had arranged for professionals to attend the parent and carers meetings to ensure they were aware of best practice and legislative guidance available to promote positive outcomes for their family member. For example, to promote the recommendation to support service users with profound and multiple learning disabilities (PMLD), a representative from PAMIS had attended one of these meetings. PAMIS is an organisation that works with people with PMLD and their families for a better life. The representative informed parents and carers of the services provided by PAMIS, such as family support, Self-directed Support, bereavement and loss and transitions.

The service was proactive to protect the best interests of each individual service user and the previous meeting was attended by a legal representative to discuss The Adults with Incapacity (Scotland) Act 2000. Information was specifically given in relation to Power of Attorney and Guardianship. Where individuals may lack the capacity to make decisions in their life, this enables other people to make decisions or take actions on their behalf. We considered it very good practice that parents and carers were given clear and easy to understand information in relation to this, given the complexity of the legislation which can be difficult to understand.

We observed staff to be confident and knowledgeable of service users' needs, likes, dislikes and routines. Staff were able to give us confidential examples of how they effectively supported service users to meet their healthcare needs, dietary needs and preferred activities. Staff had attended specific training to ensure they could meet the healthcare needs of individuals, including moving and handling, epilepsy and Adult Support and Protection. We concluded that staff were skilled and confident to meet service user's needs in a consistent and safe way.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

6 - Excellent

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 comments we have made under Quality Theme 1, Statement 1, are also relevant to this statement.

We have given this statement the same grade of 6, Excellent as Quality Theme 1, Statement 1.

Areas for improvement

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

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

By observing the environment, speaking with service users, staff, families, and looking at records, we found the environment to support an excellent level of care and support and integration within the local community, therefore ensuring a positive quality of life for each service user.

The internal and external areas of the service were maintained to a very high standard and enabled service users to participate in active and meaningful activities. The building included various areas where service users could choose to take part in group, or one to one activities.

This included;

- Multi - sensory room.
- Arts and crafts room.
- Large hall which could be used for various activities, including rebound therapy.
- Mobility room which could be used for physiotherapy.
- Music room.
- Computer room.

The easily accessible adjoining corridor led to the leisure complex where service users could participate in swimming, hydro-therapy, attend the gym or classes in the dance studio.

We have discussed these activities in greater detail under Quality Theme 1, Statement 5, and this information also influences the grades awarded under this statement.

The design of the building ensured that all areas were easily accessible for service users with mobility issues and equipment, therefore allowing them to mobilise safely. Adequate bathroom facilities ensured that any support needed with personal care could be carried out safely. For example, track hoisting

equipment, shower areas, and beds. Locking aids on the doors ensured that all personal care tasks maintained individual's, dignity and independence, but staff could gain entry in the event of an emergency.

There were "quiet" seating areas scattered throughout the building where service users could choose to sit, for example after lunch, if they wished. There was also a smaller kitchen which could be used for various activities, for example an assessment by the Occupational Therapist, or one to one support at lunchtime.

The external garden area of the building was seen to be well kept, tidy and pleasant for service users to spend their time. We observed service users maintaining the garden area during our inspection which they really enjoyed. Features were added to the garden such as water features, a tumble wall, large water spray, plants, flowers and herbs such as thyme, lavender and chives. The fence around the path area was constructed of different colours and textures, for example, bricks, wood and hanging chimes.

The overall garden area therefore promoted a relaxing area which service users could enjoy and respond to their senses of touch, sound and smell.

Regular safety checks were in place to enable the service to determine that the building and equipment was safe and secure. For example, moving and handling equipment, fire safety and environmental health inspections. This ensured that any concerns could be identified promptly and any further action taken to ensure there was no risk to service users.

We saw that service users were supported to be a valued member of their local and surrounding community and many activities take place outwith the centre, for example barge trips, walks, and trips to Biggar. The café area within the centre is also used by members of the public and this has given service users a real sense of community belonging. Some groups facilitated are also attended by members of the public, for example line dancing, and this gives the service users the opportunity to make new friends and build up relationships. Potential risks to service users in relation to the building being used by members of the public have been fully identified and comprehensive risk assessments put in place.

All of the above strengths contributed to the very welcoming and comfortable atmosphere of the service provided. Throughout our inspection we observed service users to be relaxed, content and happy within the environment.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service Strengths

The comments we have made under Quality Theme 1, Statement 1, are also relevant to this statement.

We have given this statement the same grade of 6 excellent, as Quality Theme 1, Statement 1.

Areas for improvement

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

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service Strengths

To assess this statement, we observed staff practice and interaction with service users, looked at training records, and spoke with staff, relatives and service users. We found that the service was demonstrating excellent practice in the areas covered by this quality statement.

Throughout our inspection we observed staff to be skilled, knowledgeable, and confident when supporting service users. They spoke positively of the support systems in place to help them do their job well, for example supervision meetings and the Performance, Development and Review (PDR) process. We saw from records that staff received regular supervision and these included a range of best practice discussions. The PDR system evaluated staff performance against a number of core competencies including, Equal Opportunities, working safely, cooperating with others, personal initiative, customer care, knowledge and experience, planning/organising and communication. From sampling these records we identified common themes throughout the recording that the ethos and culture of the staff team was very much person centred, outcome focussed and that they had a strong value base. For example, we saw regular references made to the Codes of Conduct, The National Care Standards and discussions around values, confidentiality, dignity and respect.

The staff worked well with other healthcare providers to promote very good outcomes for service users and it was clear that they valued the positive impact this made on service users' health and well-being.

Staff development days were held throughout the year to enable the team to get together and discuss best practice and undertake any further training needed.

