

Hawick Community Support Service 28 th September 2016			
Quality Theme	Requirements/ Recommendations ¹	Grades	Previous Grades
Quality of Care & Support		5 Very Good	4 – Good
How well the service meets the needs of each person who uses it	<p>Requirements – 0</p> <p>Recommendations – 1</p> <p>1- The service provider should ensure that support plans and risk assessments contain comprehensive information to safely support the individual and manage any identified risks. There should be clear information for staff to follow to ensure consistency of practice. National Care Standards, Care at Home – Standard 4 Management and Staffing</p> <p><u>What People Told Us</u></p> <p><i>"Staff have been there emotionally for me through thick and thin".</i></p> <p><i>"Staff still supported me when I was in hospital".</i></p> <p><i>"The staff really do care about me".</i></p> <p><i>"We were not sure how (name) would get on with support at the start but there have been no problems at all".</i></p> <p><u>(Some) Findings from the Inspection</u></p> <p><i>We could see that service users had very good, trusting relationships with staff and they were confident to approach them, or contact the office for support.</i></p> <p><i>Support planning information needed to be improved and made more accessible..... It was evident that staff knew service users well and were supporting them to be as safe as possible; however this needs to be reflected in support plans with clear guidance for staff to follow.</i></p> <p><i>The service had taken prompt action to improve support plans and during feedback we saw risk management plans that had been developed. We recommend that the service ensure all</i></p>		

	<i>support plans fully detail how the individual's needs will be met and manage any identified risk. (Recommendation 1).</i>		
Quality of Staffing		5 Very Good	4 - Good
The quality of the staff, including their qualifications and training	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p>(Some) Findings from the Inspection <i>All training was up to date and regularly updated when required. This ensured that all staff were confident and competent to support service users with often complex care needs.</i></p> <p><i>Systems were also in place to ensure staff were supported within their role and to ensure their learning and development was on-going. This included regular supervision sessions where staff could meet with their line manager to discuss issues or concerns.</i></p> <p><i>Team meeting minutes demonstrated that weekly team meetings continued to be held.</i></p> <p><i>A main strength of the service was the very good honest and trusting relationships that had developed between staff and service users. Staff supported individuals in a caring, sensitive and respectful manner and service users clearly valued the support they received.</i></p>		
Quality of Management & Leadership		4 – Good	4 - Good
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements – 0</p> <p>Recommendations – 2</p> <p>1- The service provider should ensure that events/incidents are accurately recorded, monitored and evaluated to influence support planning and risk assessment information. They should ensure they notify the Care Inspectorate of any incidents as required. National Care Standards, Care at Home – Standard 4 Management & Staffing Manager has been signposted to ‘Records that all registered care services (except childminding) must keep and guidance and on notification reporting</p>		

1. The service provider should develop and implement quality assurance systems and audits to ensure effective oversight and monitoring of all aspects of the service provided. The system should effectively enable strengths and areas for improvement to be promptly identified and outcomes collated into an overall action/service plan.
National Care Standards, Care at Home – Standard 4 Management & Staffing.

(Some) Findings from the Inspection

Feedback was sought from service users, families and other partners through questionnaires. We saw positive feedback including requests for changes to be made to the care and support which had been responded to.

Staff were encouraged and supported to raise their views through systems such as supervision and staff meetings. The introduction of peer meetings enabled staff to independently raise comments and suggestions in a confident way. We saw examples where staff were empowered to take the lead and maintain responsibility for the care and support of a service user.

We also considered that some of the events/incidents that had occurred should have been notified to the Care Inspectorate as required.

(Recommendation 1)

Although there were some audits of medication and supervision, there was no formal quality assurance system in place to monitor and evaluate all areas of service provision. We were told at feedback that this was an identified area for improvement across the organisation and a quality assurance audit tool kit was being developed. A new role of quality and performance manager was to be introduced which we consider would further ensure consistency and quality within the service.

(Recommendation 2)

Tweeddale Day Service
4th October 2016

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4 Good	4 Good
How well the service meets the needs of each person who uses it	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>What people told us – CI</u></p> <p><i>“They (the Staff) are very nice”</i> <i>“The atmosphere is very relaxed”</i> <i>“The staff are very perceptive if you are not feeling 100% they pick it up, they are very supportive”</i></p> <p><u>(Some) findings from the Inspection</u></p> <p><i>People using the service said they found the staff attentive and caring and this was consistent with what we observed during the inspection visits. We observed staff providing care in way that was attentive to the needs of individuals, was respectful and promoted dignity.</i></p> <p><i>Work had been done to improve the organisation and content of personal plans. Risk assessments were up to date in all personal plans sampled. We felt that further work was needed on specific areas of the personal plans. These included the preferred daily routines of individuals, and how the health condition of a service user might affect the care they needed. This will be looked at in future inspection visits. All of the reviews sampled were up to date. We discussed the need to have an improved overview of when reviews are due to ensure that reviews are not missed. This will also be looked at in future inspection visits.</i></p>		
Quality of Environment		4 Good	4 Good
Where the service is delivered; for example, how clean, well maintained and	Requirements – 0		

