

South Lanarkshire Lifestyles - Stonehouse Support Service

South Lanarkshire Lifestyles
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Inspection completed on: 26 May 2017

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Care service number:
CS2003001368

About the service

The service has been registered since 2002.

South Lanarkshire Lifestyles - Stonehouse is registered as a Support Service (other than care at home). The service supports adults with a variety of learning and physical disabilities who are supported both at the centre and in the community.

Community Lifestyles - Stonehouse is a purpose-built centre which is located at the very north end of the town of Stonehouse, adjacent to the main roadway giving good access to transport. Apart from the support service, the centre also accommodates the relocated Canderavon older people's day centre and is a public facility for the use of the community offering café, library and leisure facilities both as a drop-in and bookable resource.

The building is all at ground level, providing disabled access and is equipped with disabled facilities throughout. The premises are zoned into corridors or 'streets' devoted to the different user groups and sharing of facilities.

What people told us

Comments from parents/family on behalf of people who use the service included;

"It takes ..(name) out of the house and mix with other people".

"..(name) feels good at the centre and safe".

"Staff encourage me to be as independent as possible and seek my opinion for my choices".

"Welcoming staff, atmosphere and they know me. Staff are respectful, friendly and welcoming. They seem to seek an activity programme that I will enjoy".

"All staff are trained and they have good levels of standards of care".

"Our daughter seems to enjoy the service and finds it welcoming and enjoyable. From her behavior and feedback it seems she wouldn't change anything".

"I like doing things and then they get cancelled. There is not enough staff and staff always move on".

"I am involved at all points of my care and attend review meetings where I am asked if I am happy with all aspects of my support. My Guardians are always invited to attend the review".

"I am involved in many events and groups within the centre and also in external outings to bowling and cafes".

"All staff talk to me everyday and ask if I need or want anything".

"I could not ask for a better service to cover my needs".

Comments from service users included;

"My programme is in my support plan".

"Staff help me to make choices and go to meetings. I can talk with my key worker whenever I need to".

"I am encouraged to make my own choices about what I want to do at the centre".

"The centre is nice and bright and I feel safe and secure. I feel safe because there are people I can go to for support if I need to".

"Staff treat me with respect and don't look down on us".

"I think the staff do very well and they are confident - they know the people they can go to if we need more help, such as GP, Advocate or social worker".

"Staff are very busy at lunchtimes".

"The service listens to my views through service user forums, key worker chats, questionnaires, reviews and the service users committee meetings".

"The centre is important to me and is a lifeline for me".
 " I love the drama - we have put a lot of work into it".
 "My key worker is really good".

Where service users could not communicate 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.

Self assessment

We are not asking services to submit a self-assessment for this inspection year. Instead, we will ask services for their improvement or development plan and discuss any improvements they may have made or intend to make since the last inspection.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

The service supported people very well to take part in day opportunities of their choice and enabled them to achieve their personal outcomes. Service users told us that they enjoyed taking part in their chosen activities within the centre and in the community. There were a variety of activities that people could choose to take part in including music, bowling, arts and crafts, drama, and relaxation as some examples. We spent time with service users who were working very hard and enjoying rehearsing for their drama, and observed the outcomes from this to be very good. For example, this activity promoted physical exercise, socialising, confidence, self-esteem, communication skills and independence.

Service users were very well supported by staff to maintain their healthcare needs. Staff knew service users well and were competent and skilled to support them to consistently meet their healthcare outcomes. Important healthcare information was held within support planning information and any identified risk was assessed to ensure people were as safe as possible.

Regular care review meetings took place with involvement of the service user, family, staff and other professionals where appropriate. This gave a good overview of the outcomes achieved for the person over the last six months. From review records we saw very good examples of how outcomes had improved for people such as health and well-being, social skills, numeracy skills, and communication skills.

There was a positive management presence within the service and the manager and senior staff had various ways in which they maintained oversight of the quality of the service provided. Formal support systems were in place to ensure staff were regularly supported and given feedback on how they did their job, for example supervision meetings, team meetings and performance development and review.

What the service could do better

We made a requirement at the last inspection about personal plans. We found that although vital information was included, and up to date, that the actual support plans were either not completed or significantly out of date. There was therefore a lack of comprehensive information, for example, communication, how to support people to eat and drink or with personal care.

(Requirement 1)

We made a recommendation at the last inspection about staffing resources. The service were in the process of developing a dependency tool to identify each individual service user's needs which would allow them to ensure sufficient numbers of staff were on duty and deployed appropriately. Although we had no concerns that there were adequate staff to support people safely, we found that occasionally activities did not go ahead as planned due to staffing shortages.

(Recommendation 1 & 2)

The service could improve on support planning information for people who have specific healthcare needs, specifically epilepsy. Although the relevant information and protocols were in place, we have signposted the manager to best practice guidance in relation to support planning information and recording seizures. We considered it good practice that following this inspection the manager had liaised directly with the specialist epilepsy nurse to be involved in the development of these plans.

Requirements

Number of requirements: 1

1. The service must ensure that all Personal Plans are current and reviewed six monthly in accordance with the regulations. In particular Service Agreements must be signed and dated. Risk assessments and medication protocols must be current and accurate.

SSI 210 Regulation 5 (2) Personal Plans

Timescale to meet requirement: By 31st July 2017.

Recommendations

Number of recommendations: 2

1. The service should ensure that staff resources at any one time are always maintained to a level which can safely deal with unexpected eventualities which may arise and may require more than the minimum number of staff to resolve. There should be sufficient staff available to accommodate the requirement for one to one support should the need arise.

National Care Standards, Support services - Standard 2 - Management and Staffing Arrangements.

2. The service provider should ensure that where scheduled activities do not go ahead that this is recorded, monitored and evaluated. This should include the reason, alternative activities offered, and the subsequent impact and outcome for the individual(s).

National care standards, Support services - Standard 2 Management and staffing arrangements; Standard 8 Making choices.

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	
30 May 2014	Announced (short notice)	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Aug 2010	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	5 - Very good
1 Oct 2009	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
10 Jul 2008		Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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