

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE - 16TH FEBRUARY 2011

REPORT ON: THE ANNOUNCED INSPECTION OF KEMBACK STREET ADULT RESOURCE CENTRE - SUPPORT SERVICE (WITHOUT CARE AT HOME) BY THE CARE COMMISSION ON 25 OCTOBER 2010

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 61-2011

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report on the findings of the announced inspection by the Care Commission of Kemback Street Adult Resource Centre.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Scrutiny Committee note the contents of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 Main Text

4.1 Kemback St. Adult Resource Centre was inspected on 25 October 2010 by the Care Commission. This was an announced inspection. The report of the findings of this visit was finalised on 06 December 2010.

At the time of the inspection there were 64 service users on the register, each attending between one and five days per week.

The Care Commission's focus of inspection targeted the following themes;

- Quality of Care and Support (Statements 1.1 and 1.5)
- Quality of Environment (Statements 4.1 and 4.3)

4.2 The Care Commission identified the following key strengths in the areas that were inspected some of which are outlined below.

- The service had consulted service users about its programme of activities in summer and their individual choices.
- Service users had new timetables for their planned activities but they are able to change their planned activities on request and on the day.
- There were a lot of opportunities for service users to follow their personal interests in the centre or in small groups that go out.
- The service recognised how important it was for all service users that the planned programme of activities went ahead with as few disruptions as possible.
- The service was making better use of all rooms in the centre for the benefit of service users.

- The service had provided service users and carers with questionnaires about the quality of care and support, staffing and management. There was very good feedback about the quality of care and support.
- A service user group met regularly to make comments about the service. This group was independently facilitated by a self-advocacy organisation.
- The manager met with the group to get comments on the service and the service was willing to act on ideas for improvement.
- Each service user has a personal plan setting out their needs in depth and how the service and others met these.
- Opportunities to access the community include: visits to local library, sports centres, community centres, swimming.
- The service had assisted a service user to get a new powered wheelchair which enabled them to go out of the building on outings in the local area.
- Service users' art and craft work was displayed on walls throughout the building. Service users had painted designs on the walls of the art room and had also created mosaics on display in the garden.
- The service had used picture symbols with service users to help them choose new activities.
- The service monitored whether planned activities were being sustained by its staff numbers and mix.
- The service used link groups each morning to keep service users informed of any developments and to pass on service users' concerns to the management.
- The service had developed an improved framework to evaluate staff practice during the induction period.

4.3 There are no requirements from the announced inspection.

4.4 There are three recommendations from the announced inspection, detailed below:

- The service should provide service users with personal plans that are accessible in their format and content. National Care Standard, Support Service, Standard 3. Your personal plan.
- The service should ensure that service users' personal plans set individual goals about how the service will promote their choices and potential. Standard 4 Support arrangements and Standard 8 Making choices.
- The service should improve wheelchair users to access the rear garden and improve the decoration of the toilets and locker rooms for service users. Standard 5 Your environment.

This relates to the Care Commission statement: The environment allows service users to have as positive a quality of life as possible. Areas for improvement are identified as follows:

- A new boiler was necessary ensure the building is sufficiently heated
- A new accessible minibus was needed to take out any service users using wheelchairs
- Service users with wheelchairs could not access the rear garden, with a lack of paved access.
- The toilets and locker rooms for service users were in a poor state of decoration.
- The upper walkway for access to the art room is very narrow for wheelchair users.
- The provider has plans to refurbish the building to improve wheelchair accessibility around the building, out to the garden and to upgrade the toilets and locker room.

The service has consulted with appropriate professionals from other areas of the Council and plans for a replacement boiler have been made but to date this work has not been scheduled to take place.

The service has consulted with appropriate professionals from other areas of the Council and plans for remedial work regarding wheelchair access and toilet facilities have been drawn up but to date this work has not been scheduled to take place.

A new wheelchair accessible minibus was delivered the day following the Care Commission inspection.