<p>accessible it is, the atmosphere of the service, how welcoming it is</p>	<p>Recommendations – 0</p> <p><u>(Some) findings from the Inspection</u></p> <p><i>The day centre shared dining facilities with the adjacent day hospital. The presentation of the dining area and the effect of the dining experience was discussed during the inspection feedback.</i></p> <p><i>Good, well maintained systems were in place to ensure the environment was safe.</i></p>		
<p>Quality of Staffing</p>		<p>4 - Good</p>	<p>4 - Good</p>
<p>The quality of the staff, including their qualifications and training</p>	<p>Requirements – 0</p> <p>Recommendations –</p> <p><u>(Some) findings from the Inspection</u></p> <p><i>Staff described receiving good day to day support to carry out their roles and responsibilities. Staff told us they felt respected and that communication and morale within the staff team was good.</i></p> <p><i>Staff displayed good care skills in the way they interacted with people who used the service. Staff were motivated and showed a clear and strong commitment to meeting the needs of people using the service.</i></p>		
<p>Quality of Management & Leadership</p>		<p>4 – Good</p>	<p>4 - Good</p>
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements – 0</p> <p>Recommendations – 2</p> <p>1 Staff supervision should be provided in line with the frequency outlined in the service provider’s supervision policy. National Care Standard, Support Services, Standard 2 Management & Staffing</p> <p>2 Training records should be improved to allow for an easy overview of training due to</p>		

ensure all mandatory training is maintained and up to date.
National Care Standards, Support Service, Standard 2 – Management and Staffing

(Some) findings from the Inspection

The Manager and Senior Carers were aware of the need to spend time observing staff practice and spending time with people using the service to get their feedback on the care they received. This happened informally, described as a “cup of tea and a catch up” and also in a more structured way through meetings for people who used the service.

While supervision was happening this was not with the frequency described in the providers own policy. (See recommendation 1).

Training records were not well maintained and it took some time to ascertain that mandatory training was up to date. A system to improve the recording would ensure all staff training was up to date and reduce the risk of a training update being missed. (See recommendation 2)

Deanfield Care Home
27th October 2016

Quality Theme	Requirements/ Recommendations ¹	Grades	Previous Grades
Quality of Care & Support		4 Good	4 – Good
How well the service meets the needs of each person who uses it	<p>Requirements – 1</p> <ol style="list-style-type: none"> The service provider must ensure all care records including daily notes, medication records and nutrition and hydration records and oral care records are consistently maintained. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users. <p>Timescale: The provider must do this within 24 hours of the report being published.</p> <p>Recommendations</p> <p>Recommendations – 2</p> <ol style="list-style-type: none"> The service should ensure that documentation relating to consent to healthcare should be maintained up to date. National Care Standards. Care homes for older people. Standard The service should look at how activities are provided in the care home to ensure all residents have access to staff time to support them in their preferred activities. National Care Standards. Care homes for older people. Standard <p><u>What People Told Us</u> <i>Deanfield has provided a high standard of care. The staff are very approachable and I feel comfortable with them. Any issues I have had have always been dealt with promptly in a professional manner."</i></p> <p><i>The staff are easy to speak with I'm always asked for my opinion.</i></p> <p><i>There is always someone about if you need any help.</i></p>		

	<p><u>(Some) Finding from the Inspection</u> <i>We observed staff being attentive to the needs of individuals offering choices and providing care in a way which promoted independence and the dignity of the individual.</i></p> <p><i>The quality of personal planning sampled was generally good with some examples of good background information which described the individuality of the person Personal plans gave clear guidance on how individuals wanted to be supported to take medication.</i></p> <p><i>While records were being maintained we found some gaps in care records sampled. These included daily records of the persons care and occasional gaps in medication records and records of hydration and nutrition. We found gaps in the recording of oral care. (See requirement 1)</i></p> <p><i>We found examples of Section 47 consent to care certificates which had review dates set. These dates had passed however there was no evidence of a review taken place. (See recommendation 1)</i></p>		
Quality of Environment		3 - Adequate	4 – Good
<p>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</p>	<p>Requirements – 1</p> <p>1. The service provider must ensure that an environment suitable for a care home for older people is maintained. This must include: An adequate level of decor and repair. Improved flooring in the lower ground floor dining area. Ensuring equipment is repaired within reasonable timescales. Ensuring all seating providing is suitable for older people. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 Fitness of premises.</p> <p>Timescale: The provider must do this within eight weeks of the report being published.</p> <p>Recommendations – 0</p> <p><u>(Some) Finding from the Inspection</u></p>		

