

## Edinburgh and West Lothian Services Support Service

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Type of inspection: Unannounced  
Inspection completed on: 26 April 2017

**Service provided by:**  
Alzheimer Scotland - Action on  
Dementia

**Service provider number:**  
SP2003002734

**Care service number:**  
CS2004070694

## About the service

Edinburgh and West Lothian Services is provided by Alzheimer Scotland. It provides a service to adults and older people living with dementia in Edinburgh and West Lothian. It operates two premises for its day opportunities club; one in the Prentice Centre, Edinburgh and one at Rosemount Court sheltered housing complex in Bathgate, West Lothian. Also, the service provides one to one support workers across Edinburgh and West Lothian to support people in their own homes or to get out and about in the local area. Support is tailored and provided in line with a person's individual needs.

On 31 December 2016, the service provided support to approximately 42 people.

The service was registered with the Care Commission in July 2004 and transferred its registration to the Care Inspectorate on 01 April 2011.

The services aims and objectives are as follows:

"To offer access to specific services (support, information and advice) for the person with dementia (65 and under), and their families;

To have an individual person centred approach to support people to maintain skills and control, through social inclusion, enabling people to feel confident in making choices;

To ensure that staff feel empowered, through training and support to deliver best practice;

To be accessible and listen to the voice of the person with dementia and their carer, taking action within and outwith the service."

## What people told us

Overall, people were very happy with the service provided. We received 19 completed questionnaires. Everyone agreed or strongly agreed that they were happy with the quality of the service, although one person suggested that the transport times for the day opportunities club could be occasionally more flexible and that this aspect could be improved by the transport on occasions being more mindful of the pressures of time for carers of people living with dementia.

We spoke to seven people using the service and we spoke to two carers. People were delighted by the quality of the interactions they had with staff at the day opportunities club or with their one to one support worker. One person said "mum loves em!", another said, "she is very good at responding to his needs and imaginative in thinking about what would be interesting to talk about and do. It is a marvellous service".

When we visited people in their own homes, people could not praise the service enough. The following quote from a questionnaire reflects this feeling: "I don't know how I'd cope without the help, it's the best help and everyone is so helpful" and '(the service goes) above and beyond the call'.

## Self assessment

The Care Inspectorate received a fully completed self assessment. The provider identified what it thought the service did well and gave examples of improvements in management audits and leadership training for managers.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	5 - Very Good
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	5 - Very Good

## What the service does well

The service encouraged people and their carers to make comments about the service in a variety of ways. Both parts of the service offered choice for people in how they delivered their serviced and really encouraged people to reach their potential.

At the day opportunities club the organisers asked people and their carers how they would like to be kept up to date about daily events. Some carers preferred an informal update while other carers preferred a more formal update in the way of a written log. We saw that the staff listened to people and their carers and followed whichever method that was the most suitable for them.

The service had a compliments file full of positive comments from people and their carers. We noted that the service has not had a complaint since the year 2013. This told us that people experienced very good outcomes and really valued their service.

At the day opportunities club, we saw that people's changing interests and individual interests were responded to positively and flexibly and people had real say in what they did at this group. This tells us that people were not just listened to but heard.

People's individual food tastes were considered and acted upon. If a person did not like a menu item on the day, then they were offered an alternative. There were examples of people's cultural food preferences being identified and promoted by staff.

People who attended the day opportunities club had very varied social backgrounds and life experiences. Nevertheless, people got on very well together within the groups and there was a genuine fondness for others amongst group members. This seems to be due to the staff and volunteers' way of working, which promoted people's individual value.

One person said that the group gave her the freedom to be herself as she did not need to explain that she was living with dementia. A member of staff told us that people often tried activities at the day opportunities club which they may not have considered otherwise. Again, this appears to be due to the staff and volunteers' way of working which builds people's confidence and self worth.

People really valued their one to one service so much that people would not want a replacement worker when the support worker had routine absence from work. The quality relationship built up between the support worker and the person seemed to be key to its success. People told us that the skills of the one to one support workers exceeded their expectations. We saw that people's acceptance of their dementia and their confidence living with dementia had really improved as a direct result of their one to one support. People did not think they could do without this support.

