

Whins/Centre Space Support Service

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Type of inspection:
Unannounced

Completed on:
17 October 2024

Service provided by:
Clackmannanshire Council

Service provider number:
SP2003002713

Service no:
CS2003011573

About the service

Whins Resource Centre is a support service for people with learning disabilities, or a physical and/or sensory impairment. This service has been registered since 2002 and is provided by Clackmannanshire Council

The Whins Resource Centre is based in Alloa, Clackmannanshire and is a large, purpose built day service facility which includes a gym, accessible kitchen, multisensory room and craft/group rooms. The service also makes use of opportunities and facilities in the local community.

There is a statement of aims in place that includes the commitment to "provide opportunities to help individuals maintain and develop their potential for independence and self determination."

About the inspection

This was an unannounced inspection which took place between 14 & 17 October 2024. The inspection was carried out by 3 inspectors 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:

- spent time with 15 people using the service and received feedback from 11 family members;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

People could not be assured that they would be cared for with respect because staff were not familiar with the Health and Social Care Standards.

Quality assurance processes were not driving improved outcomes for people and the provider needed to address quality assurance activity.

The provider needed to arrange formal training and supervision to ensure staff were equipped to deliver good outcomes for people.

The provider needed to review people's care, and complete accurate and informative care plans and risk assessments to better reflect people's care and support needs.

People did not experience a warm, safe and comfortable setting and the provider needed to review the environment including infection prevention and control practices.

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

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

How well do we support people's wellbeing?

2 - Weak

We considered three quality indicators within this key question and evaluated overall as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. Because these weaknesses concerned the welfare and safety of people, we made some requirements and one area for improvement.

Throughout the inspection we observed some staff providing care with dignity and respect and saw a warm communication exchange between one person and a care worker who had a very good understanding of their communication preferences. Despite this, we were very concerned that people were at risk of harm because of poor practice by some staff. People's emotional wellbeing and dignity was compromised because staff did not treat them with respect and staff frequently used infantilising language when supporting people. People were not treated like adults, and were not empowered to lead and direct their support. People were not involved in decisions about the service and their choices were not promoted. People could not be confident that their care and support was of good quality because staff were not familiar with the Health and Social Care Standards (H&SCS). Because this affected how people were supported, we made a requirement about this. (See requirement 1).

Most families that we spoke to told us that their loved one enjoyed coming to the service and although welcomed recent improvements, some were still concerned about lack of stimulation and communication.

People were not enabled to have a sense of purpose and direction because the service did not provide appropriate stimulation or structure to people's day. Where specific programmes were offered as part of people's support, sessions were regularly changed due to poor planning or staffing arrangements. Staff did not show an awareness of people's personal plans, aspirations or their outcomes. Sessions that went ahead during the inspection were poorly organised and did not have agreed goals or outcomes. Many activities were not appropriate for the age of people and provided little opportunity to gain new skills, learn and progress. Because this affected how people were getting the most out of life, we made a requirement about this. (See requirement 2).

We heard from health care professionals that although they were often contacted to provide specialist advice for people who use the service, staff did not always follow their advice and this had compromised people's health care. People's health was further affected because of the cold temperature of the building. The low temperature meant that people were cold when they were supported at Whins and we heard from staff and the leadership team that this was a long standing issue. Although staff wore additional layers of clothing when moving into cold parts of the building, they did not take the same care to make sure people were warm. This had the potential to have an impact on people's health and on their dignity. Leaders within the service did not take appropriate action to rectify this, rather, it was accepted. (See Key Question 4 'How good is our setting').

The meal time experience for people did not promote good nutrition and hydration. The room was cold, noisy and did not enable people to eat and drink well. Some staff did not follow good practice guidance and this meant that people did not always experience good outcomes. For one person, this placed them at risk as they were not provided with the support that was needed to keep them safe when eating. When we spoke to the management team about this, they addressed it during the inspection. Although this led to some improvements in how people were supported to eat, we made an area for improvement about this. (See area for improvement 1).

Requirements

1. By 22 November 2024, the provider must ensure that people experience compassionate care and support.

To do this the provider must, at a minimum, ensure that staff fully demonstrate the principles of the Health and Social Care Standards, namely dignity, respect and compassion, and implement these in the delivery of the service. This must include, but not be limited to, staff interactions with people.

This is to comply with Regulation 4(1)(b) (privacy and dignity 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 principle of 'dignity and respect' within the Health and Social Care Standards (HSCS).

2. By 16 December 2024, the provider must ensure that people using the service can participate in a range of activities which support them to get the most out of life.

