

Muirshiel Resource Centre Support Service

Block 8
Industrial Estate
Muirshiel Road
Port Glasgow
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Telephone: 01475745115

Type of inspection:
Unannounced

Completed on:
20 September 2024

Service provided by:
Muirshiel Resource Centre

Service provider number:
SP2021000203

Service no:
CS2021000323

About the service

Muirshiel Resource Centre is a support service (day-care) registered for up to 30 adults (within the building base) who are older, have a diagnosis of dementia, have a learning disability, mental health problem and/or physical disability.

The service is provided by Muirshiel Resource Centre within premises located in an industrial estate in Port Glasgow, Inverclyde. A minibus provides transport to and from the service.

The resource centre has a range of large and smaller rooms which are used for group events and activities. Accessible toilets are available and there is a dining room where people can eat and drink together. A kitchen area is available for preparing hot drinks and snacks. People attending the resource centre can bring packed lunches to the service or are provided with a lunch.

At the time of inspection, the service was supporting 46 people who attended the resource centre at varied pre-arranged days and times throughout the week.

The registered manager of the service was supported by an assistant manager, a senior support worker, and a team of support workers.

About the inspection

This was a full inspection which took place on 17, 18, 19 September 2024 between 9:20 and 16:50. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and two of their family/friends;
- spoke with seven staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with three visiting professionals.

We also took account of 27 completed care inspectorate surveys.

Key messages

- Staff knew people well and provided support that was sensitive and respectful.
- People using the service enjoyed coming to the service and were involved in decisions about their care.
- Quality assurance processes needed to improve to ensure people's safety and drive forward improvements in the service.
- Staff and leaders were visible and responsive and communicated well with families and external professionals to share key information.
- Personal plans did not adequately reflect people's outcomes.
- The environment was able to meet a range of needs and support both group activities and provide a quiet area for people.
- Maintenance checks needed to improve immediately to prioritise safety.

As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	2 - Weak
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this question as good. We found strengths that led to positive experiences for people using the service.

People attending the service told us 'staff are great, they join in everything'. Staff knew people really well and were compassionate and caring, which we observed throughout the inspection. Staff were skilled at engaging with people and found regular opportunities to spend time with them to improve people's emotional health and wellbeing.

Staff were clear about people's healthcare and changing needs. There were clear processes in place for sharing health information to support wellbeing. Staff attended a daily meeting which was led by the senior staff member. This enabled them to highlight any issues or concerns and discuss contact with family members or professionals. Family members were confident they were being informed when people's needs were changing.

Relationships with external professionals including social workers, care managers and health professionals were effective and we saw good evidence of referrals. Staff understood their role in supporting access to healthcare. This meant people's health and wellbeing benefitted from their support.

People were protected by safe medication management practices, however the policy was under review and the provider had identified a few areas for improvement, for example storage of medication and improving use of 'as required' medications. These issues were being addressed. We shared the guidance around covert or as required medications, which would support the service to improve.

People had access to a range of snacks and drinks and enjoyed sociable conversation and interactions during mealtimes. We heard people saying they sit with their friends and have also made new friends. This supported developing relationships which helped people experiencing isolation. Many people were referred to the service as they were isolated and experiencing loneliness.

People using the service were supported to have a healthy attitude to food and drink in ways that were meaningful to them. We saw individuals being supported with special diets in ways that were sensitive and inclusive. Mealtimes were relaxed and appropriate aids were available if required. Whilst people were able to choose their meal they should also be able to plan meals and mealtime experiences could be evaluated to make it a better experience. We fed this back to the management team.

There were several activities available every day, and these were accessible to everyone. Aids like bowling ramps and ball pushers were employed where required. People were given choices of what to do each session however people's experiences were not always evaluated. There was not always a clear link between the activities on offer and people's outcomes. Activities were an integral part of this service and consisted of 'active' and table top based activity. We could see that meaningful engagement was prioritised. There was also a quiet area for people who needed less stimulation. People told us this was important to them. Staff had been trained in Care About Physical Activity (CAPA) and were supporting people to move more for example, a popular activity was balloon tennis. People told us they enjoyed and looked forward to the activities they were part of.