Some staff had also participated in the Institute for Innovation for Social Services (IRISS) "lab" experiment, as part of the day opportunities, and this explored how staff interact with service users and families as part of this process. This was very much focussed on respecting services user's and their families individual choices and rights when involving them in making outcome focussed decisions. We have discussed this further under Quality Theme 1, Statement 1.

Feedback from service users and families in relation to staffing was routinely sought through questionnaires, and during care reviews. Families were complimentary of the staff team and told us that they would be happy to raise any concerns or issues.

The day opportunities models of support and changes from this, had caused some uncertainty and anxiety to service users and their families. We saw that the service and the staff team had responded to these in a respectful, empathetic, and patient manner. Staff were understanding and sensitive to the worries and fears during this time and the support was caring and reassuring.

The staff team was committed to enabling service users to have a voice and ensuring that they were supported and encouraged to express their individual rights and choices, as valued citizens within the centre, and local community. Given the many different changes in people's lives, for example, day opportunities and Self-Directed Support, the staff ensured that the service users were given the information they needed in a way that they could understand. For example, the narration of the Wireless Hub Drama group to give easy to understand information on these issues.

Areas for improvement

It was difficult to get a full overview of training that staff had undertaken and were due to attend. This information was recorded in different areas, and did not marry up with information contained within staff files, such as certificates. We concluded that all training was up to date, however would ask the service to consider a recording system that enables "at a glance" the training staff have attended, planned, or due to be updated.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.”

Service Strengths

Service strengths

The comments we have made under Quality Theme 1, Statement 1, are also relevant to this statement.

We have given this statement the same grade of 6, Excellent as Quality Theme 1, Statement 1.

Areas for improvement

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

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service Strengths

We found that the service was performing to an excellent level in the areas covered by this Quality Statement.

We observed staff to be confident and competent when carrying out their responsibilities in relation to their role. For example, we attended various activities facilitated by staff and saw these to be well organised and planned.

Day Centre Officers maintained the Key worker role and responsibilities of the support plans, however Care Assistants maintain the role of co-keyworker and were also given the opportunity to add to, or develop these. Keyworkers were given responsibility for writing up reports prior to any care review and we found these to be very well written and informative. These were then discussed with the Manager prior to review to enable any comments or suggestions to be made. Care Assistants have also been given the opportunity to contribute to, and lead in areas such as the completion of service user's contact recording and case recording, and also in the facilitation of small group activities overseen by the Day Centre Officer and management team. The service told us in their self-assessment that this creates an opportunity for them to gain the necessary knowledge and skills to allow them to more confidently apply for promoted posts.

Staff told us that there was very good support and leadership from the Manager and Senior and that they were regularly encouraged to promote their professional development. We were given very good examples where staff had been supported to overcome barriers and increase their confidence, with regular support and guidance from the Manager.

One care assistant told us that they had been given the responsibility to organise the team meetings and this was going very well. There was good evidence within written information and staff feedback that their opinions, suggestions and ideas were listened to and that they felt valued within their role.

The morale of the staff team was described in positive terms and all staff were dedicated and committed to providing an excellent service to individuals and their families.

To further promote confidence, skills and knowledge, two care assistants were undertaking SVQ Level 3. This will enable them to demonstrate and further reflect on their practice and promote professional development.

Each staff member was very much recognised for their own individual skills, qualities and contribution they could make to the service. Where staff members demonstrated commitment or examples of good practice, this was recognised and praised. For example, one staff member had been supported to take the lead in developing a script for the Wireless Hub drama group on the Keys to Life Strategy. As detailed earlier in this report, this had proved very successful and had now received funding to be professionally converted to DVD format. As recognition for this excellent piece of work, the member of staff had been awarded, through South Lanarkshire Customer Care Awards, an employee recognition "Individual Winner" Award. This was praised as a very successful drama, to help make complex information more accessible for people with learning disabilities.

As part of developing and improving the quality of the service provided, staff were given the opportunity to participate in the "workstream" groups, in which they were able to contribute to developing practice and policy, and influence the direction of the service. Within the workstream group, there were "sub-groups" that focussed on specific areas for review. For example, recent subjects being reviewed included the care review template, to reflect on capturing person centred outcomes in a more effective way, and how service users and families

could be more involved in the recruitment process. This group was a very good way to fully involve staff in the future direction of the service and to allow them to take ownership for this.

The Manager told us that the service had accessed the Scottish Social Service's Council "Step into Leadership" resources. This was taken into account in collaboration with Leadership training for the Senior Day Centre Officer to evaluate their practice as leaders and managers.

Areas for improvement

The provider should continue to monitor and maintain the excellent quality of care. The provider should ensure it is rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade

6 - Excellent

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

1. The provider should explore how to overcome the difficulties people living remotely experience when attending the centre.

National Care Standards, Support Services, Principle; realising potential; make full use of the resources that are available to you

This recommendation was made on 07 August 2012

We have discussed progress the service has made on meeting this requirement under Quality Theme 1, Statement 1, in this report.

2. The provider should continue to seek a solution to the noise in the dining room.

National Care Standards, Support Services Standard 5.1

This recommendation was made on 07 August 2012

We have discussed progress the service has made on meeting this requirement under Quality Theme 1, Statement 3, in this report.

3. The provider should ensure that items are not stored above lockers.

National Care Standards, Support Services Standard 5.3

This recommendation was made on 07 August 2012

We have discussed progress the service has made on meeting this requirement under Quality Theme 1, Statement 3, in this report.

4. The provider should look to ensuring legibility in service users personal plans.

National Care Standards, Support Services, Standard 2.1

This recommendation was made on 07 August 2012

We have discussed progress the service has made on meeting this requirement under Quality Theme 1, Statement 5, in this report.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
7 Aug 2012	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
22 Sep 2010	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
9 Feb 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good
12 Dec 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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