

Stronach Day Service Support Service

Montrose House
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Brodick
Isle of Arran
KA27 8HF

Telephone: 01770 303952

Type of inspection: Unannounced
Inspection completed on: 5 May 2017

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Care service number:
CS2003034609

About the service

The Care Inspectorate regulates care services in Scotland. Information in relation to 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.

Stronach Day care Service is operated by North Ayrshire Council. The service moved to new purpose-built premises in early 2015. The new premises offers flexible space with a large open plan dining, activity and sitting area which can be partitioned into smaller areas to suit the group of service users or specific activities. There is also a kitchen within the dining area which can be used for preparing snacks and facilitating cooking and baking activities. There are a sufficient number of toilets and a wet room shower with a tracking hoist.

There is a large conservatory leading out to a patio area and landscape gardens.

What people told us

We spoke with the seven people attending the service on the day of the inspection. This was done in two small groups. All service users were very positive about the service they received. Service users told us how they had been brought by bus to the service that morning using the 'scenic route' because it was such a beautiful day it allowed them to enjoy the scenery along the coast. They continued to tell us how well they were looked after and were very complimentary about the staff who provided their support. One service user said that she lived alone and was unable to get out and her days at the day centre were so important to her. Service users told us how they enjoyed meeting with other people and also enjoyed meeting any new people who came. They told us that they were always consulted about how they spent their time and enjoyed the various activities offered to them. They described the food served as 'good' and 'plenty of it'. They confirmed that they were asked every day to comment on the quality of the food and if there was something not to their taste the menu was changed, if required.

Self assessment

The service had not been asked to complete a self-assessment prior to this inspection. The service did have quality assurance processes and audits, which included various methods of seeking service users' views on the quality of the service. We discussed with the manager how this could be compiled into a service development plan, which would show areas for improvement and how these would be prioritised.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

What the service does well

The service continued to offer people the opportunity to spend their day meeting other service users and enjoying a broad range of activities based on their interests and preferences. Service users continued to tell us how important the service was to them and how it reduced isolation and loneliness.

A range of participation methods were used to ensure service users were fully involved in the development of the service. This included six monthly care reviews.

The recommendation made in the last inspection report, regarding the need to include the dates in quality surveys and ensure an action plan was compiled to show how comments and views would be addressed, had been met.

The recommendation made in the last inspection, regarding service users' having access to the minutes of their meetings, had been met.

Following referral to the service, an initial assessment was carried out, usually during a home visit. This information was used to compile support plans. We saw that support plans provided appropriate information regarding individuals' needs and how these should be met. Individual risk assessments were person centred and detailed the risk reduction measures to be taken for any identified risks.

The provider had an appropriate medication policy and procedure for service users who required 'prompting' to take prescribed medication.

We observed very good practice where staff addressed service users in a warm and respectful manner and personal care was provided sensitively and discreetly.

We continued to see that staff communicated well with each other and demonstrated good team work when supporting service users.

The service was provided from purpose-built premises. The space available was flexible offering large open plan spaces and smaller quiet space. The building was equipped and furnished to a high standard.

The recommendation made in the last report regarding the need for a risk assessment on toilet doors had been met.

Our checks found that the provider followed safe recruitment practices which included appropriate references and Protection of Vulnerable Groups (PVG) checks.

Records showed that staff had completed training relevant to their role. This included training repeated on an annual basis, such as moving and handling, fire safety and CALMS.

The recommendation made in the last inspection report regarding the need to improve how staff training and development was recorded and the need to include reflective learning accounts had been met.

A short informal planning meeting took place most mornings to discuss individuals attending and their specific requirements and the delegation of staff duties for that day.

The frequency of staff supervision had improved. Staff had the opportunity to meet a supervisor/manager to discuss service issues and professional development.

What the service could do better

We had made a requirement in the last inspection report regarding improvements to the staff induction process. We saw that some improvements had been made and that new staff had participated in the induction process. However, following discussions with the manager, we identified some key elements of induction which had not been included. We have made a recommendation to detail further improvements which should be made (recommendation 1).

We made a recommendation in the last inspection regarding the use of assessment tools based on best practice guidance. This included falls prevention assessments and, where required, Malnutrition Universal Screening Tool (MUST). We were informed by the manager that a falls prevention assessment was completed as part of the initial assessment; however, we did not find any evidence of this. We also found that one service user with nutritional needs would have benefited from a MUST assessment to support and monitor her nutritional care. This recommendation was repeated (recommendation 2).

The recommendation made to improve the way that 'as required' medication was recorded had not been met. We noted that the medication records for a service user being supported with 'as required' analgesia was not clear and did not state the reason that the medication had been requested. We have repeated this recommendation (recommendation 3).

Most staff had completed dementia training to at least Skilled level based on the Promoting Excellence Framework. The provider should ensure that this programme of training is continued, particularly when recruiting new staff.

A record of each individual's visit to the day centre was maintained. However, we found that some of these records were uninformative and did not provide a record of how the individual had spent their time in the service. We saw an example which just stated over a number of visits 'medication prompted'. The quality of records should be improved. There were also inadequate records of how a service user's nutritional care needs were being met (recommendation 4).

We noted that the garden was still not maintained to its previous very high standard. The planted borders were overgrown and unsightly in places. The provider should make every effort to organise regular garden maintenance to ensure standards are improved.

The named manager of the service was also the manager of Montrose House care home. Both services had separate accommodation within the same building. All but one part-time day care assistant post had been filled since the last inspection. At the time of this inspection, due to a vacant senior day care assistant post, the day-to-day supervision of the service was being provided by a manager of other North Ayrshire Council day care services, who was not able to be in the service on a daily basis. These were interim arrangements which had been in place for some time due to the absence of the previous post holder. The recruitment process for a new senior day care assistant had commenced. These staffing issues meant that the service had been unable to develop to its full potential.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The provider must ensure that induction training includes evidence of observed practice or confirmation of competency of practice related to the individual's role.

National Care Standards for support services - Standard 2: Management and staffing arrangements.

2. The provider should introduce, when required, the specific risk assessment tools which are designed for the purpose and based on up to date best practice for issues such as the prevention of falls and the nutritional and dietary needs of service users.

National Care Standards for support services - Standard 4: Support arrangements.

3. The provider must ensure that medication records relating to 'as required' medication is improved to show:

- the medication given
- the dose given
- the reason.

National Care Standards for support services - Standard 16: Keeping well.

4. Records of individuals' visits to the service should be more detailed and meaningful and should reflect how service users have spent their day. These should include, where required details of individuals' personal and nutritional care.

National Care Standards for support services - Standard 4: Support Arrangements.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
14 Sep 2016	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
10 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Jul 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Jul 2011	Announced (short notice)	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Nov 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
15 Jan 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
9 Mar 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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