

The New Harry Walker Integrated Day Services Support Service

24 Meadowside Gardens
Airdrie
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Telephone: 01236 856 051

Type of inspection:
Unannounced

Completed on:
4 November 2024

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Service no:
CS2003001207

About the service

The Harry Walker Integrated Day Service is owned and managed by North Lanarkshire Council and is registered to support 30 older people each day.

Places at the service are allocated through the locality planning team who hold fortnightly meetings to discuss who would benefit from attending. Senior social workers, the service manager and various health professionals attend these meetings.

The building is in Airdrie with shops and local transport links nearby. This is a new building with excellent facilities including a large, bright and airy room used for activities and meetings. There are also several small rooms used for 1-1 time, reminiscence and pamper time. The smaller rooms also provide quiet space for service users who may become stressed/distressed due to too much noise. There is a bright dining room and a garden area where service users can sit and enjoy the outdoors.

About the inspection

This was a short notice follow up inspection which took place on 4 November 2024. The purpose of this follow up was to look at progress of the requirement and two areas for improvement made at the last full inspection.

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 the manager and
- reviewed documents

Key messages

This follow up inspection was completed virtually by speaking with the manager of the service on a TEAMS call. The manager provided evidence we asked for by email.

The requirement and two areas for improvement made at the previous inspection were met. To recognise the hard work by the team to meet these we have re-graded 'how good is our leadership' from a 3 (adequate) to a 4 (good)

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 good is our leadership?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

A requirement made at the last inspection was around the service's failure to submit their annual return to the Care Inspectorate. The 2024 annual return was submitted in the agreed timescales.

This has been met. Please see 'What the service has done to meet any requirements made at or since the last inspection' for more detail.

There were two areas for improvement made at the last inspection. At this follow up these were both met. Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection' for more detail.

In recognition of the requirement and two areas for improvement being met, we have re-graded 'how good is our leadership' from a 3 (adequate) to a 4 (good).

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

Requirements

Requirement 1

By the closing date, which will be notified by the Care Inspectorate in 2024, the provider must comply with their legislative responsibility to submit an annual return.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

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 requirement was made on 27 July 2023.

Action taken on previous requirement

A requirement was made at the previous inspection as the service had failed to submit their annual return to the Care Inspectorate. The annual return provides important information such as staff vacancies, if any complaints had been raised with the service and any protection issues. This meant the Care Inspectorate did not have the information required to make a risk based assessment around when to inspect the service. The annual return in 2024 was submitted within the timescales provided.

Met - within timescales

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 continuous improvements the provider should develop an improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 27 July 2023.

Action taken since then

The service development plan had used the ideas from people who attended the centre and staff who worked there. This had led to a plan that reflected the areas people wanted to see improved to lead to better outcomes.

We spoke with the manager of the service who provided updates on the plan and we were pleased to hear of the improvements being made to the centre.

This has been met.

Previous area for improvement 2

To provide staff with the necessary skills to support people, the provider must ensure they provide relevant training.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states 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)

and

Scottish Social Services Council (SSSC) code 6 which states: 'As a social care worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills.'

This area for improvement was made on 27 July 2023.

Action taken since then

Dementia skilled training had started with four staff currently working through this and a further four staff starting in December. This will provide staff with additional skills and knowledge to ensure they continue to provide appropriate support to people with dementia.

This 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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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