

SCOTTISH COMMISSION FOR THE REGULATION OF CARE

INSPECTION REPORTS: July - December 2006

Name of Establishment	Client Group	Sources of Evidence	Comments
<p>Langcraigs Day Centre</p> <p>Inspected: 19/07/06 Report Sent: 28/09/06 Action Plan: 19/10/06</p> <p>Standards Inspected: Support Services 2, 5, 9, 12, 16</p>	<p>Older People</p>	<ul style="list-style-type: none"> ➤ Manager ➤ 5 staff (incl. Chef) ➤ Several Service Users ➤ Range of records/policies ➤ Direct observation of staff 	<p>Standard 2 - Management and Staffing Arrangements</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ All staff are aware of policies and procedures ➤ Staff are briefed on new policies and procedures at team meetings/one-to-one sessions ➤ Workforce development plan to identify training needs <p>Development</p> <ul style="list-style-type: none"> ➤ There was an appropriate, accountable system in place for recording any financial transactions involving service users' money. Staff should remember to always co-sign and transactions and regularly record a balance check
			<p>Standard 5 - Your Environment</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The service accommodation was well furnished, clean and decorated to a standard providing a bright and comfortable feeling throughout. ➤ There is a large stock of resources for activities. Service users spoken to on the day of inspection stated they had "plenty to do". <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development
			<p>Standard 9 - Supporting Communication</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Loop system in place. ➤ Staff have good relationships with service users and are aware of individual communication needs. ➤ Links with local sensory impairment and care plans evidenced contact with other outside agencies. <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development

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Langcraigs Day Centre (cont'd)			<p>Standard 12 - Expressing Your Views</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Service users spoken with reflected a real sense of ownership in relation to the service. ➤ Service users are fully aware of the complaints procedure, advocacy support and have been provided with small cards with their key workers name and contact details. <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development
			<p>Standard 15 - Eating Well Where The Support Service Provides Meals</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Individual dietary needs and preferences are recorded in support plans, as were concerns about individuals eating and drinking, which is reviewed on a monthly basis. ➤ Menus are varied and include fresh fruit and vegetables. ➤ Service users confirmed that menus offered choice and variety and they could have cups of tea or coffee as desired. ➤ Staff were observed to carry out good practice in relation to food handling. <p>Development</p> <ul style="list-style-type: none"> ➤ The service should continue to develop the current policy on eating, drinking, food and nutrition. ➤ The manager should consider training and qualification opportunities for catering staff.
<p><i>Other Information</i></p> <p>This was an announced inspection visit, carried out by one care commission officer, using the National Care Standards covering Support Services. The self-evaluation was fully completed and returned within designated timescales and it was reflective of the officer's findings on the day.</p> <p>Service users comments on the day included "It's lovely here I look forward to coming", "The food is excellent", "The food is beautiful", "It's great here and I don't know what I'd do without it". There were no carers or relatives available for comment.</p> <p>There was one recommendation from the last inspection in relation to risk assessing service users safety and the swing doors in the entrance to the centre. The manager consulted the fire department, which confirmed that the doors are not fire doors and can be left open. This recommendation has now been removed.</p> <p>There are no requirements or recommendations.</p>			

