

# 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:** 1 December 2008

**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**

1 December 2008

**Period since last inspection**

14 months

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

## **Introduction**

East Kilbride and District Dementia Carers Group has been registered with the Care Commission since April 2002 and provides a day care support service for 6 older people with dementia.

The service is situated in a quiet residential area of East Kilbride and provides a homely setting with a fully enclosed outdoor garden space. The service has their own transport to assist service users travelling to and from the service on a daily basis.

This transport is used regularly to take service users to their choice of day trips and events.

The aims 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".

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

Quality of Care and Support - 5 - Very Good

Quality of Environment - 5 - Very Good

Quality of Staffing - 5 - Very Good

Quality of Management and Leadership - 4 - Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

This report was written following an announced inspection.

### **Before the Inspection**

#### **The Annual Return**

The service submitted a completed Annual Return as requested by the Care Commission.

#### **The Self-Assessment Form**

The service submitted a self-assessment form as requested by the Care Commission

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

There were 10 service user questionnaires issued by the Care Commission prior to inspection and 7 were returned prior to or during the inspection.

#### **Regulation Support Assessment**

The inspection plan for this service was decided 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.

## LOW

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

### Staff at inspection

The announced inspection was carried out by Gillian McPake Care Officer (CCO) and took place on, 1 December between 9:30 and 16:30.

Feedback was given to the manager and a senior carer of the service on 1 December 2008.

Discussion took place with the manager, senior carer and two carers.

### Evidence

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

- Service users and staff questionnaires returned to the Care Commission.
- A review of a range of policies, procedures, records and other documentation, including the following:
  - service user's personal plans
  - training records and policy and procedures
  - staff files

All of the above information was taken into account during the inspection process and reported on.

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:  
<http://www.carecommission.com/>

### 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 since last Inspection**

There were two requirements made since the last inspection.

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

Training was provided to all staff working in the service by South Lanarkshire Council and a relevant policy and procedure was now in place.

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

Staff had completed or in the process of completing infection control training in the form of open learning. This was certificated training and staff spoken with found this training to be of interest and relevant to the job they were doing.

### **Comments on Self Assessment**

A completed self assessment was forwarded to the Care Commission. This identified strengths and areas for improvement.

### **View of Service Users**

There were 10 service user questionnaires issued by the Care Commission prior to inspection and 7 were returned prior to or during the inspection.

The views from service users and the comments made were very positive about the service, the manager and the staff who worked there.

All of the questionnaires returned to the Care Commission agreed or strongly agreed with all the questions asked under each quality theme.

Some of the service user comments were:

“ This group in my opinion is first class”

“ I look forward each day while visiting this club.” “ the company are kind and helpful in every way”.

“ Each day I attend is most enjoyable”.

### **View of Carers**

There were 10 relative and carer questionnaires issued by the Care Commission prior to inspection and 8 were returned prior to or during the inspection. However a number of relatives had completed the questionnaires on behalf of the service users.

All of the questionnaires returned to the Care Commission agreed or strongly agreed with all the questions asked under each quality theme.

Some of the relative and carers comments were:

“ I am very impressed by the staff’s attitude to my relative”. “I also like the way they are willing to give me time and support”.

Other relatives commented about the care and support and “how kind, helpful and considerate “ staff were. They could not thank staff enough for the support and care they provided.

Other relatives commented how their relative had benefited from attending the service and the “communication and stimulation” staff provided was second to none.

One relative commented:

“The staff are all wonderful, and they do many things at and out with the day care centre”.

Many of the relatives named the manager and each member of staff highlighting what “great assistance they provided” and that they “walked the extra mile”.

## **Quality Theme 1: Quality of Care and Support**

### **Overall CCO Theme Grading: 5 - Very 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**

Sitting with service users and staff there was a great sense of service user participation and staff actively engaged with service users, encouraging them through general discussions and activities taking place to participate fully.

Staff highlighted service user involvement was critical to this service and that the service users "always came first".

The overall atmosphere was relaxed and pleasant. One service user commented it was "a home from home".

Service users commented "how wonderful the staff were" and how they enjoyed coming to the service. Many could not believe how fast time went while attending the day care provision.

Participation was further promoted through the regular service user and carer forums held. This provided an opportunity for those who attended to hear about progress in the service and to comment or suggest how improvements could be made.

