

## South Lanarkshire Lifestyles Eastfield Support Service

Glenside Drive  
Rutherglen  
Glasgow  
G73 3LW

Telephone: 0141 642 9500

Type of inspection: Unannounced  
Inspection completed on: 15 November 2017

**Service provided by:**  
South Lanarkshire Council

**Service provider number:**  
SP2003003481

**Care service number:**  
CS2003001367

## About the service

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

South Lanarkshire Lifestyles Eastfield is registered to provide a day care service for a maximum of 60 adults with a learning disability who may also have associated physical disabilities.

The service is provided by South Lanarkshire Council. The premises are shared with South Lanarkshire Council Leisure and Culture Services.

The facilities in the service include an art room, a computer room, a multi-sensory area that had recently been upgraded, as well as meeting rooms and quiet seating areas. There is a large café style dining room and three fully equipped shower rooms to enable people to be supported with personal care. Additionally, the service has use of a swimming pool, fitness studio and garden area.

The service is staffed by the registered manager, a senior day centre officer and day centre staff, and administrative staff. Some people who use the service are accompanied by their own personal assistants or support staff who normally support them at home, in order to fully meet their needs in the centre.

## What people told us

People we spoke to were positive about the service. Some people who were using the service when we inspected did not have verbal communication so we spent time observing them and their interactions with staff and each other. Some people gave us a thumbs up sign to show they were happy with the activities they were offered and how they were treated. We saw that interactions were very good and people received responsive care and support, with encouragement and appropriate actions by staff.

People using the service had a sense of ownership and responsibility of it, and told us how they liked to be able to contribute to fundraising and helping raise the profile of the service in the local community.

## Self assessment

We did not ask the provider to submit a self assessment this year. We looked at their own improvement plan and some quality assurance paperwork and referred to their previous self assessment.

We were broadly satisfied with the way these had been completed and gave some suggestions as to how these could be improved upon. We could see that the provider had identified key objectives and had a plan to address these.

## 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	4 - Good

## What the service does well

We found that the quality of care and support in the service was very good. We saw that there was a wide range of opportunities and activities for people using the service. These included groups where there was a social focus as well as more education focused groups. Examples of activities people attended included golf, bowling, card making, communication groups, gardening and horticulture. Activities were based in the centre or in local areas where people were encouraged to be part of their community. We saw and heard from people that they experienced increased confidence, self-esteem and a sense of achievement from these activities.

We saw that the service responded appropriately with regards to people's health and wellbeing needs. We found that people were supported to access professional input around their health and that this was done in a timely manner, thereby helping to keep people well and reduce distress and anxiety. This included accessing specialist input from the speech and language team and community learning disability nurses for advice around managing behaviours that challenge.

Staff within the service demonstrated good practice around medication and protocols were in place to support the safe use of as required and rescue medication. We observed medication being administered and were pleased to note that staff encouraged the person to be as independent as possible doing this, which helped give the individual a sense of control and achievement.

We assessed that the quality of management and leadership was good. We found some evidence of file audits taking place within personal plans we sampled. This contributed to quality assurance along with other measures such as medication audits, staff supervision and performance review and regular team meetings.

There was a development plan in place within the service and we noted how some areas of the plan were already under way, including increasing community integration. Staff were involved in contributing to the overall improvement of the service through involvement in managers' work streams which gave staff specific objectives to work on. This was helping to build a positive culture.

## What the service could do better

In our last report, dated 21 January 2015, there was a recommendation about how the service managed the potential risk of restriction to people's freedom. We could see that the manager had taken steps to try to address this recommendation in seeking authorisation for the use of belts and harnesses from an external partner. However, there had not been any focus on the risk assessments contained within people's care plans and we thought this needed to be the priority. This recommendation had not been met and is repeated. (See recommendation 1)

We directed the manager to the Mental Welfare Commission for Scotland's guides - Rights, Risks and Limits to Freedom and Covert Medication and suggested these as a topic for discussion at team meetings. Whilst there was no-one using the service who was administered medication covertly and staff were able to describe what they would expect to see by way of authorisation and protocols in place should this be the case, we thought this would be a useful area of discussion.

[http://www.mwscot.org.uk/media/125247/rights\\_risks\\_2013\\_edition\\_web\\_version.pdf](http://www.mwscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf)

[http://www.mwscot.org.uk/media/140485/covert\\_medication.pdf](http://www.mwscot.org.uk/media/140485/covert_medication.pdf)

The service had recently implemented body maps where there was explained or unexplained bruising found on someone using the service. Whilst this was good practice, we were concerned that there was no recorded follow-up of this, and no protocol or procedure in place for staff to follow or know what should happen subsequent to a body map being completed. This was compounded by the fact that the provider's policy on incident reporting did not allow for this type of incident to be reported as such, as it focused on accidents and near misses. This meant that there was the potential for oversight of repeated bruising or injury to people using the service, with no appropriate follow-up, adult support and protection or planning to prevent further recurrence of injury. We have made a recommendation in relation to this which should enable the service to reduce the potential of oversight. (See recommendation 2)

Additionally, the impact of the provider's policy and reporting documentation meant that there was no mechanism for managers to effectively check that all appropriate notifications of accidents or incidents were being made to the Care Inspectorate as required.

We found that reporting documentation included sections to record if a report was needed to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) to the health and safety team within the provider organisation, but there was nothing to highlight if further reports were needed for the Care Inspectorate, Scottish Social Services Council or local authority adult/child protection teams. We considered how this could lead to a lack of appropriate follow-up and management of accidents and incidents within the service, and was contributing to staff being unclear about what they expected to happen should there be an accident or incident in the service. We have therefore made a recommendation about this. (See recommendation 3)

Whilst we noted that there were some file audits being carried out, we found that the quality of these needed improvement so that they were fully robust and effective. For example, we found that actions picked up through audits had not yet been actioned around six weeks later, and the quality of information contained within plans could have been better. We would have expected an effective audit to pick this up. We suggested that implementing timescales for actions to be completed and a standardised tool to capture a qualitative assessment of the file could help address this issue.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The manager should make sure that the appropriate paperwork is completed for all those people who have straps and harnesses and other forms of restraint. This document should include the reasons for the restraint or control, risk and benefits assessment, a record of who authorised it and a record of multi-agency discussion with the input from carer and service user where appropriate. Similar records should also be in place for any individual who is administered medication covertly.

National Care Standards Support Services: Standard 2 - Management and Staffing Arrangements.

2. The provider should develop a robust protocol for explained and unexplained bruising. This should ensure that:

- Any explained or unexplained bruising is passed on immediately and recorded appropriately.
- Staff have an awareness and understanding of when this should be recorded as an incident and when this may meet the criteria for Adult Support and Protection referral.
- There is recorded management oversight and management involvement in establishing any trends or patterns, and in supporting the planning of support to prevent reoccurrence.

National Care Standards Support Services: Standard 2 - Management and Staffing Arrangements.

3. The manager should ensure that all appropriate notifications are made to the Care Inspectorate following any accidents or incidents within the service.

National Care Standards Support Services: Standard 2 - Management and Staffing Arrangements.

## 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	
21 Jan 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
1 Jun 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
10 Nov 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
8 Mar 2010	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
8 Jul 2008		Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.