Name of Establishment	Client Group	Sources of Evidence	Comments
<p>Queen Mary Day Centre</p> <p>Inspected: 28/07/06 Rep Sent: 25/09/06 Action Plan: 15/12/06</p> <p>Standards Inspected: Support Services 2.5, 5, 15</p>	<p>Older People</p>	<ul style="list-style-type: none"> ➤ Manager ➤ 3 Staff ➤ 13 Service Users ➤ Range of records/policies ➤ Direct observation of staff 	<p>Standard 2 - Management and Staffing Arrangement - Safer Recruitment Strengths</p> <ul style="list-style-type: none"> ➤ The inspection found the services safer recruitment policies and procedures to be satisfactory. <p>Development</p> <ul style="list-style-type: none"> ➤ A system to check professional registers should be put in place. This is a recommendation. ➤ Staff should be given a copy of the SSSC Codes of Practice. This is a recommendation. ➤ Service provider should explore ways to further develop current processes to include a system for rechecking Enhanced Disclosures.
			<p>Standard 5 - Your Environment Strengths</p> <ul style="list-style-type: none"> ➤ The centre has recently been refurbished and it is bright and welcoming with a good standard of décor. ➤ There is plenty of space divided into different areas including shower and toilet facilities and also a room for a hairdresser. ➤ There is a wide range of information available on notice boards ➤ The centre is striving to meet the Smoking, Health and Social Care (Scotland) Act 2005 and WDC's own no smoking policies. ➤ There is a range of resources available and services users commented that they "had plenty to do" while at the centre. <p>Development</p> <ul style="list-style-type: none"> ➤ There is some concern about service users standing outside, at the back door to smoke (due to the no smoking policy) in the winter weather. This issue needs further consideration. ➤ The utility room should remain locked at all times prevent unauthorised access and the area at the back would benefit from some development to provide a useable outside area for service users. ➤ Toilets must be fitted with locks which work for service users and which also can be opened by staff in an emergency. This is a recommendation. ➤ Fire records are maintained but no fire drills are being carried by staff. This must receive immediate attention and records maintained of fire drills and staff training. This is a requirement.

Name of Establishment	Client Group	Sources of Evidence	Comments
Queen Mary Day Centre (Cont'd)			<p>Standard 15 - Eating Well Where the Support Services Provides Meals</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ There are policies in place regarding food hygiene. ➤ Services dietary needs are assessed on admission and recorded in care plans. Staff are clear about the procedures if they concerns about service's users food intake. ➤ Breakfast (incl hot options) was offered which service users appreciate. ➤ Mealtimes are like a social event for the users of the service. <p>Development</p> <ul style="list-style-type: none"> ➤ Policies and procedures on eating, drinking and nutrition need to be developed. This is a recommendation. ➤ Staff need to monitor and promote service users healthy eating choices. This is a recommendation. ➤ Catering staff need to receive formal training in relation to nutrition, food preparation and menu planning. This is a recommendation.
<p><i>Other Information</i></p> <p>This was an announced inspection visit, carried out by two care commission officers, using the National Care Standards covering Support Services. The self-evaluation was fully completed and returned before the inspection took place.</p> <p>Officers had made contact with Environmental Health Services for advice regarding appliances being stored in the same room. Confirmation was received that this practice was acceptable as long as staff adhered to infection control procedures.</p> <p>Service users comments about attending the service, the staff and being able to get out and meet people included "They're very kind - can't do enough for you ", "There's always a smile for you", "It's very good indeed", "I love to get out, I love the company", I look forward to getting out and the meals are lovely", "I like sitting on the bus to get here - I don't mind". No carers were consulted in the process of this inspection.</p> <p>There was one requirement from the last inspection which has been fully met.</p> <p>There is one requirement regarding fire safety which must be acted on immediately there are also 6 recommendations in place. It stated that a system should be put in place to check professional registers, all staff should receive copies of the SSSC Codes of Practice. Working locks should be fitted to toilet doors. The service should develop written guidelines for food, fluid and nutrition.</p>			

Name of Establishment	Client Group	Sources of Evidence	Comments
<p>Frank Downie Day Centre</p> <p>Inspected: 16/08/06 Rep Sent: 27/09/06 Action Plan: 18/10/06</p> <p>Standards Inspected: Support Services 2, 5, 9, 12, 15</p>	<p>Older People</p>	<ul style="list-style-type: none"> ➤ Manager ➤ 5 staff (incl. chef) ➤ Several service users ➤ Range of records/policies ➤ Direct observation 	<p>Standard 2 - Management and Staffing Arrangements</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ All staff are aware of policies and procedures and these are regularly discussed at team meetings. ➤ There are clear plans and a programme in place in relation to qualifying staff in line with the SSSC guidance. ➤ There is a clear, accountable system in place to record financial transactions. ➤ The inspection found the services safer recruitment policies and procedures to be satisfactory. <p>Development</p> <ul style="list-style-type: none"> ➤ The manager should look into training opportunities and qualifications for catering staff. ➤ The manager needs to have access to alternative staff to ensure that staffing levels are met when cover is need to staff holidays or sickness. This is a requirement.
			<p>Standard 5 - Your Environment</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ All required documentation is displayed in the main hall of the building. ➤ The service offers a bright welcoming environment. It clean and freshly decorated throughout. ➤ There is a range of resources available. Services users commented that they had plenty to do. <p>Development</p> <ul style="list-style-type: none"> ➤ The garden area needs upgrading, pathways are uneven and this makes it difficult for service users to move around freely. This is a recommendation.
			<p>Standard 12 - Expressing Your Views</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Each service user knows who their key worker is and has regular contact with them. ➤ The complaints procedure is on display and there is a comments box for service users. ➤ Service users reviews are carried out regularly and recorded. ➤ Service users have regular meetings and fully involved in decisions about the development of the service, this was evidence by minutes of their meetings. <p>Development</p> <ul style="list-style-type: none"> ➤ Care plans could be further developed to include details of service users views, wishes and by which names they like to be known.