4.5 The following were identified as areas for improvement.

- To provide service users with personal plans that are accessible in their format and content. National Care Standard, Support Services.
- To ensure that service users' personal plans set individual goals about how the service will promote their choices and potential.
- Develop a detailed Service Plan
- Continue to progress with actions identified through the Staffing Review process and implement outcomes.
- Increase opportunities to consult with service users and carers and be involved in service developments.
- Ongoing development of processes and systems within the service.
- Maximise service user opportunities to access community resources and activities.
- Continue to develop the team by maximising training opportunities

4.6 **QUALITY INDICATORS**

The Care Commission examines four areas. These are the Quality of Care and Support, Quality of Environment, Quality of staffing and Quality of Management and Leadership.

4.6.1 The care commission uses a 6 point scale for performance.

- 6 – Excellent - exemplary, model of its type
- 5 – Very good - major strengths
- 4 – Good - important strengths but improve further
- 3 – Adequate - basic but adequate level
- 2 – Weak - important weaknesses
- 1 – Unsatisfactory - widespread weaknesses

4.6.2 Based on the findings of the announced inspection the Support Service (Without Care at Home) has been awarded the following grades:

- Quality of Care and Support 4 - Good (previous grade 4)
- Quality of Environment 3- Adequate (previous grade 3)
- Quality of Staffing - not inspected (previous grade 4)
- Quality of Management and Leadership - not inspected (previous grade 4)

5.0 **POLICY IMPLICATIONS**

5.1 This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

5.2 An Equality Impact Assessment has been carried out and will be made available on the Council website <http://www.dundee.gov.uk/equanddiv/equimpact/>.

6.0 CONSULTATION

6.1 The Chief Executive, Depute Chief Executive (Support Services) and Director of Finance have been consulted in preparation of this report.

7.0 BACKGROUND PAPERS

7.1 The following Background Papers were relied upon in preparation of this Report:
Inspection Report Dundee City Council - Out and About
Equality Impact Assessment

Alan G Baird
Social Work Department

Date: 21st January 2011

Inspection report

Kemback Street Adult Resource Centre Support Service Without Care at Home

10 Kemback Street
Dundee
DD4 6PG
01382 438813

Inspected by: Patrick Sweeney
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 25 October 2010

| | Page Number |
|----------------------------------------------------------|--------------------|
| Summary of this inspection report | 3 |
| Section 1: Introduction | |
| About the Care Commission | 6 |
| About the National Care Standards | 7 |
| What is inspection? | 8 |
| How we decided what to inspect | 10 |
| What is grading? | 11 |
| About the service we inspected? | 12 |
| How we inspected this service | 13 |
| Section 2: The inspection | 19 |
| Section 3: Other information | |
| Other Information | 26 |
| Summary of Grades | 27 |
| Terms we use in our reports and what they mean | 28 |
| How you can use this report | 30 |
| People who use care services, their relatives and carers | 30 |

Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2003017901

Contact details for the Care Commission officer who inspected this service:

Patrick Sweeney

Telephone 01382 207200 Lo-Call: 0845 6008331

Email enquiries@carecommission.com



Easy read summary of this inspection report

There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



We gave the service these grades

| | | |
|--------------------------------------|---------------------------------------------------------------------------------------------|----------|
| Quality of Care and Support |  4 | Good |
| Quality of Environment |  3 | Adequate |
| Quality of Staffing | | N/A |
| Quality of Management and Leadership | | N/A |

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

What the service does well

The service had consulted service users about its programme of activities in summer and their individual choices. Service users had new timetables for their planned activities but they can change their planned activities on request and on the day. Service users and carers gave the service had very good feedback on the quality of care and support. There were a lot of opportunities for service users to follow their personal interests in the centre or in small groups that go out.

The service recognised how important it was for all service users that the planned programme of activities went ahead with as few disruptions as possible. Staff emphasised how important it was to address any concerns from service users before they started their programme of activities each day. The service was making better use of all rooms in the centre for the benefit of service users.

What the service could do better

The service should provide service users with personal plans that are more accessible in format and content.

The service should ensure that service users' personal plans set goals about how the service will promote their choices and potential.

The service should improve wheelchair users to access the rear garden and improve the decoration of the toilets and locker rooms for service users.

What the service has done since the last inspection

The service had used picture symbols with service users to help them choose new activities.

The service monitored whether planned activities were being sustained by its staff numbers and mix.

The service used link groups each morning to keep service users informed of any developments and to pass on service users' concerns to the management.