People were encouraged to take ownership of the space and were able to choose artwork by a local artist to

decorate their activity areas. When asked what was good people told us 'the staff are magic, they don't tell us, they ask us.'

Personal plans demonstrated people's involvement in health decisions and people did sign their consent where they were able. Where people did not have capacity to make decisions about their care, the service should detail who has the relevant legal powers. See 'How well is our care and support planned?'

Whilst we saw a clear financial process in use, there was no formal finance policy to ensure people are protected. Audits of all finance processes should be regular to support safe practice. When people do not have capacity to manage their own affairs the service should ensure they obtain details of legal guardians. See area for improvement 1.

Areas for improvement

1. The provider should ensure that people are protected from financial harm by utilising robust finance systems, including a policy detailing clearly expected practice. This should include reference to legal status and details of power of attorney/guardianship.

This is to ensure that care and support is consistent with the health and social care standards (HSCS) which state

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HCSC 2.5)

How good is our leadership?

3 - Adequate

We evaluated this question as adequate. We found some strengths however improvements were needed to ensure the service improved in a more planned way.

There was a new assistant manager in post during our visit and this was part of a planned transition period to allow the current manager to retire. This was designed to minimise any disruption for people and staff in the service. A good induction plan was in place for the handover from one manager to the other. This gave people confidence in the management team.

Whilst leaders knew what was working well and where improvements were needed, there was no comprehensive service improvement plan in place. Leaders knew they had to develop this so they could improve outcomes for people using the service. They had recently undertaken an effective self-evaluation exercise using care inspectorate guidance and had already identified a range of improvements needed. This included reviewing and updating some current policies. This information was forming the basis of the new service improvement plan. Managers gave assurances that they intended to run focus groups to gain the views of people and other relevant stakeholders. This would help people and their families feel connected with the service and that their opinions were valued.

People using the service said managers were accessible and responsive to them. Staff also told us they felt supported and valued by the management team particularly when issues were raised. People and their relatives told us they had confidence in the managers to work in partnership to improve the service. Relatives told us they are able to complain/compliment should they wish to.

Some quality assurance processes were in place to support the staff and management but these were not always effective. For example, there was a lack of clarity around who was responsible for all maintenance checks within the building. This resulted in some checks not being carried out within the relevant timeframe. This could have affected people's experiences and placed people at risk. Routine and regular management audits, would have highlighted this earlier allowing the manager to plan appropriate actions. See 'How good is our setting?'

The service should have a quality assurance system which relates clearly to improvement. A service development plan that uses good practice guidance and measurable outcomes will support the service to drive and evidence improvements. The views of people using the service and their families and staff should be included. Whilst there had been some planned feedback sessions to gain the views of people, these had not gone ahead as there were other agencies seeking feedback at the same time. See area for improvement 1.

Areas for improvement

1. The provider should ensure people benefit from robust quality assurance processes that keep people safe and drive continuous improvements. Actions identified from audits as well as feedback from people experiencing care and stakeholders should be clearly linked to the service improvement plan.

This is to ensure that care and support is consistent with the health and social care standards HSCS which states

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

'I use a service that is well led and managed.' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff provided caring and compassionate support and they knew people well. Interactions between staff and people were warm and people told us they felt safe and were happy using the service. 'I love it here, the staff are really great.'

Good working relationships contributed to the warm atmosphere in the service. Relatives we spoke with were positive about the staff 'xxxx has been going for 3 years and he loves it. His keyworker is so good'.

Communication between staff was effective and staff were confident in building positive relationships with people. These positive relationships benefited people using the service. During the inspection we witnessed motivated staff and good team working which supported the quality time spent with people using the service.

Non-care staff, including administrative staff were clearly part of the team. Staff told us they had confidence in the management team, and people we spoke with felt staff were well trained to support people to get the most out of life.

Staff who lead activities were skilled and motivated which supported people to get involved in meaningful activity. There was an inclusive attitude to activities and a range of aids to ensure people who were less able also had opportunities to be involved. We asked the manager of the service to work with the staff to evaluate people's participation and enjoyment of their activity. This was to ensure activities continued to reflect people's preferences.

Safe and effective recruitment practices were in place in accordance with safer recruitment guidance. This meant people could be assured that the right staff were in post to support them. We saw inductions to ensure new staff have access to the right information about the service and people's needs. This gave people confidence. There was no use of agency staff which meant people benefitted from the continuity of permanent staff they knew well. Staff were clear about their roles, flexible, and supported each other in changing situations.