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Frank Downie Day Centre (cont'd)			<p>Standard 15 - Eating Well Where The Support Service Provides Meals</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Chef consults with the manager on a daily basis in regards to dietary needs. ➤ If service users do not wish to choose from the menu the chef consults with them to offer an alternative. ➤ Fresh fruit and vegetables are on offer daily. <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development
<p><i>Other Information</i></p> <p>This was an announced inspection visit, carried out by one care commission officer, using the National Care Standards covering Support Services. No self-evaluation was returned prior to inspection.</p> <p>Service users comments about attending the service, the staff and being able to get out and meet people included "The staff are great", "food's lovely", "I look forward to coming", "the staff are all just like friends to me, "I don't know what I would do without it, I'm on my own now you see". No relatives or friends available for comment during this inspection.</p> <p>During the inspection the officer and the manager discussed recommendations from the previous inspection. These have been addressed with the exception of the increasing the risk assessment for service users; the manager will look into implementing these into care plans.</p> <p>There is one requirement regarding staffing levels to cover staff absences. There is one recommendation in regard to the garden area being in need of upgrading so service can use it safely.</p>			

Name of Establishment	Client Group	Sources of Evidence	Comments
<p>Dalreoch Day Centre</p> <p>Inspected: 24/08/06 Report Sent: 02/10/06 Action Plan: 23/10/06</p> <p>Standards Inspected: Support Services 2, 5, 9, 12, 16</p>	<p>Older People</p>	<ul style="list-style-type: none"> ➤ Manager ➤ 4 staff (incl. Chef) ➤ Several Service Users ➤ Range of records/policies ➤ Direct observation of staff 	<p>Standard 2 - Management and Staffing Arrangements</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ All staff are aware of policies and procedures and they are on display. ➤ Staff are briefed on new policies and procedures at team meetings/one-to-one sessions ➤ Staff spoken with indicated that they felt their training and support needs are being met <p>Development</p> <ul style="list-style-type: none"> ➤ In the interest of continuity for services users the provider should look at securing the temporary staff currently in post. ➤ Regular, recorded team meetings should be taking place.
			<p>Standard 5 - Your Environment</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The service was decorated to a high standard, providing a bright welcoming environment. ➤ The garden area is in the process of being developed; service users have been consulted throughout. ➤ The service has had a computer with internet access installed and service users have been training sessions. ➤ There is exercise equipment available and information on how to use the equipment safely is on display. <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development.
			<p>Standard 9 - Supporting Communication</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Through observation staff evidenced an understanding of the individual communication needs of each service user. ➤ The service has made use of staff skills in communication with service users whose first language is not English. <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development.