People who used or were involved in this day care provision were kept up to date with developments and news through the website or by post.

An example of this was a letter sent to service users and their representatives offering advocacy services to assist with the completion of service user questionnaires, sent by the Care Commission. This letter was very informative and provided the name and address of the advocacy services, which the manager had contacted prior to the letters being sent.

There was an overall sense of inclusion.

The manager and staff had recently introduced a "getting to know you" form which encouraged service users, relatives and carers to complete. This provided a very person centred approach to the care provided in this service as each question related to the individual for example "things I like to do", "things I don't like doing". This incorporated music, food and talking points as part of this assessment.

This assessment provided the staff with information which they could develop and improve the quality of care and support for people using this service. Evidence was available where requests were made for example the choice of outings and what the preferences were, these were acted upon.

#### **Areas for Development**

The service was in the process of developing an "inclusion" strategy, this was available in draft format and was to be seen by the committee board and service users prior to it being finalised.

The service as areas for improvement could consider providing the outcomes of the meeting discussions (minutes) to service users and how this influenced change for improvement. The manager identified this could be posted out to service users or posted on the website.

The care plans, elements of these were signed and provided evidence the service user had contributed to the plan; however the service was to develop this further to incorporate a signature of the service user or their representative following any reviews of the plan and the information contained in them.

## **CCO Grading**

5 - Very Good

## **Number of Requirements**

0

## **Number of Recommendations**

0

## **Statement 6: People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides**

### **Service Strengths**

A very detailed information pack was available, which staff spent time with each individual and their representative going through, this included how to make a complaint, what services were available to them and their rights while attending the service.

All the information including revised and up to date policies and procedures were available on the website, for service users and their representatives who had no internet access this information was regularly posted out to them.

The service encouraged service users to visit the day care and see for themselves what the service offered prior to attending.

The manager and staff preferred this method of introduction as it gave the service user the opportunity to visualise and have a sense of what the service was and offered. It also provided an opportunity for the individual to meet other service users and staff.

One relative commented their relative "did not want to attend day care at all and would have refused it if had not been for their first impression of the care at Pine Crescent. The manager is wonderful with them and the cosy, homely surrounding persuaded' their relative "to give it a try".

They further commented " we were well informed of what is going on and have plenty opportunity to attend meetings and become involved".

A policy and information was available for those service users who either ceased the service or moved on to another day care provision.

An example was given of how staff would support service users with this move. The example provided good evidence where a service user was no longer able to attend the service due to

their deteriorating condition; however the staff enabled the service user to make this decision for them self and not have this made on their behalf.

This helped the service user who was then content with a decision they had made.

### **Areas for Development**

There were no areas for improvement identified as the service was performing excellently under this quality statement.

### **CCO Grading**

6 - Excellent

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.**

### **Service Strengths**

See Quality Statement 1.1

The service had general discussions about the environment and how this could be improved and there was evidence of some of these discussions available in minutes of meetings held.

An example was provided of service user's choice of chairs in the lounge and their preference for more chairs of a similar colour and design. This has since been actioned by the service and more chairs were available.

Service users were happy with their environment and expressed they would not change anything about it.

Service users joked they 'just told the staff what they wanted' however they did advise the service was developed around them and their choices and that this made the service "one of the best".

### **Areas for Development**

The service as an area for improvement were to consider other formal methods of how they could encourage more active participation from service users in assessing and improving the quality of environment and how the information and any actions taken would then be fed back to service users and their representatives.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: The accommodation we provide ensures that the privacy of service users is respected.**

### **Service Strengths**

This day care provision operates from a small house and respects the privacy of the service users who use the service. The house is not easily identifiable as a day care centre which affords further privacy and respect for the individuals who use the service.

Staff were observed treating each service user with respect and dignity, spending quality time with each service user.

Areas were available where service users could go to if they wanted to be on their own or to discuss something in private.

An area of the lounge could be screened off to provide further privacy for the service users who could not manage the stairs.

A toilet and bathroom were available for anyone who wished to use the facilities and staff were available to assist with any personal care required.

A door bell sound for those service users who required assistance in the toilet was available. This system, the manager advised was to ensure service user's privacy when they required assistance and only the staff could identify that a service user required this assistance.