	<p><i>The care home has a good location near the amenities of Hawick town centre. A disadvantage of the location is the care home is situated on an incline which is steep in places and limits safe access to the care home grounds. Some outdoor seating was provided however there was no safe area that residents living with dementia could access without a constant staff presence to ensure their safety.</i></p> <p><i>Both visitors and staff told us that they felt the care home needed some investment to improve the quality of the physical environment which they described as "run down" "a bit shabby" dingy" and "in need of some tender loving care." This was consistent with our observations we noted unrepaired scape and impact damage throughout the care home. In areas and in particular the lower ground floor the standard of décor was tired reflecting a building which takes a lot of wear and tear and was in need of investment. (See requirement 1)</i></p> <p><i>First impressions of the care home were compromised by the poor quality of painted woodwork above the main door with areas of bare wood and large sections of unsightly moss which covered much of the care home roof. The flooring in the lower ground floor dining area was showing signs of wear. Staff and visitors told us this area had been malodorous in warmer weather in spite of constant cleaning. (See requirement 1)</i></p> <p><i>Two domestic dishwashers situated in the lower ground floor kitchens were out-of-order and had been for three weeks before the inspection. (See requirement 1)</i></p> <p><i>Staff described how some of the seating provided for residents was too low causing problems for people rising from seats and taking away their independence. (See requirement 1)</i></p>		
Quality of Staffing		4 - Good	4 - Good
The quality of the staff, including their qualifications and training	<p>Requirements – 0</p> <p>Recommendations – 1</p> <p>1. Records indicated that staff were receiving one to one supervision however for some individuals we found significant gaps between supervision sessions these was not being provided at the frequency stipulated in the services providers policy on supervision. (See recommendation 1)</p>		

	<p><u>(Some) Finding from the Inspection</u> <i>Assessments of dependency levels indicated that the current staffing schedule was adequate however this was tight. Factors to consider when looking at staffing levels in the care home include the layout of the care home with two distinct areas that need to be staffed separately and other calls on staff time including laundry, and administrative duties for senior care staff. A healthcare professional with regular contact with the care home noted that they had seen a steady increase in the support needs of residents due to dementia and general frailty. Relatives also commented that they were aware of the pressure staff were under due to needs of people living in the care home.</i></p> <p><i>Staff were committed to meeting the needs of residents</i></p> <p><i>Records indicated that staff were receiving one to one supervision however for some individuals we found significant gaps between supervision sessions these was not being provided at the frequency stipulated in the services providers policy on supervision. (See recommendation 1)</i></p>		
<p>Quality of Management & Leadership</p>		<p>3- Adequate</p>	<p>4 - Good</p>
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements – 1</p> <p>1. Systems set up to monitor training must be maintained to ensure all mandatory training to staff is up to date. Where training is due to expire this must be identified in time to arrange for the training to be provided to ensure staff have sufficient skills to carry out their roles and responsibilities. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 15 (b) Staffing-a requirement that staff are training to undertake the tasks they are expected to perform. Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users. Timescale: The provider must do this within 24 hours of the report being published.</p> <p>Recommendations – 0</p> <p><u>(Some) Finding from the Inspection</u> <i>We found examples of monthly audits being carried out to monitor the quality of the service provided. These covered several areas including accident and incident reporting, personal plans and infection control. Where areas for improvement had been identified through an audit, actions were being taken to respond to any risks to ensure people living in the care home were safe. Medication audits included action taken when gaps in records</i></p>		

had been identified. A small number of medication errors had been identified and appropriate action had been taken to seek advice from healthcare professionals and reduce the risk of the error being repeated

Systems had been put into place to monitor activities needed to ensure appropriate care was being provided these included systems to record residents reviews, staff supervision and staff training when they had taken place and when they were due. These monitoring systems had not been maintained. A significant result of this was staffing training records had not been correctly maintained and several staff had missed refresher training for mandatory training areas including practical moving and handling skills and practice. Time intensive work was being carried out to update these records however it will take some time to clear the backlog of expired training. In the interim, measures will need to be taken to ensure residents and staff are not at risk.