Name of Establishment	Client Group	Sources of Evidence	Comments
Dalreoch Day Centre (cont'd)			<p>Standard 12 - Expressing Your Views</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Each service user knows who their key worker is and has regular contact with them. ➤ Leaflets on how to make complaints to the service and the Care Commission are on display along with the most recent inspection report. ➤ Service users reviews are carried out regularly and recorded. <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development,
			<p>Standard 15 - Eating Well Where The Support Service Provides Meals</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The chef is aware of the preferences and needs of individuals. A salad buffet was recently introduced and has proved popular with service users. ➤ If service users do not wish to choose from the menu the chef consults with them to offer an alternative. ➤ Fresh fruit and vegetables are on offer daily. <p>Development</p> <ul style="list-style-type: none"> ➤ No areas for development.
<p><i>Other Information</i></p> <p>This was an announced inspection visit, carried out by one care commission officer, using the National Care Standards covering Support Services. No self-evaluation was returned prior to inspection.</p> <p>Service users spoken to on the day were very positive about the service they received and their comments included "It's great to come here and I look forward to it everyday", "The staff can't do enough for you here", "I don't know what I'd do without it. I would be sitting at home all day as I can't go out on my own", "There's plenty to do and we choose what we want to do". No relatives or carers were available for comment during this inspection.</p> <p>Care plans don't reflect a high level of service user involvement therefore the manager needs to look at ways of increasing service user involvement. Care plans also need to include more information about daily routines and direct care guidance.</p> <p>The service brochure is clear and informative and includes details of the service's policies and procedures.</p> <p>There are no requirements or recommendations.</p>			

Name of Establishment	Client Group	Sources of Evidence	Comments
<p>Dumbarton Centre</p> <p>Inspected: 19/09/06 Report Sent: Action Plan: 18/12/06</p> <p>Standards Inspected: Support Services 2.5 & 2.7, 15, 99</p>	<p>Learning Disability</p>	<ul style="list-style-type: none"> ➤ Manager ➤ 5 staff ➤ Several Service Users ➤ Range of records/policies ➤ Direct observation of staff 	<p>Standard 2 - Management and Staffing Arrangements (2.5 & 2.7)</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The services safer recruitment policies and procedures were found to be satisfactory. ➤ The fire safety records are in order <p>Development</p> <ul style="list-style-type: none"> ➤ The manager needs to ensure that required staffing levels are being met so as not to affect service delivery during staff holidays. This is a recommendation. ➤ A system to check p professional registers should be put in place. This is a recommendation. ➤ Service provider should explore ways to further develop current processes to include a system for rechecking Enhanced Disclosures.
			<p>Standard 15 - Eating Well Where The Support Service Provides Meals</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Staff have a good understanding of the importance of meals being provided and also were aware of individual food preferences and these were recorded in care plans. ➤ Menus were varied and offered choice, hot and cold drinks are available throughout the day. ➤ Service users are regularly involved in food preparation. ➤ A greenhouse has been installed and service users are planning to grow their own vegetables. <p>Development</p> <ul style="list-style-type: none"> ➤ Best practice guidance needs to be further developed the good practice which is happening in the service.
			<p>Standard 99 - Other Issues Related to National Care Standards and Regulations</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The service user contract has been developed and was out for consultation. <p>Development</p> <ul style="list-style-type: none"> ➤ Toilets, bathing and showering facilities have been awaiting upgrading for sometime. This really needs to be carried out as soon as possible as the increasing need for personal care means the current arrangements are unacceptable.

			<ul style="list-style-type: none"> ➤ Equipment for hygienically disposing of clinical waste was out of use and was creating a health hazard to staff and service users; this cannot be repaired properly until the upgrading works have been completed. This is a requirement.
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Other Information

This was an announced inspection visit, carried out by one care commission officer, using the National Care Standards covering Support Services. A completed self-evaluation was returned prior to inspection.

Service users with on the day of inspection made the following comments: "Sometimes it's good and sometimes it's not", "I like to coleslaw", "I like the dinners here", "I like the ice cream", "I don't like the spicy things - I pick something else". No relatives or carers were available for comment during this inspection.

There is **one requirement** in relation to the upgrading of disabled toileting facilities; this has a timescale of 4 months. There are **two recommendations** regarding staffing levels and checking the professional register.