The service had developed an improved framework to evaluate staff practice during their induction period.

Conclusion

The service has started to improve its practice of consulting service users and had plans to develop service users' involvement in their personal plans. The service needs to make improvement to the fabric of its premises for improved outcomes for service users.

While service users made positive comments about the service there were also negative comments that the management of the service would need to address through further consultations with service users.

Who did this inspection

Lead Care Commission Officer

Patrick Sweeney

Other Care Commission Officers

Not applicable

Lay Assessor

David Hill and Johanne Dickson, Lay Assessor Support Worker

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

| | | | | | |
|-----------|-----------|----------|----------|----------|----------------|
| 6 | 5 | 4 | 3 | 2 | 1 |
| excellent | very good | good | adequate | weak | unsatisfactory |

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

Kemback Street Adult Resource Centre has been registered by the Care Commission as a support service, day care of adults, since 1 April 2002. The support service is provided by Dundee City Council Social Work Department for adults with learning disabilities.

The service provides support to its users to undertake activities in the centre and in the community.

The service is for 60 service users on any day. The service operates on the basis of one member of staff to eight service users.

The service operates from 8.45am to 4.00pm, Monday to Friday, 47 weeks a year. The service is closed on certain public holidays, and has two periods of planned closure, one in the summer and one in the winter.

The service will provide, when assessed as required, transport to and from the centre.

Based on the findings of this inspection this service has been awarded the following grades:

| | |
|---------------------------------------------|---------------------|
| Quality of Care and Support | 4 - Good |
| Quality of Environment | 3 - Adequate |
| Quality of Staffing | N/A |
| Quality of Management and Leadership | N/A |

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What activities did we undertake during the inspection

This report was compiled following an announced inspection that took place on Monday 25 October 2010 by a Care Commission officer, a Lay Assessor and Lay Assessor Support Worker. There was a feedback meeting with the management of the service on 25 October.

Before the inspection the service submitted an annual return and a self-assessment form as requested by the Care Commission.

The views of service users and relatives were sought through;

- Four questionnaires returned by service users and four questionnaires returned by relatives to the Care Commission from the 25 sent out.
- A meeting by the Lay Assessor with a group of 10 service users and with one service user individually.

The inspection was based on a sample of two Quality Statements in two of four Quality Themes.

During the inspection, evidence was gathered from a number of sources including; a range of policies, procedures and records and other documentation including service users' and staff records. There were interviews with the manager and two staff.

All the above information was taken into account during the inspection process and was used to assess the performance of the service.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

Actions Taken on Recommendations Outstanding

Quality of Care and Support, Statement 1, Recommendation 1

The service should develop its consultation methods to ensure they are accessible to all service users and the views of service users and carers are asked for separately.

National Care Standard, Support Services, Standard 11 Expressing your view.

The service had used picture symbols with service users to help them choose new activities they wanted.

Quality of Care and Support, Statement 2, Recommendation 1

The service should provide service users with personal plans that are accessible in their format and content. Standard 3 Your personal plan.

The format and content of the personal plan had not changed since the last inspection. The service intended to introduce personal plans where service users provide more of the content of the plan and where it is easier for service users to follow. This recommendation is made again under Quality of Care and Support, Statement 5, Recommendation 1.

Quality of Care and Support, Statement 2, Recommendation 2

The service should ensure that service users' personal plans set individual goals about how the service will promote their choices and potential. Standard 4 Support arrangements and Standard 8 Making choices.

The content and format of the personal plans had not been amended to include goals for activities and the service. This recommendation is made again under Quality of Care and Support, Statement 5, Recommendation 2.

Quality of Care and Support, Statement 2, Recommendation 3

The service should have a means to periodically assess and record whether the needs of all service users are met by the number and skills mix of staff present. Standard 2 Management and staffing arrangements.

The service monitored whether planned activities were being sustained by its staff numbers and mix. The number of groups cancelled was reduced, and more activities had two staff assigned so that if one staff member was not present an activity could usually

go ahead. A senior staff member also provided support to groups which would otherwise be short of staff.

Quality of Environment, Statement 3, Recommendation 1

The service should ensure that it uses effective communication methods to increase service users' understanding about significant changes in their service. Standard 12 Expressing your views.