To do this, the provider must ensure that:

- a) People's aspirations and preferences are identified and used to develop meaningful programmes of support for people.
- b) Explore further opportunities within the centre and the community to support people to learn and develop new skills appropriate to them.
- c) Ensure appropriate learning and development for staff to enable them to develop and deliver meaningful programmes for people.

This is also to comply with Regulation 4(1)(a) (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 get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1:6);

and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be.' (HSCS 2.2).

Areas for improvement

1. To improve outcomes for people and ensure people are supported to eat and drink well, the service should:

- a) Review the mealtime experience by involving people and their representatives and take appropriate action where improvements are identified.
- b) Ensure that staff are effectively led and deployed to support people to eat and drink safely.

c) Ensure that people have access to drinks and are encouraged to take fluids regularly, particularly those who need support with this.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS1.34) and

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35)

and,

'I can drink fresh water at all times.' (HSCS 1.39)

How good is our leadership?

2 - Weak

We considered one quality indicator within this key question and evaluated as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. Because these weaknesses concerned the welfare and safety of people, we made some requirements for improvement.

The service had not had a manager for a lengthy period of time, however a manager had recently been appointed at the time of our inspection and this was welcomed by people who use the service, their families and by most staff. There was an experienced leadership team in the service, but when we arrived we were concerned at the lack of management presence, which was due to the number of people on leave. Arrangements for management cover meant that there was little supervisory or observational support in the service on the first day of our inspection.

When we spoke with families they were very positive about the team who were "approachable" and "helpful." Some staff felt the management team were starting to make a difference. Staff told us "I've seen positive changes", "things have improved a lot recently" and "I find (the managers) supportive and easy to talk to". Other staff told us they did not feel supported and said that they felt overly criticised.

Staff thought that relationships between the management team appeared fractured and we heard from senior management and senior care staff that this was the case. This meant that important information may not be shared or passed on accurately, leading to poor outcomes for people.

The management team did not have sufficient overview of practice issues at Whins, and we were concerned that this placed people at risk of harm. There were no quality assurance processes in place to monitor service delivery in relation to care and support. There was no effective evaluation of people's experiences to ensure that they were supported to meet their outcomes, and people and their families were not involved in service improvement or service development planning. Because this had an impact on people's support, we made a requirement about this (See requirement 1).

People were not supported to understand what they should expect from their care and support because staff did not demonstrate an understanding of the health and social care standards. There were no formal arrangements for meaningful supervision of staff, competency assessments or observation of staff practice

and we concluded that with limited supervision, there was no opportunity for staff to reflect on their skills, knowledge or learning. Because this had a direct impact on people's outcomes, we made a requirement about this.
(See requirement 2).

Requirements

1. By 17 January 2025 , the provider must provide a service which is well led and managed, and which results in better outcomes for people who experience care, with a culture of continuous improvement. To do this, the provider must, at a minimum:

- a) Maintain a consistent management presence providing appropriate and effective leadership within the care service;
- (b) Implement an effective quality assurance system for all aspects of service delivery which support improved outcomes for people who experience care and support;
- c) Ensure that staff are appropriately trained and skilled to meet any improvements in care and support delivery.

This is in order to comply with regulations 3 and 4(1)(a) 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, which state that:

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

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

2. By 16 December 2024, the provider must provide supervision for staff to support people experiencing good outcomes through their care and support.
To do this the provider must, at a minimum:

- a) Provide effective, regular supervision to staff which supports them to develop and improve through reflective practice and identify their individual learning and development needs;
- b) Enhance staff development through effective workplace assessments and practice learning.
- c) Evaluate the effectiveness of learning on outcomes for people through observations of staff practice

This is in order to comply with regulation 15(a) and 15(b)(i) 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; 1

'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);

and

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

How good is our staff team?

2 - Weak

We considered one quality indicator within this key question and evaluated it as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. Because these weaknesses had an impact on good outcomes for people, we made a requirement for improvement.

Some staff told us that they had been with the service for a long time and were proud of their work at Whins. Some staff said that the service "needed some modernisation" and many staff were eager to work with the leadership team to introduce service change.

The service did not use good practice guidance to assess staffing levels and we were concerned that the lack of effective assessment methods meant that staffing was not determined by people's support or their needs. At times, there were as many staff as there were people using the service, and yet at those times when people would benefit from more individualised support, for example with eating and drinking, staffing levels were significantly reduced because several staff were allocated their break. During times where the staffing levels were high, we observed that some staff were involved in casual conversation and were not focused on people experiencing care. We concluded that the abundance of staff had a direct impact on people achieving good outcomes and we made a requirement about this.

