

Kirriemuir Day Care Support Service

Glebe House
30 Glebe Court
Kirriemuir
DD8 4DP

Telephone: 01575 574 057

Type of inspection:
Unannounced

Completed on:
23 August 2024

Service provided by:
Kirriemuir Day Care Limited

Service provider number:
SP2003000063

Service no:
CS2003000407

About the service

Kirriemuir Day Care is based in the residential town of Kirriemuir. The service is situated near to the centre of the town and provides support to adults and older people in a day centre, in the community and a care at home service.

About the inspection

This was an unannounced inspection which took place on 19 and 20 August 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and 5 of their families;
- spoke with 5 staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- We saw kind and caring interactions between staff and the people they support.
- Staff knew people well.
- People's health benefitted from social connections and relationships they made at the day service.
- People had opportunities to engage in activities that were meaningful to them.
- Medication management needed to be improved.
- The level of detail in people's personal plans needed to be improved.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There was good rapport between staff and people they supported. There was lots of fun and appropriate use of humour. People were not rushed, and staff took time to support them. It was clear that people found the staff to be approachable, helpful, and friendly and this shone through in interactions between each other. People were clearly happy to be there. One person told us, "it's a good place to come to". Another person told us "If I didn't have the service, I would not have anything, it's my life".

People's health benefitted from the social connections and relationships they had made at the day service. This enhanced the sense of community within the service and people feeling included. One person told us without the service they would be "at home, bored out of my skull" and how attending the service gives them company and "breaks up my week". Another told us "It keeps me going and gives me something to do".

There was a lively atmosphere within the day service, and people were clearly enjoying themselves. The service had a weekly plan of activities, which included baking, bingo, and games. Seasonal events were celebrated, which helped people remain orientated to the pattern of the year and stay connected to the wider world. One person told us "There is always something going on that you can join in". This meant people were spending their time meaningfully to promote feelings of wellbeing.

People's cognitive ability and independence was promoted daily. We saw people had access to newspapers, books and participated in quizzes and reminiscence activities. This can improve memory and promote self-worth. The care at home service encouraged and supported people to maintain doing their own shopping, laundry, and meal preparation.

A daily morning chair exercise group encouraged people to move regularly and remain as active as they could be. This contributed positively to people maintaining good health and mobility.

People's health needs were being met with well-established links with healthcare professionals. District Nurses and a Podiatrist regularly visited the service to provide individualised care and support to people. This meant people benefitted from receiving the right healthcare, from the right person, at the right time.

People's hydration and nutritional needs were being met. We saw that people were offered fluids throughout the day. Mealtimes were observed to be relaxed, and a positive dining experience. There was a visual menu on display and alternatives were available, if required. Staff promoted choice throughout the meal. Meals were homecooked and well presented. People told us that the food was good. One relative told us that it was reassuring to know their loved one was getting a good meal.

Improvements were required to the management of medication. This is important to maintain good health. The service previously had a requirement in relation to this. This requirement had not been met. We reported our findings under: 'What the service has done to meet any requirements made at our last inspection'.

Personal protective equipment (PPE) and hand sanitiser were readily available throughout the building and within the care at home service. The type of glove being used within the home care service was not in line

with infection control guidance. We also observed some staff to be wearing wrist watches which was not conducive to effective hand washing. This is important to minimise infection and keep people safe. This was raised with the manager during the inspection, and we were confident this would be actioned.

The service previously had a requirement to ensure people experience care in an environment that is safe and minimises the risk of infection. This requirement had been met. We reported our findings under: 'What the service has done to meet any requirements made at our last inspection'.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There had been a change of manager since the last inspection. The manager was responsive to ongoing feedback throughout the inspection and appeared committed to the continuous improvement of the service. There had been some progress in making improvements, but the leadership team required more time to build on these. This would ensure they are embedded in daily practice and sustained. The manager provided the Board of Directors a report on the service's performance monthly. This had contributed positively to the oversight of the service.

Quality assurance processes were not as effective as they could have been. There should be clear systems in place for monitoring standards of care. This would help to improve practice and promote good standards within the service. The service previously had a requirement regarding quality assurance and improvement. This requirement had not been met. We reported our findings under the following sections of this report: 'What the service has done to meet any requirements made at our last inspection'.

Managers were observed to be accessible to people living in the service, staff, and visitors. People using the service, their relatives and staff told us they felt able to raise any issues or concerns with the manager and had confidence that this would be acted on. This contributed to people feeling valued.

Improvements were required where people needed support to manage their finances. We found people's monies were kept secure, however, people's monies were not kept separately and there was not an overall balance of the monies held. There were no financial audits in place to ensure people's monies were being regularly checked. This meant we could not be confident people's monies were accurate and being kept safe. The management team started to address this at the time of inspection.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were being cared for by a regular, consistent staff team who appeared to work well together. This sense of togetherness provided a pleasant and positive atmosphere for the people experiencing care. Staff were visible and attentive to people when they needed assistance. They demonstrated a good knowledge of people's care and support needs. Care was being given in accordance with the core values of dignity and respect.