Name of Establishment	Client Group	Sources of Evidence	Comments
<p>Auchentoshan Centre</p> <p>Inspected: 28/09/06 Report Sent: 17/10/06 Action Plan: 15/12/06</p> <p>Standards Inspected: Support Services 2.5 & 2.7, 15, 99</p>	<p>Learning Disability</p>	<ul style="list-style-type: none"> ➤ Manager ➤ 4 staff (incl. Chef) ➤ Dietician ➤ Several Service Users ➤ Range of records/policies ➤ Direct observation of staff 	<p>Standard 2 - Management and Staffing Arrangements (2.5 & 2.7)</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The services safer recruitment policies and procedures were found to be satisfactory. ➤ The fire safety records are in order <p>Development</p> <ul style="list-style-type: none"> ➤ A system to check professional registers should be put in place. This is a recommendation. ➤ Service provider should explore ways to further develop current processes to include a system for rechecking Enhanced Disclosures.
			<p>Standard 15 - Eating Well Where The Support Service Provides Meals</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ Staff have a good understanding of the importance of meals being provided and also were aware of individual food preferences and these were recorded in care plans. ➤ Menus were varied and offered choice, hot and cold drinks are available throughout the day. ➤ A dietician regularly visits the service. <p>Development</p> <ul style="list-style-type: none"> ➤ Managers should consider formal training for kitchen staff. This is a recommendation. ➤ Developing a range of policies and procedures on eating, drinking and nutrition should continue and could include arrangements for assisting service users to develop skills in understanding importance of food preparation and nutrition.
			<p>Standard 99 - Other Issues Related to National Care Standards and Regulations</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The service user contract has been developed and was out for consultation. ➤ Staff training in risk assessment had taken place. <p>Development</p> <ul style="list-style-type: none"> ➤ The large centre has an empty appearance with so many service users out doing other activities the manager should continue with the aim to find a more suitable base. This is a recommendation

Other Information

This was an announced inspection visit, carried out by one care commission officer, using the National Care Standards covering Support Services. No self-evaluation was returned prior to inspection.

There were very few service users in the centre at the time of inspection. Service users spoken with seemed content with the service and made the following comments: "We get hot food or soup or sandwiches", "It's okay", and "We get well fed here".

There are **no requirements** and **three recommendations** regarding checking the professional register, formal training for kitchen staff and providing alternative premises.

The service is working towards a "Healthy Eating " award. With service users regularly eating outwith the centre staff are actively negotiating with proprietors to ensure menu options and facilities were suitable for individual needs.

Name of Establishment	Client Group	Sources of Evidence	Comments
<p>Dalreoch House</p> <p>Inspected: 21/11/06 Report Sent: 24/11/06 Action Plan: 15/12/06</p> <p>Standards Inspected: Care at Home 4, 5, Themes Fire Safety Managing Residents Finances Safe Recruitment</p>	<p>Older People</p>	<ul style="list-style-type: none"> ➤ Depute Manager ➤ 4 Staff ➤ Several residents ➤ Range of records/policies ➤ Direct observation 	<p>Standard 4 - Your Environment</p> <p>Strengths</p> <ul style="list-style-type: none"> ➤ The service offered single rooms to all residents. <p>Development</p> <ul style="list-style-type: none"> ➤ Service is in the process of investigating means of offering en-suite facilities to all residents.
			<p>Standard 5 - Management and Staffing Arrangements</p> <p>Strengths</p> <p>Theme - Fire Safety</p> <ul style="list-style-type: none"> ➤ All fire records were up to date with the exception of emergency lighting. <p>Theme - Managing Residents Finances</p> <ul style="list-style-type: none"> ➤ All financial records viewed were clear accountable and up to date. <p>Theme - Safe Recruitment</p> <ul style="list-style-type: none"> ➤ An audit of the services safer recruitment policies and procedures has been carried out and found to be satisfactory. <p>Development</p> <ul style="list-style-type: none"> ➤ Service is in the process of investigating means of offering en-suite facilities to all residents. ➤ A system to check p professional registers should be put in place. This is a recommendation.
<p><i>Other Information</i></p> <p>This was an announced inspection visit, carried out by one care commission officer, using the National Care Standards covering Care Homes for Older People. A completed self-evaluation was returned prior to inspection.</p> <p>Several residents were spoken with during the inspection and they were very positive about the service and made the following comments: "It's like home from home", "The staff are all so nice, just ask and they'll help you", "The food is brilliant! If you want extras then all you have to do is ask", "I'm lucky to get a place like this", "I have friends here, a few of use sit and play cards, chat and get together every day".</p> <p>There are no requirements and one recommendation regarding checking the professional register.</p>			