

Kirriemuir Day Care Support Service

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Kirriemuir
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Telephone: 01575 574 057

Type of inspection:
Unannounced

Completed on:
15 November 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 follow up inspection which took place on 14 November 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 3 people using the service;
- spoke with management;
- observed practice and daily life;
- reviewed documents.

Key messages

- Quality assurance processes had been introduced and were contributing to improvements within the service.
- Medication was managed well.
- Improvements were required to ensure people's personal plans were person centred and up to date.
- Improvements were required to ensure risk assessments were personalised.

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
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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 completed a follow up inspection to measure the action taken in response to an outstanding requirement to ensure people receive their medication in the way it has been prescribed.

Sufficient improvement had been made to meet this requirement. We changed the evaluation of this Key Question to good.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since our last inspections' for further information.

How well is our care and support planned?

The service had an outstanding requirement which we had made at our last inspection. This was to ensure people's personal plans, daily notes and risk assessments were sufficiently detailed and provide staff with effective guidance on how to support people. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

Although we found some improvement had been made to meet this requirement, some areas had not been fully met. For example, some people's personal plans had not been updated following a review meeting and we found risk assessments were not person centred. Therefore, we have made two new areas for improvement to address these outstanding issues.

(See areas for improvement 1 and 2).

Areas for improvement

1. To ensure risks to people's health and wellbeing are managed, the provider should ensure all risk assessments are personalised to the person.

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

2. To support people's wellbeing and safety the provider should ensure people's personal plans are sufficiently detailed, up to date and reflects people's care and support needs.

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

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 21 August 2024.

Action taken on previous requirement

A medication procedure had been developed. At the time of inspection, the service was only administering topical medication such as creams. A medication risk assessment had been undertaken to determine the level of support people required.

Medication administration records had been introduced which provided clear directions to staff when supporting people with their medication. We found records had been completed when medication had been administered. This helped ensure people were supported to take the right medication at the right time. We discussed processes around handwritten medication administration records and provided advice as to how to make the process more robust to prevent mistakes.

Staff had received medication training which ensured they had the right knowledge, skill and competency to support people with their medication.

This requirement has been met.

Met - outwith timescales

Requirement 2

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 21 August 2024.

Action taken on previous requirement

It was positive that accident and incident forms had been completed when things go wrong. 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. Appropriate notifications had been

submitted to the Care Inspectorate as per our guidance.

A system of checks were in place to assess the quality of the service. Where a deficit and/or area for improvement had been identified this had been added into an action plan to address. This helped the management team to identify and prioritise improvements. Actions were signed off once completed. However, we found these systems to be in their infancy and not fully embedded into practice. We will follow this up at our next inspection.

People's views about the service were actively sought. A members' committee had been set up and were meeting regularly. Feedback from these meetings had led to the introduction of a cafe style breakfast and an activity moving to another area of the centre to reduce noise and disruption. This meant that the service was working in partnership with people to drive forward change and improvement.

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.

The complaints procedure had been reviewed and updated to provide detail of the process to be taken in the event of a complaint or concern being received. The service had received no complaints or concerns since our last inspection.

Met - outwith timescales

Requirement 3

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 21 August 2024.

Action taken on previous requirement

People benefitted from having a key worker who was responsible to coordinate the delivery of their personal plans. This promoted consistency and ensured that people had the opportunity to build trusting relationships with the person supporting them.

Everyone had a personal plan in place with some guidance around the care and support they required. The manager recognised these continued to need further development as plans were of varying quality. We found some plans were detailed with good, personalised information which reflected people's personalities,

support needs and preferences, however, some plans lacked this level of detail. We were confident that the manager would take this forward.

People's care was being reviewed with the regulatory timescales. However, we found some people's personal plans had not been updated to reflect changes of care or support, for example, one person's preferences at mealtimes.

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.

The recording of daily notes for people had improved. We found daily notes contained detail on the activities people had undertaken and reflected the support people received and how they had presented.

Some parts of this requirement have been met. We have made two new areas for improvements to address the outstanding issues.

Met - outwith timescales

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

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