Paperwork was of a very good standard overall and we could see that people's health and well being needs had been considered comprehensively. Reviews of the support provided were outcome focussed and put the views of the person receiving the support as paramount. The assessments were comprehensive and identified when risks needed specific planning and contingency.

The management had a good overview of the service via routine audits. This led to very good outcomes for people as the service quality was being assessed and monitored.

## What the service could do better

We have suggested ways in which the service could improve and we have made two recommendations.

We felt review documentation could be improved further by ensuring that people are given the opportunity to sign and have a copy of their paperwork. This tells us that people are fully involved.

The people that receive a service from this provider are living with dementia, a condition which may change over time. It is important that the service knows from the beginning what choices people have made about who they would like to act on their behalf, should the person not be fully able to do so in the future. The service needs to know what types of decisions they would like other people to take. Also, people may have made decisions about what help they want or do not want in a medical emergency. We have made a recommendation in relation to this.

Overall, we could see that staff and volunteers had all the necessary training which would lead to very good outcomes for people. However, on one occasion where a person had epilepsy we could see that the staff involved would have benefitted from more specific awareness and training on that specific health condition. Similarly, we could see that volunteers had an induction, training and good supervision in place. However, any potential risks to people could be avoided by ensuring that certain areas of training like food safety training are mandatory if the person is carrying out the same functions as a staff member. We have made a recommendation in relation to this.

Similarly, we could not see that all training could be verified for all staff. The service could improve by having a signed record of attendance for all training staff attend. We will look at this next time.

We could see there had been a system developed to give an overview of which staff had their competency checked. This is important so that people can be confident about staff skills. Unfortunately, the service had been unable to complete this log fully but we could see that there was a system in place to plan for staff competency checks in the coming year. We will look at this again at the next inspection.

Some staff indicated to us that they were not aware of the future need to register with a professional body like the Scottish Social Services Council (SSSC). In order to register, some staff will need to gain some minimum qualifications. This is something we will look at again next time.

Staff indicated to us that they wished to be consulted more by the organisation at large (and in a more timely way) about any future changes in service delivery. Some staff's sense of value and being listened to could be enhanced by the provider continuing with enabling and supporting conversations about qualifications and readiness to join a professional body. This could involve how the organisation can support staff to make these changes. This will boost staff confidence and the future retention of experienced staff. This will help to maintain the very good outcomes that people tell us they experience.

We could see that there had been a system developed to give an overview of which staff had their competency checked. This is important so that people can be confident about staff skills. Unfortunately, the service had been unable to complete this but we could see that there was a system in place to plan for staff competency checks in the coming year. This progress needs to continue so that the management can be sure there are no gaps in staff skills. We would expect this to be established by the next inspection and we will look at this next time.

The service recorded when they could not offer a person a scheduled visit and why this was the case. This system had recently been improved by organising the information in one central place. The Care Inspectorate expects all services to log all 'missed visits' and to record this information in one place. To meet this duty the service needs to continue this system. We will look at this next time.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. It is recommended that the service asks people to verify any legal authority they have in place with regard to a significant other acting on their behalf or carrying out the person's medical wishes.

This includes requesting from people a copy of their Power of Attorney certification and likewise for a Do Not Attempt cardio Pulmonary Resuscitation certificate.

This recommendation was made in reference to National Care Standards , Care At home, Standard 10, Supporting Communication and Standard 11, Expressing Your Views.

2. It is recommended that the service ensures that staff and volunteers have sufficient training to meet people's needs and deliver the safest outcomes. This includes making sure that staff are sufficiently knowledgeable about specific health conditions and ensuring that volunteers too have the necessary skills and training to deliver the safest outcomes possible for people.

This recommendation was made with reference to National Care, Care at Home, Standard 4 Management and Staffing.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
22 Apr 2016	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
11 Jun 2015	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
30 May 2014	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 4 - Good
5 Nov 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
5 Oct 2010	Announced	Care and support 6 - Excellent Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
14 Sep 2009	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

Date	Type	Gradings	
19 Jun 2008	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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