Recruitment had been undertaken to improve staffing levels within the service. The service previously had a

requirement regarding safer staff recruitment and selection procedures. This requirement has been met. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

Staffing levels appeared appropriate. Arrangements were in place to support people within their own home and to ensure people were supported to undertake meaningful activities within the day service. Staff had time to provide care and support and engage in meaningful interactions with people.

Staff told us they benefitted from an induction process that supported them in their new role. An induction pack was in place and new staff were given the opportunity to shadow existing staff. This meant staff had the necessary information to undertake their role.

Staff training records showed staff had accessed a variety of training to support them to carry out their role. Staff shared that they found training beneficial in helping them to improve their knowledge base and build on skills. This meant staff had the necessary skills, knowledge, and competence to support people. See 'What the service has done to meet any areas of improvement made at or since the last inspection'.

Staff meetings were taking place regularly. This meant staff were provided with the opportunity to share ideas, views and to support communication across the organisation.

Staff reported feeling supported in their role. Systems were in place to support staff development which included supervision sessions and observation of practice. This helped ensure a competent and confident workforce. Staff we spoke to were happy working within the service. See 'What the service has done to meet any areas of improvement made at or since the last inspection'.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from warm, comfortable environment within the day service with plenty of fresh air and natural light. Furniture had been laid out in communal areas in a way that encouraged socialising. The environment was clean and tidy, with no evidence of intrusive noise or smells.

The day service is set in extensive grounds with an enclosed garden to the rear of the property which people could access freely. The garden benefited from a new summer house and we observed people spending time in this inviting and comfortable space.

There was a hairdresser's room where people could access the on-site hairdresser which helped to promote people's wellbeing and self-identity.

People with a sensory, dementia or other cognitive impairments were supported through the provision of signage throughout the home to aid orientation to their environment.

Maintenance checks were taking place. This enabled any issue to be identified and resolved quickly. See 'What the service has done to meet any areas of improvement made at or since the last inspection'.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Everyone had a personal plan in place which contained some guidance around the care and support they required. We found some people's personal plans lacked sufficient detail to guide staff about how to ensure they provide the right support to people. While regular staff knew people well, there was a risk that new staff would not have enough information to ensure people were receiving the right support at the right time. The service previously had a requirement regarding this which has not been met. We reported our findings under the following sections of this report: 'What the service has done to meet any requirements made at or since the last inspection.'

Personal evacuation plans were in place to guide staff in a fire. This will help to keep people safe.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 12 February 2024, the provider must ensure people receive their medication in the way it has been prescribed.

To achieve this, the provider must as a minimum:

- a. Develop a medication procedure for the service.
- b. Ensure staff responsible for administering medication are suitably trained.
- c. Ensure clear directions are in place for the administration of topical medications.
- d. Ensure all medications administered are recorded.
- e. Undertake risk assessments for people who choose to manage their own medication whilst accessing the day service.

This is to comply with Regulation 4(1)(a) & (d) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes'. (HSCS 3.14)

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

This requirement was made on 13 December 2023.

Action taken on previous requirement

Staff had received medication training.

The service had developed a medication procedure which stated the service will only support people who are assessed as requiring no support with medication or if the person can self-administer their medication with some assistance/prompting. However, through discussion with staff and reviewing people's daily notes it became apparent that staff were administering topical creams. This meant there were no directions for staff on the body location, timings and frequency of topical medications and no medication administration record of people receiving these. This poses a risk to people's health and wellbeing.

A medication risk assessment had been undertaken to determine the level of support people required. However, the level and type of support was not documented within people's personal plan or risk assessment. For example, when staff were expected to prompt a person to take medicines, they need to know what time(s) of day and reason to do this.

This requirement is not met and will be extended to the 1 November 2024.

Not met

Requirement 2

By 1 April 2024, the provider must ensure people experience care in an environment that is safe and minimises the risk of infection.

To achieve this, the provider must as a minimum:

- a. Develop a system to ensure cleaning systems and laundry processes support adequate infection prevention and control guidance.
- b. Carry out an environmental audit to ensure furnishings, paintwork and fixtures are in a good state of repair.
- c. Following the environmental audit, develop an action plan that describes the action to be taken, who is responsible and timescales for works to be undertaken.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24).

This requirement was made on 13 December 2023.

Action taken on previous requirement

The laundry had been decluttered, it was clean and organised. We observed, effective processes in place to manage used and infected linen, and to limit the potential for cross-contamination. Clean clothes were covered and stored appropriately. This ensured adequate infection control was taken to minimise risk and keep people safe.

A domestic staff member is employed within the service and cleaning schedules were in place. We had no concerns regarding the cleanliness of the building at the time of the inspection

We advised that the cleaning cupboard on the upper floor of the building is kept locked as a matter of priority to ensure the cleaning materials and chemicals are stored securely. We will follow this up at our next inspection.

An environmental audit of the service has been carried out. The service had a property maintenance schedule in place which highlighted areas of redecoration and areas of improvement to the decoration, floor covering and fittings over the current year.