The service mainly uses link groups each morning to keep service users informed of any developments and to pass on service users' concerns to the management.

Quality of Staffing, Statement 2, Recommendation 1

The service should use a framework of practice, social services values and evidence to evaluate the performance of staff as part of the induction process. Standard 2, Management and staffing arrangements.

The service had developed an improved framework to evaluate staff practice and use of social service's values by the end of their induction period. We did not see a completed induction evaluation during the inspection. The service's practice in using its new induction framework will be followed up in future inspections when this quality statement is next reported upon.

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

Annual Return Received

Yes

Comments on Self Assessment

We received a fully completed self assessment document from the service. The service had provided relevant information for each Quality Statement. The service identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

Four service users returned questionnaires directly to the Care Commission.

Most service users strongly agreed, and the rest agreed that;

- the service checked regularly that it was meeting their needs
- they knew the names of staff providing the service
- they were confident that staff had the skills to meet needs
- they felt safe and secure in the service
- staff treated service users with respect
- there was the equipment to meet their needs
- personal plans detailed their preferences and needs
- they were overall happy with the quality of the service
- they were asked their opinions about the quality of the service.

All service users knew they had a personal plan.

No one disagreed that the service was meeting their needs.

Half of the service users knew they could make a complaint to the service or to the Care Commission.

One service user commented; "I like all the staff at Kemback Street. They are my friends and they help me to do things and have fun."

Overall these were very good satisfaction rates with the service's quality and how it met service users' needs.

The Lay Assessor met with a group of 10 service users and with one service user individually. The Lay Assessor received the following feedback from service users.

Quality of Care and Support

Service users were generally happy about attending the service. Some of the comments were;

- "I like coming here"
- "I love it here"
- "I'm happy here, would like to do cooking".

There were some negative comments which included;

- "I don't get enough one-to-one time"
- "It's too long a day here. I want half a day"

- "I'm happy in the morning but by 2.00pm I'm fed up."

Most service users said they were happy with the activities they were taking part in and were positive about the new timetable. They told us;

- "I like it"
- "I can understand it"
- "We like the groups."

There were some negative comments which included;

- "I don't like swimming. I want it changed"
- "I'd like to get out of the centre more."

Service users were looking forward to events coming up in the service for example; the Halloween party, the 25th anniversary of Kemback Street and a Christmas day out.

Quality of Staffing

There were mixed comments about the quality of staff. Some comments included:

- "You get spoilt sometimes"
- "I feel comfortable speaking to staff"
- "They are helpful."

There were some negative comments which included;

- "Some staff can be crabby"
- "We don't like getting bossed about."

Quality of Environment

Most service users felt that the building was "always cold". Some service users said they had difficulty of finding their groups taking place in different parts of the building.

Quality of Management

One service user said: "You can go to management and have a meeting and things usually get changed." The other service users agreed with this.

Taking carers' views into account

Four relatives returned questionnaires directly to the Care Commission.

Most relatives agreed, and one strongly agreed, that;

- the service checked regularly that it was meeting service users' needs
- they knew the names of staff providing the service
- they were confident that staff had the skills to meet needs
- service users felt safe and secure in the service
- staff treated service users with respect
- there was the equipment to meet service users' needs
- personal plan detailed service users' preferences and needs
- they were asked their opinions about the quality of the service
- they were overall happy with the quality of the service.

No one disagreed that the service was meeting service users' needs.

Everyone knew that service users had a personal plan.

Half of the relatives knew they could make a complaint to the service or to the Care Commission.

There were no additional comments.

Overall these were good satisfaction rates with the service's quality and how it met service users' needs.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

The service had good practice in this quality statement.

Service users and carers took part in annual reviews of each service user's personal care and support. Service users' and carers' views were recorded in the review records. The service was appropriately flexible in its review arrangements where some service users had several services by holding joint reviews to reduce the number of reviews service users take part in.

The service had asked service users and carers their views in questionnaires about the quality of care and support. The service had collated all the responses in a brief report which showed that the service was mostly rated as very good on a six point scale. The highest grading given for the service was in its approach in using person centred values to provide the service.

A service user group met regularly to make comments about the service. This group was independently facilitated by a self-advocacy organisation. The manager met with the group to get comments on the service.

