

# Inspection report

## East Kilbride & District Dementia Carers Group Support Service

169 Pine Crescent  
Greenhills  
East Kilbride G75 9HJ

**Inspected by:** Gillian McPake  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 9 October 2007

**Service Number**

CS2003001410

**Service name**

East Kilbride &amp; District Dementia Carers Group

**Service address**169 Pine Crescent  
Greenhills  
East Kilbride G75 9HJ**Provider Number**

SP2003000281

**Provider Name**

East Kilbride &amp; District Dementia Carers Group

**Inspected By**Gillian McPake  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

9 October 2007

**Period since last inspection**

7 Months

**Local Office Address**Princes Gate  
60 Castle Street  
Hamilton  
ML3 6BU

## **Introduction**

East Kilbride District Dementia Carers Group is a day care support service for older people with dementia.

It is situated in a quiet residential area of East Kilbride, with its own small enclosed garden area. The service has its own transport which enables service users to be transported to and from the service, as well as outings organised by the service.

The service is registered to accommodate 6 service users. During the inspection there were 6 older people using the service.

The service was registered by the Care Commission in April 2002.

The aims and objectives as stated by the service are "to have a warm, friendly stable environment. To treat service users with respect, encouraging and assisting service users throughout the day in self help, domestic and social skills". The service have recently added to their aims and objectives "care provided should meet the National Care Standards (NCS), all staff and volunteers are briefed on the NCS and regular reviews" and that "service users all receive a copy of (abbreviated version) NCS"

## **Basis of Report**

### **Before the Inspection**

#### **The Annual Return**

The service submitted a completed Annual Return as requested by the Care Commission which provided updated information about the service.

#### **The Self-Evaluation Form**

The service submitted a self-evaluation form as requested by the Care Commission. This contained information on what the Manager thought they did well, and how he thought some things could be improved.

#### **Views of service users**

The views of service users were obtained on the day of the inspection.

### **Regulation Support Assessment**

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required as a result. The inspection was then based upon the relevant Inspection Focus Areas and associated National Care Standards for the particular service type and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

### **During the inspection process**

This report was written following an announced inspection which took place over one day on the 9 October 2007, between 09:25 and 17:10.

The inspection was carried out by Gillian McPake. A Care Commission Practice Learning Assessor was also present at the Inspection to observe the Care Commission Officer who is undertaking the Regulation of Care Award.

#### Staff at inspection

Discussion took place with a range of care staff including:

- The Manager
- Two Carers

During this inspection the Care Commission Officer also observed staff practices as well as the Home environment and equipment.

#### Evidence

During inspection, evidence was gathered from a number of sources including:

A review of a range of policies, procedures, records and other documentation, including the following:

- service users' personal plans
- staff files
- staff training records
- policy and procedures on restraint, staff training and development, adult and child protection
- quality assurance documentation

#### Inspection Focus Areas and associated National Care Standards for 2007/08

This years inspection focus areas (IFAs) have been developed from statutory and policy considerations and have been widely consulted upon. The IFAs are directly linked to relevant National Care Standards. Details of the inspection focus and associated standards to be used in inspecting each type of care service in 2007/2008 and supporting inspection guidance, can be found on:

[http://www.carecommission.com/index.php?option=com\\_content&task=view&id=4557](http://www.carecommission.com/index.php?option=com_content&task=view&id=4557)

The IFAs and associated standards reported upon at this inspection were:

##### 1. Protecting People

Sub section :

- Child Protection in services for adults
- Restraint
- Adult Protection
- SSSC codes and staff training

##### 2. Quality Assurance

#### Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Action taken on requirements in last Inspection Report**

One requirement was made at the last inspection this was suitably met with in a suitable timescale provided in an action plan from the service.

### **Comments on Self-Evaluation**

A fully completed self evaluation document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Standards associated with the inspection focus area.

### **View of Service Users**

Six out of the 6 service users were spoken with during this inspection. This was as a group discussion, during lunch around the dining table. All service users expressed their delight when attending the service and provided positive feedback about the Manager and staff as well as the facilities provided during their time in the service.

A new cook had recently taken up post and service users expressed their continued enjoyment of the food which was provided. One service user commented they had apprehensions about a new cook as the previous cook was "very good" but had not noticed any difference stating that the "food was just as good".

Further views of service users can be seen under Standard 2 : Management and Staffing:strengths in this report.

### **View of Carers**

There were no carers with which to consult with on the day of inspection.

## **Regulations / Principles**

### **Regulation :**

### **Strengths**

### **Areas for Development**

## **National Care Standards**

### **National Care Standard Number 2: Support Services - Management and Staffing Arrangements**

#### **Strengths**

The inspection focus area directly linked to this standard was Protecting People and Quality Assurance, reporting on the associated sub sections adult and child protection, restraint, Scottish Social Services Council (SSSC) codes and staff training sections as detailed at the beginning of this report.