When we asked other professionals about staffing in the service one commented "There is evidence of some staff caring and attempting to put good supports in place, but no team working and all have differing opinions as to the correct approaches for clients".

When planning and arranging staff to work directly with people, there was no evidence that any importance was placed on staff skills, experience or personality to help people build successful relationships and work well together.

Requirements

1. By 17 January 2025, the provider must ensure staffing arrangements are right and that people's care and support needs are met effectively. To do this, the provider must, at a minimum:

a) regularly assess and review people's care and support needs to inform staffing numbers and arrangements, including staff experience, skill mix, times of the day, and layout of the building;

b) include evaluation of people's care experiences within quality assurance so that people experience responsive, person-centred support. This must include feedback from people, their families and staff.

This is in order to comply with section 7 (1) (a) 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. Whilst some strengths could be identified, these were compromised by significant weaknesses. Because these weaknesses concerned the welfare and safety of people, we made one requirement and one area for improvement.

While using the resource centre people benefitted from an environment with plenty of natural light, fresh air and outdoor space. Families told us that in recent weeks the service has become more welcoming to them as visitors.

There were arrangements in place for alerting the provider about maintenance of the premises and equipment to ensure people were safe, however the system did not ensure that issues were properly resolved.

The temperature of the building was extremely cold, including shower and personal care rooms which were being used by people. Some rooms (for example the training kitchen and multisensory room) were not used because they were too cold. We heard from staff that this was a long standing issue and there was no outcome to multiple reports of the building being cold over the last year. Because of the lack of heating, the service could not offer enough space or alternative places where people could spend their time. There were few opportunities for people to experience a quiet environment when they needed to. We asked the service to address the heating on the first day of our inspection and because this had not been attended to, we requested that senior management address this the next day.

During the course of the inspection, the provider attempted to resolve the heating issues, however we made an area for improvement about contingency planning (see area for improvement 1) so that future issues are dealt with more quickly.

The service had recently had some areas painted, however many rooms, bathrooms and public areas were in need of refurbishment to address infection prevention and control (IPC). Staff told us that a 'deep clean' had not been done in over two years. There were no observations or audits of staff practice and environmental hygiene, no governance or monitoring of infection prevention and control (IPC) or quality assurance arrangements. There were no cleaning schedules or records available that had been completed within the past six months.

Staff had a limited understanding of when and how they should use personal protective equipment (PPE) and did not recognise other infection prevention and control precautions. As a result, the service was not following best practice guidance in IPC, and staff were not familiar with, or did not follow, the principles of infection prevention and control, including standard infection control precautions (SICPs). Because this affected the safety and welfare of people we made a requirement about this. (See requirement 1).

Requirements

1. By 22 November 2024, the provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection.

In order to achieve this, the provider must:

- a) Undertake a review of the environment to ensure all areas, furnishings and equipment are well maintained, functional, accessible and provide a safe and comfortable place for people to use.
- b) Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in place so that the environment is clean, and that safe infection control and cleaning practices follow good practice guidance.

This is to comply with regulations 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:

'My environment is secure and safe.' (HSCS 5.17);

and

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. The provider should make arrangements to ensure the building is properly maintained and that any requests for work can be followed up. This should include (but not exclusive to) the heating system. The provider should make contingency arrangements for times when the building is temporarily not fit for purpose and may put people at risk of harm.

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 5.22)

How well is our care and support planned?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. Because these weaknesses had an impact on good outcomes for people, we made a requirement for improvement.

Although people had personal plan documents there was no meaningful information within them about care and support. Some people's plans had very little information about them and documents about outcomes and weekly plans were blank. Staff were not able to demonstrate an understanding of what the overall aim of the service was or what the individual outcomes for people were.

We were concerned that people and, where relevant, their families, had not been involved in developing their

personal plans. Some family members told us that they had been involved in a recent review of their loved ones care and support, however many people had not had their care and support reviewed for some time.

Assessments made to reduce risk to people were out of date, and for many they were generic and not person specific with no clear risk mitigation or reduction.

People's care and support was compromised because care plans were not routinely used to inform staff practice and how they should support people. We were not confident that staff had regular access to read people's plans and understand their care and support needs.

We concluded that the standard of care and support planning was inconsistent and not supported by strong leadership, staff competence and quality assurance processes and made a requirement about this. (See requirement 1).

Requirements

1. By 17 January 2025, the provider must ensure that people's personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks.

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

a) Personal plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers. These must be regularly evaluated and reviewed at least every six months.

b) Personal plans are sufficiently detailed and reflect the care planned or provided, are outcome focused and written in a person-centred manner.

c) Personal plans are quality assured and any improvements are followed up timeously.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (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 which state 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)

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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