The service uses link groups each morning to keep service users informed of any changes and to pass on service users' concerns to the management.

The service had consulted all service users on its programme of activities. The service had used picture symbols with service users to help them choose new activities they wanted to be on the service's programme and their individual choice of activities. This was done in one to one discussions and planning sessions over a whole week so as many service users as possible were involved. New timetables had been given to service users with their planned activities. Service users can change their planned activities on request and also on the day.

The service identified further actions it would take after this consultation exercise for example, the need for a road safety and independent travel programme, to minimise the impact of changes for service users on the autistic spectrum, and to get service user feedback on the changes that had been made.

Areas for Improvement

The service was starting to put in place a new agenda for review meetings to better record service users' and carers' views about the service and what would make it better for them.

While service users made positive comments to the Care Commission about the service there were also negative comments that the management of the service would need to address through further consultations with service users.

For improved practice the service would;

- evidence more examples of how feedback from service users and carers has led to improvements in the quality of care and support
- show how reviews of each service user's service evaluated the quality of their care and support and identified how the service could improve
- report to service users and carers the improvements made as a result of their feedback to the service.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 5

We respond to service users' care and support needs using person centered values.

Service Strengths

The service had good practice in this quality statement.

Each service user had a personal plans setting out their needs comprehensively and how the service and others met these. Service users met with a named link worker to talk about their programme of individual activities. Service users can choose from the programme of available activities. Staff confirmed that every effort was made to accommodate service users' wishes and their timetable can be changed if they wanted. This approach recognised that service users can change their minds about what they wanted to do at anytime.

The service provided service users with lot of opportunities to follow their personal interests in the centre or in small groups that go out. The range of programme activities covered; a range of arts and crafts (collage, nail art, mosaics, fashion and fabrics, sewing, painting) , music walking, swimming, line dancing, golf, personal appearance, football, reading, ten-pin bowling, computers, yoga, taking part in programmes at different community and sports centres, snooker, women's health, keep fit, newsletter group.

The service recognised how important it was for all service users to ensure that the planned programme of activities went ahead with as few disruptions as possible each day. The service had sustained good reliability in providing programme activities by assigning two staff to most activities, and having a staff member free to support an activity if one or both of these staff members were not available on the day.

Staff emphasised how important it was to meet service users each morning in a link group, to address any concerns from service users before they started their programme of activities each day. There are usually two or three staff to each link group to ensure continuity for service users should a member of staff be off. Having more than one staff member meant that service users could have one to one meetings in private with their link worker while the rest of the group continued to meet.

Areas for Improvement

The format and content of the personal plan had not changed since the last inspection. The service intended to introduce personal plans where service users provide more of the content of the plan and where it is easier for service users to follow. The service could consider using service users' own words about their wishes and preferences for the service and how they wanted to be supported. (Recommendation 1)

The content and format of the personal plans had not been amended to include goals for service users' use of the service. Where some goals had been set for activities they were written very broadly and did not identify what a service user would individually gain from the activity. (Recommendation 2)

Grade awarded for this statement

4 - Good

Number of Requirements

0

No of Recommendations

2

Recommendations

1. The service should provide service users with personal plans that are accessible in their format and content. National Care Standard, Support Services, Standard 3 Your personal plan.
2. The service should ensure that service users' personal plans set individual goals about how the service will promote their choices and potential. Standard 4 Support arrangements and Standard 8 Making choices.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

The service had good practice in this quality statement.

Service users' art and craft work was displayed on walls throughout the building. Service users had painted designs on the walls in the art room. Service users had also created mosaics on display in the garden.

Service users raised in meetings that they wanted to keep the premises clean and tidy for each other.

Service users were asked for ideas on how to spend money left over after the ending of the Choices Cafe. Ideas had included; souvenirs for the 25th anniversary of the service, computer console games and controllers, trips out and a Halloween party.

The service had used feedback from service users to plan a refurbishment the building to improve wheelchair accessibility around the building, out to the garden and to upgrade the toilets and locker room.

Areas for Improvement

For improved practice the service would;

- evidence more examples of how feedback from service users, and carers has led to improvements in the quality of the environment
- report back to service users and carers the improvements made as a result of their feedback to the service.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service Strengths

The service had adequate outcomes for service users in this quality statement.