This report does not include comments on elements 2.4 to 2.5 and 2.7 to 2.13 of standard 2, as these did not apply to the service at this visit.

A restraint policy and procedure with suitable reference to how restraint would be recorded was available.

The service did not have any service users requiring restraint during this inspection. Service user's personal plans had details of their risk assessments which were reviewed and updated on a regular basis.

Two staff were interviewed during this inspection one indicated they had received training on restraint externally, the other indicated the training they had received was internally by the Manager.

The service had no adult abuse concerns since the last inspection.

A staff training and development policy as well as a staff training programme was available and covered nearly all the requirements as defined in regulation including non statutory requirements. The training programme addressed the need for staff to obtain suitable qualifications in which to register with the Scottish Social Services Council (SSSC). More than half of the staff currently had a suitable qualification or were working towards obtaining a Scottish Vocational Qualification (SVQ). This was also highlighted as an area of development in the service's self evaluation returned to the Care Commission prior to this inspection.

Training evaluation questionnaires were available to evaluate the effectiveness of staff training; this was also discussed through supervision and staff meetings.

Staff spoken with acknowledged this and expressed they had no hesitation in approaching the manager to identify training or anything which they had doubts or concerns about.

Staff were informed in advance of any training through an annual training planner.

All staff paid and unpaid who worked in the service were able to provide direct feedback to

the service, this feedback was suitably recorded.  
A suitable system was in place to observe and monitor staff.

A quality assurance system was in place and records of this were available.

Staff were observed throughout this inspection and interacted well with service users, all of the staff responded appropriately to service users requests and provided a choice of activities which service users clearly enjoyed taking part in. Staff appeared to know the service users well responding positively to their individual needs and requests.

Service users had only positive comments about the staff and the manager. Overall it was a happy and pleasant environment, which everyone appeared to enjoy.

### **Areas for Development**

A child protection and adult protection policy and procedure was available but only in draft, the Manager advised both policies were still to be finalised and distributed to staff. The Manager was advised to include contact details of the relevant authorities removing the Care Commission as their first point of contact. Also to be included was the role of the manager in reporting and recording such incidences. The Manager confirmed when the Area Inter–Agency Adult Protection procedures were made available by the local authority that this would be incorporated into the policy and procedures.

Of the two staff interviewed they indicated they had either received or about to receive some training on adult abuse through their Scottish Vocational Qualification 3 (SVQ), but had not received any formal training within the service. (see requirement 1)

However both responded they would advise the Manager of any concerns they had in relation to protection of vulnerable people.

Although there was suitable information in the restraint policy, the Manager could improve this by making reference to the Mental Welfare Commission's guidelines "Rights, Risks and Limits to Freedom".

Although there was a copy of this document available in the service staff were unaware of it. (see recommendation 1)

Service user's personal plans indicated the risk assessments for individuals with some details in relation to restraint. This however could be developed further to relate the risk assessments and provide more detail of the abilities and needs of service user's in relation to the Mental Welfare Commission's (MWC) best practice guidance. (see recommendation 2)

Although training on restraint had taken place the training did not clearly identify that all restraint methods had been covered in this package.

The Manager had provided some training in-house in relation to restraint but had no formal qualification in restraint training (see recommendation 3)

Although statutory training had taken place there was evidence there had been no formal training in infection control and or was there a suitable policy and procedure. (see requirement 2 and recommendation 4 )

As an area for improvement the manager was to include in the existing staff training and development policy the procedure the service used to evaluate the effectiveness of staff training.

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

All recommendations from the previous inspection have been suitably addressed.

The manager was advised to file the staff and service user's accident and incident forms separately.

## **Requirements**

1. The care service will ensure access to appropriate training in adult abuse issues and use of associated policy and procedure to all staff with access to service users.

This is in order to comply with:

SSI 2002/114 Regulation 4(1)(a) – a requirement that providers shall make sure proper provision for health and welfare of service users.

Timescale for implementation: 2 Months from publication of this report

2. The care service must ensure access to training on infection control.

SSI 2002/114 Regulation 13(c)(i) – a requirement to ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: 2 Months from publication of this report

## **Recommendations**

1. All staff employed in the service should be made aware and understand the Mental Welfare Commission's documents 'Rights, Risks and Limits to Freedom.

National Care Standards Support Services: Standard 2.6: Management and Staffing

2. Service user's risk assessments should be further developed in relation to restraint and referenced to the Mental Welfare Commissions "Rights,Risks and Limits to Freedom".

National Care Standards Support Services: Standard 2.6: Management and Staffing

3. The Manager should source suitable training ensuring the person performing the training is suitably qualified in restraint and that the training relates to best practice guidance as identified in the document produced by the MWC (identified above).

National Care Standards Support Services: Standard 2.6: Management and Staffing

4. A suitable policy and procedure should be developed for infection control.

National Care Standards Support Services: Standard 2.6: Management and Staffing

**Gillian McPake**

**Care Commission Officer**