(See requirement 1)

Lanark Lodge
10th November 2016

Quality Theme	Requirements/ Recommendations ¹	Grades	Previous Grades
Quality of Care & Support		5 Very Good	4 – Good
How well the service meets the needs of each person who uses it	<p>Requirements – 0</p> <p>Recommendations – 1</p> <p>1. The service should ensure that support plans and risk assessments contain robust information of the intervention to protect service users and others. This should include details of any legal powers in place such as Welfare Guardianship. National care standards - Standard 2, Management and staffing arrangements.</p> <p><u>What People Told Us</u> <i>Service users were complimentary of the service and their comments included</i></p> <p><i>Support plan helps my support workers plan my day</i></p> <p><i>The service allows me to do things I want to do</i></p> <p><i>It's nice to go there, comfortable and warm</i></p> <p><i>Many staff have been there a long time</i></p> <p><i>Support plan information built up over the years between family and staff</i></p> <p><i>Staff keep me updated frequently</i></p> <p><i>I have no complaints at all. The staff are good</i></p> <p><i>Staff treat him as an adult and not a child</i></p> <p><i>It is better now than it has ever been - he gets out and about much more with one to one support</i></p> <p><i>I am always invited to reviews and they listen to my opinion and views</i></p>		

	<p><u>(Some) Finding from the Inspection</u> <i>We found that the service was very good at supporting people to achieve their goals and outcomes in a person centred way. This was evident by looking at support plans, risk assessments and speaking to service users and staff.</i></p> <p><i>Support plans gave a real insight, and effectively captured the outcomes achieved for people by participating in their chosen activities. Plans were up to date and demonstrated a clear culture of supporting individuals in a respectful and dignified way.</i></p> <p><i>We saw examples of good outcomes for a service user being supported and empowered to use the computer which promoted their independence and removed barriers to their learning. Other activities within the local community ensured that service users were supported to maintain their social and emotional well-being by keeping in touch with friends, feeling included and part of the community and meeting new people.</i></p> <p><i>A recent support needs assessment undertaken by the service demonstrated that each service user's care and support needs were being met by the current staffing levels in place. This effectively ensured that each service user received the level of support appropriate to meet their individual outcomes.</i></p> <p><i>There was a lack of comprehensive information within the section of the support plans to protect service users. We saw an example where it was recorded that a service user was an adult at risk, however no further information of measures in place to reduce the risk. (Recommendation 1)</i></p>		
Quality of Environment		5 Very Good	3 - Adequate
<p>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</p>	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>(Some) Finding from the Inspection</u> <i>We found that both buildings from which the service was provided, were accessible and supported service users in a safe, open and pleasant environment. The areas within the buildings also struck a good balance between private and group space to enable service users to be supported in way that met their care and support needs.</i></p> <p><i>The areas within the environment effectively support activities to enable service users to achieve their individual outcomes in a comfortable and relaxed way. For example, we spent time with service users baking in the kitchen area which was adapted to meet the different needs of service users. We saw that the service users enjoyed taking part in this activity and</i></p>		

	<i>were supported by staff to maintain their independence while ensuring this activity was carried out safely.</i>		
Quality of Staffing		5 Very Good	4 - Good
The quality of the staff, including their qualifications and training	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>(Some) Finding from the Inspection</u> <i>We observed staff to have a very good knowledge of individual service user's needs, choices and preferences. They interacted with service users in a kind and respectful manner and offered the appropriate level of support to meet their needs</i></p> <p><i>Staff spoke positively of the training they received to enable them to competently support service users. Training records confirmed that all staff had attended Adult Support and Protection training, Child Protection and Getting it Right for Every Child (GIRFEC) which ensured that they had the knowledge and skills to protect individuals and keep them safe.</i></p> <p><i>There were consistent systems in place to enable staff to be effectively supported within their role. For example, regular supervision meetings and we saw a good range of discussion from the minutes. This was also linked in to individual training and development needs to ensure staff training was up to date.</i></p>		
Quality of Management & Leadership		5 Very Good	4 - Good
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements – 0</p> <p>Recommendations – 0</p> <p><u>(Some) Finding from the Inspection</u> <i>The management and leadership of the service was spoken of in positive terms by staff and service users and they were described as supportive and approachable.</i> <i>There were various very good methods in place to ensure that service users and their families could influence the quality of the service they received. For example regular and consistent care reviews enabled service users and their families to give their feedback and suggestions on the care and support provided. Families were happy with the communication with the service and told us;</i></p> <p><i>We are encouraged to say if things are not right and we are listened to and things change</i></p> <p><i>They have regular meetings with our daughter</i></p>		

	<p><i>There were some regular audit systems in place including support plan audits. We considered these audits to be person centred and they effectively identified areas for improvement that focused on individual outcomes</i></p> <p><i>We found that systems and processes, particularly in relation to quality assurance were not consistent across both parts of the service. For example different formats were being used for individual service user risk assessments. Audits undertaken were not consistent across both parts of the service, although this is one registration. Although the inconsistencies did not impact on the very good quality of the service provided, we consider improvements could be made within the service's overall approach to quality assurance. We will follow this up at the next inspection.</i></p>		
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