The activity rooms were large enough to accommodate group activities. There was a large dining area to accommodate all service users at lunch time. The service was making better use of all rooms in the service for the benefit of service users, such as a room for pampering, the conservatory for art projects, and a room in the personal care area for groups. There were more rooms available for staff to meet service users in private and for their review meetings.

Service users and staff had worked very well together to improve the appearance of the centre with displays of service users' art and craft work round the building and the decorated walls in the art room. Service users contributed to the quality of their environment in other ways such as the garden group using the inner courtyard and by clearing up in the centre.

There is a large changing room and a disabled toilet to provide personal care for service users with mobility needs. There is a lift for wheelchair users to move between the lower and upper part of the building. Where previously the lift was deemed not large enough for a service user's needs it was now possible for them to use it safely.

Areas for Improvement

The service is to make the following improvements;

- A new boiler has been ordered to ensure the building is sufficiently heated.
- A new accessible minibus was due for delivery to take out any service users using wheelchairs.

Service users with wheelchairs could not access the rear garden, with a lack of paved access. The toilets and locker rooms for service users were in a poor state of decoration. The upper walkway for access to the art room is very narrow for wheelchair users. The provider planned to refurbishment the building to improve wheelchair accessibility around the building, out to the garden and to upgrade the toilets and locker room. The plans to refurbish the building are presently on hold. (Recommendation 1)

Service users said they could not use the kitchen to heat their lunches. The management said service users did go into the kitchen as long as any potential risk was safely managed. The service could clarify with service users the arrangements for them to safely use the kitchen.

Grade awarded for this statement

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The service should improve wheelchair users to access the rear garden and improve the decoration of the toilets and locker rooms for service users. Standard 5 Your environment.

Other Information

Complaints

No complaints have been upheld or partially upheld since the last inspection.

Enforcements

We have taken no enforcement action against this service since our last inspection.

Additional Information

None noted.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

Summary of Grades

| | |
|------------------------------------------------------------|--------------|
| Quality of Care and Support - 4 - Good | |
| Statement 1 | 4 - Good |
| Statement 5 | 4 - Good |
| Quality of Environment - 3 - Adequate | |
| Statement 1 | 4 - Good |
| Statement 3 | 3 - Adequate |
| Quality of Staffing - Not Assessed | |
| Quality of Management and Leadership - Not Assessed | |

Inspection and Grading History

| Date | Type | Gradings | | | | | | | | |
|---------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------|-------------|--------------|----------|----------|---------------------------|--------------|
| 19 Jan 2010 | Announced | <table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>3 - Adequate</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>4 - Good</td> </tr> </table> | Care and support | 4 - Good | Environment | 3 - Adequate | Staffing | 4 - Good | Management and Leadership | 4 - Good |
| Care and support | 4 - Good | | | | | | | | | |
| Environment | 3 - Adequate | | | | | | | | | |
| Staffing | 4 - Good | | | | | | | | | |
| Management and Leadership | 4 - Good | | | | | | | | | |
| 23 Sep 2008 | Announced | <table> <tr> <td>Care and support</td> <td>3 - Adequate</td> </tr> <tr> <td>Environment</td> <td>3 - Adequate</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>3 - Adequate</td> </tr> </table> | Care and support | 3 - Adequate | Environment | 3 - Adequate | Staffing | 4 - Good | Management and Leadership | 3 - Adequate |
| Care and support | 3 - Adequate | | | | | | | | | |
| Environment | 3 - Adequate | | | | | | | | | |
| Staffing | 4 - Good | | | | | | | | | |
| Management and Leadership | 3 - Adequate | | | | | | | | | |

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website www.carecommission.com or by telephoning 0845 603 0890.

Translations and alternative formats

This publication is available in other formats and other languages on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هه بايتسد سيم وونابز رگيد روا رولکش رگيد رپ شرازگ تعاشا هـ

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

یرخأ تاغل بو تاقيسين تب بلطلا دن ع رفاوتم روشنملا اذه

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 603 0890

Email: enquiries@carecommission.com

Web: www.carecommission.com

Improving care in Scotland