This requirement has been met.

Met - within timescales

Requirement 3

By 6 May 2024, the provider must ensure that quality assurance and improvement processes are carried out competently and effectively.

To do this the provider must ensure, at a minimum:

- a. Effective quality assurance systems are in place to include meaningful analysis in the event of adverse incidents, accidents, and incidents.
- b. Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified;
- c. Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.
- d. A service improvement plan is developed with input from the people who use the service, staff, families, and stakeholders.
- e. The complaints procedure is reviewed and updated to provide detail of the process to be taken in the event of a complaint or concern being received.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19).

This requirement was made on 13 December 2023.

Action taken on previous requirement

There were some formal quality assurance processes in place to check the quality of care, and support provided was of an appropriate standard. However, during the process of the inspection, we found that issues regarding medication, finance, and infection control, had not been picked up or prioritised with quality assurance processes. A more robust approach was needed to ensure people continued to receive good outcomes.

The provider had developed an overall service improvement plan and business plan, and we recommended this continue to be developed as a dynamic tool that is regularly discussed, reviewed, and updated with staff, residents, families, and other stakeholders.

A new incident/accident form had been developed and implemented within the service. Records of incidents and accidents showed us that staff had taken the right steps to keep people safe and learn from events. This helps to reduce the likelihood of repeat occurrences. Notifications of adverse events had not always been made to the Care Inspectorate. Going forward there will be an expectation that the Care Inspectorate are notified as per our guidance.

This requirement has not been met.

Not met

Requirement 4

By 12 February 2024 the provider must demonstrate safer staff recruitment and selection procedures to safeguard people who use the service and meet legal requirements by ensuring all staff working within the service have undergone the relevant recruitment checks prior to commencing in post.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health & Social Care Standard (HSCS) which state that:

'I am confident that the people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

This requirement was made on 13 December 2023.

Action taken on previous requirement

Four staff had recently been recruited to the service. We sampled their staff files.

We found the service had followed safer recruitment guidance, and all relevant paperwork was present.

This requirement has been met.

Met - within timescales

Requirement 5

By 6 May 2024, the provider must ensure people have personal plans, daily notes and risk assessments in place which are sufficiently detailed and provide staff with effective guidance on how to support people. These plans should be reviewed within regulatory timescales or sooner if required.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI

2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 13 December 2023.

Action taken on previous requirement

Everyone had a personal plan in place with some guidance around the care and support they required. They were organised and easy to follow. People's plans included some detail around people's life stories, choices, and preferences. The service should further enhance these by carrying out an evaluation of the information to include further detail on how a person presents, and their support, for example, if a person were experiencing stress or distress. This is to ensure that personal planning is meaningful and focuses on people's needs and what matters most to them. We also found some people's essential information was missing, for example the name of people's GPs.

Where a risk had been identified, a risk assessment had been undertaken. We found that standard templates were being used, which meant these were not always written in a personalised way which could lead to increased risks to health and wellbeing.

Daily recordings of care and support were of varying quality. However, we found them to be mostly task orientated and did not reflect people's views or feedback.

We saw regular six-monthly reviews had taken place which involved people and their family/representatives, which meant care was planned and reviewed in a meaningful way.

A real strength is that staff know the people accessing the service well. This valuable information should be recorded and used to inform the individual personal plans and risk assessments for individuals. Staff should improve the recording of information to ensure it reflects the good outcomes and care people are receiving.

This requirement has not been met and will be extended to the 1 November 2024.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that people can be confident that staff supporting them are competent and skilled, the provider should introduce formal observations of staff practice to support staff to understand how their training and development impacts on practice and to improve outcomes for people who use the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes'. (HSCS 3.14).

This area for improvement was made on 13 December 2023.

Action taken since then

A new observation of staff practice template had been introduced to the service. Observation of staff practice was being carried out which supported staff development.

This area for improvement has been met.

Previous area for improvement 2

To improve outcomes for people, staff should be provided with training and development opportunities to ensure they can competently meet people's support needs. The provider should ensure that a training needs analysis is undertaken, and a training programme is put in place to address deficits with priority to mandatory subjects such as moving and handling, adult support and protection and first aid.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (HSCS 3.14).

This area for improvement was made on 13 December 2023.

Action taken since then

The management team had an improved overview of staff training needs. Staff training records showed staff had accessed a variety of training to support them to carry out their role, this included, adult support and protection and duty of candour training.

A new online training system was being set up which will offer a variety of training opportunities for staff to

complete. Once in operation this will provide the management team with an overview of the training staff have completed and when refresher training is due.

A training needs analysis was being developed which will help to identify staff's training requirements.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that regular Health and Safety checks and maintenance of the premises and equipment are carried out. These should be regularly audited by management to ensure compliance. This is to ensure people experience care in an environment that is safe and well maintained, that meets good practice and any legislative requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24).

This area for improvement was made on 13 December 2023.

Action taken since then

Maintenance and health and safety checks were taking place. The manager completed a monthly inspection checklist of the environment. This enabled any issue to be identified and resolved quickly.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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