Team meetings were held monthly supporting staff knowledge and practice. There were opportunities for staff to discuss ideas or concerns and plan interventions before difficulties arose. All staff said the meetings were beneficial.

Staff had access to regular supervision. This meant people could be confident that staff were encouraged to reflect on their practice and identify any learning needs. Staff told us that supervision was a positive thing and allowed for open discussions. There were no regular observations of staff practice, and we advised the management team these should be implemented to ensure high quality care is consistently experienced by people.

Key training such as Adult Support and Protection (ASP) and moving and assisting, was prioritised and staff had come in on a weekend to attend some of this training. We saw that staff were part of the Scottish manual handling passport scheme for keeping people safe. Whilst staff had completed mandatory training, a training plan should be developed for staff based on knowledge gaps. This would ensure staff have the necessary skills and knowledge to deliver high quality care and continue to improve outcomes for people.

We observed how staff were deployed. Methods to assess staffing levels in the service were limited. Staff numbers were relatively static during our visit and in the sampled rotas. Despite this there was time to provide care with compassion, and staff had meaningful conversations with people. The staffing levels however did not always seem adequate to meet the needs of people. Staffing deployment needs to reflect the layout and use of spaces and staff skills to help determine the right number of staff needed to meet people's needs at all times. We identified that due to the building layout there could be times where there were not enough staff available. See area for improvement 1. The service had a contingency plan for busy periods which required senior staff to provide additional support.

Areas for improvement

1. To keep people safe, the service should ensure that staffing numbers, skills mix, and deployment reflect the needs of the people using the service at all times of the day. Decisions about staffing should be transparent and based on the principles of the Health and Care Staffing (Scotland) Act 2019.

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

'My needs are met by the right number of people.' (HSCS 3.15).

How good is our setting?

2 - Weak

We evaluated this key question as weak. We identified some strengths, but these were compromised by significant weaknesses which potentially affected people's safety.

People should expect to experience a high quality environment which is easily accessible and contains a mix of private and communal areas. Whilst the building was not purpose built, the service was clean, tidy, welcoming and free from avoidable and intrusive noise and smells. The setting was comfortable for people and people benefitted from the pleasant surroundings.

One area was set aside for table top activities including art and crafts. A further room on the upper floor was used for more active music, physical games and group activities. It was used on a daily basis. There was also a quiet room set aside upstairs for people. This meant people could experience groups or access an area for quiet time when they wished.

There was no safe accessible outdoor space to be used except for the area at the front of the building though this was where the minibus was stationed. This access would support people's independence and help people to get the most out of life. We asked the manager to explore options for people to access outside space. See area for improvement 1.

Moving and assisting equipment being used was safe and staff were trained to use the equipment to ensure people were safe. Staff were trained in infection prevention and control practices however there was no designated housekeeping staff to oversee the implementation of practice. A dedicated worker with enhanced knowledge in minimising infection risk could work well. We asked the provider to ensure staff have sufficient training in Infection Prevention and Control and that cleaning records and schedules are maintained to keep people safe from spread of infection.

Staff and people using the service told us they knew what to do in the event of a fire, this included information on those who needed support to evacuate and how to do this safely. Fire drills and fire safety training had been provided to some staff, though this was not regular or planned. There had been no self-evacuation drills practiced. This could place people at risk.

The fire safety risk assessment for the service was significantly out of date. This could put people at risk. We asked the manager to arrange for assessment immediately. The fire service audit occurred just after our visit and resulted in the upper floor of the building being closed off due to inadequate fire escape for people, particularly those using a wheelchair. The provider is working with the fire service and the health and social care partnership to resolve this. See requirement 1.

Whilst maintenance staff were completing day to day maintenance tasks there was no maintenance policy available in the service which laid out the expected checks and standards. Systems for the ongoing maintenance of the environment and equipment were either not organised or not followed, which may place people using the service at risk. Other outstanding maintenance issues needed to be addressed. Safety checks for the water system, including legionella and electrical safety had not been completed. We could not be confident about the routine maintenance and ultimately the safety of the building.

Although during our visit the service were proactive in addressing these issues and we were confident that maintenance would now be prioritised, all safety checks had not been completed. We were not confident the setting was safe nor well maintained. See requirement 2.

Requirements

1. By 30 November 2024, the provider must ensure that sufficient fire safety arrangements are in place in the service which meet the requirements of the fire (Scotland) Act 2005: Part 3 The Fire Safety (Scotland) Regulation 2006. To do this the provider must at a minimum:

- a) undertake a Fire Safety Risk Assessment;
- b) produce an action plan to address the risks identified in the Fire Safety Risk Assessment. This action plan should include timescales for the completion of required actions;
- c) produce a schedule for reviewing the Fire Safety Risk assessment in line with organisational policy;
- d) ensure a clearly defined Fire Safety Policy is available for the service;
- e) ensure all staff are given information, instruction and training on the action to be taken in the case of fire and the measures to be taken or observed on the premises including taking part in fire drills.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe' (HSCS 5.19).

2. By 30 November 2024, the provider must ensure that there is effective oversight of maintenance and safety of the premises. This should include, but not be limited to,

- a) ensuring there is a clear maintenance policy detailing who is responsible for all audits;
- b) produce a schedule of when these audits should be completed;
- c) ensure any actions are completed and signed off by a responsible person.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'My environment is secure and safe.' (HSCS 5.19).

Areas for improvement

1. To ensure people benefit from safe and secure outside space the provider should ensure that opportunities for people to experience outside are explored using a recognised environmental tool such as the King's fund tool.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.'
(HSCS 1.25).

How well is our care and support planned?

4 - Good

We evaluated this question as good. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Personal plans were in place for everyone using the service. Plans we sampled contained person centred information and clearly detailed peoples choices and preferences. There was evidence of involvement from the individual and family members including signatures where possible. Plans were regularly reviewed with the person and their key worker. Communication between the service and people using the service and their relatives was open and collaborative. Relatives told us that they were contacted regularly for input and this gave them confidence in the service.

Staff told us that conducting the personal plan reviews were helpful to ensure current information about people was included. Quality assurance audits such as care plan audits were carried out on a regular basis by members of the leadership team and ensured people received safe, effective and consistent support.

Reviews were taking place every six months and people and their loved ones had been involved in developing the care plan and regularly reviewing them together. The plans were then updated to include new information for example a new food the person liked or a change in health. The minutes from these reviews were not always within the personal plan. This meant some information and updates could be missed.

Risk assessments were used to enable people and they had been helped to understand why risk assessments were needed. This demonstrated people being involved in directing their own care as much as they could. Risk assessments were kept up-to-date. These updated care plans allowed staff to deliver care and support effectively.

Information about people's outcomes were not always clear within their personal plans. These should be clearly detailed to help the service identify if people are meeting their outcomes. Staff skills could be developed regarding recording outcomes within personal planning. We asked the service to consider how they could upskill staff to make sure personal plans follow good practice guidance and detail peoples outcomes clearly. (See area for improvement 1.)

Whilst leaders had a good understanding of people's legal rights, and some documentation was in place where people were assessed as lacking capacity for aspects of decision making, this was not the case for everyone. The service did not have copies of guardianship orders or powers of attorney as these were held by the family within the person's home. This did not ensure all people using the service had their legal rights upheld. We asked leaders to obtain copies of any relevant documents and ensure conversations about the future were recorded so that peoples rights and future wishes are respected.

We saw that prior to attending the service, first visits were carried out following receiving initial referrals. This allowed staff to gain a perspective if the service can meet the needs of the person and introduce the named keyworker. This robust pre-assessment allowed for the start of the care plan and meant that leaders could be confident they could meet the needs of people choosing to use the service. After people started to use the service, an initial review was scheduled of the service at this point. Relevant professionals and

others were included if required. Feedback from external professionals advised that the staff were open to external advice and made referrals appropriately.

Areas for improvement

1. To ensure people experience high quality care that is right for them, the provider should ensure people's outcomes are clearly detailed within the personal plan. Reviews of care should be formally recorded detailing discussions held and any arising actions identified.

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

"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) and

"My needs as agreed in my personal plan, are fully met, and my wishes and choices are met." (HSCS 1.23).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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