### **Areas for Development**

Due to the constraints of the house the service are unable to provide chairlift access to those with mobility difficulties to access the upstairs. This is an area the service is fully aware of and has been actively looking at other accommodation with in the East Kilbride district.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

### **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

#### **Service Strengths**

See Quality statement 1.1

An example given in support of this quality statement was during a recent meeting service users were asked "what they looked for in a care worker and what characteristics and abilities they should look for" when recruiting staff.

Many of the comments were about the quality of staff already working in the service and that this should be the basis of any characteristics and abilities.

The service were committed to engaging and involving the service users and their representatives in the assessment and improvement of staffing in this service.

Many of the staff had been working in the service for a number of years and relationships had been built with the service users, however there were opportunities for students and volunteers to gain experience in the service and service users were encouraged to be part of the evaluation process.

As a way of evaluating staff and their practise informal discussions would take place with service users, by the management and senior carer. This formed part of the staff's work assessment process.

#### **Areas for Development**

See Quality Statement 1:1

The service were to consider other ways of engaging and involving service users in improving and assessing the quality of staffing in the service and developing methods of formal analysis. The results of which could then be fed back to the service users.

#### **CCO Grading**

5 - Very Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

**Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.**

#### **Service Strengths**

The values identified that service users were treated with "patience, respect and confidentiality" and formed the aims and objectives of the service. These values were identified throughout the policies and procedures and were all based on the principles of the National Care Standards (NCS's). The manager and staff all were observed and actively promoted these within the service.

Staff were all fully aware of the policies and procedures and advised the manager encouraged them to be involved in their development, this included for example the policy on equality and diversity.

All staff were qualified and had Scottish Vocational Qualification 3 and above and had a good knowledge of the NCS's.

A comprehensive training plan and record was available for staff. Staff advised training opportunities were readily available and met the needs of the service users and their own developmental needs.

Service users, relatives and staff all advised respect was afforded to everyone involved in the service and that the manager continually strived to promote these values.

Views of service users and their representatives were respected and acted upon.

Staff spoken with advised there was a sense of respect for all and that this was a value which was promoted with in the service.

### **Areas for Development**

The service identified as an area for improvement, the aims and objectives were to be reviewed once the participation strategy was finalised.

Staff were to receive training and information around participation and assist in developing the new aims and objectives.

Two staff were currently piloting a distance learning dementia awareness training kit. This would be rolled out to all staff if the pilot was successful.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 4 - Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

### **Service Strengths**

See Quality Statement 1:1

Although there is a management structure to this service there was a sense of team work. Staff all commented how well they worked as a team.

Staff skills and knowledge were promoted and recognised and requests made by staff were respected and acted upon.

Staff valued and respected the manager of the service and advised he promoted and encouraged service users, their representatives and staff to be actively involved in the service including decisions about the service.

This was highlighted in some of the relative and service user questionnaires returned to the Care Commission.

### **Areas for Development**

See Quality Statement 1:1

The service were to consider other formal methods of engaging and involving service users in improving and assessing the quality of management and leadership.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

### **Service Strengths**

The inspection focus area for this quality statement was in relation to notifications made to the Care Commission and the Scottish Social Services Council (SSSC), the manager of this service was fully aware of his responsibility to notify the relevant bodies of any misconduct or dismissal of staff working in the service.

No staff had been dismissed from the service prior to or during this inspection.

The service provided a suggestion book and a complaints procedure, together with the Care Commissions Complaint procedure as a way of quality assurance.

### **Areas for Development**

The service were in the process of reviewing an audit tool " design for people with dementia" and hoped to use this as a method of quality assuring the service.

The service were to continue to look at other quality assurance models to improve this service further and systems of engagement with service users, carers, staff and other stakeholders.

Any tools used are to be formally recorded and analysed with positive outcomes for service users.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Regulations / Principles**

**National Care Standards**

## **Enforcement**

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

## **Other Information**

Recommendation made at the last inspection

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

A copy was now available and staff were fully aware of the document and its contents.

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

This was available, however to improve upon the information recorded the service should be more specific to the restraint used and the time frame if any for this method.

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.

This was met. However some of the training was physical and not appropriate for this service. The manager identified this was highlighted during the traioning.

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

This was available.

The service provision in East Kilbride and District Dementia Carers Group was currently under review by the local Council who fund service user placements. Service users and their carers had not been informed by the council that there were plans to examine the current service provision; this would mean the potential closure of the service, with a view to transferring the current service users to local authority services.

The manager and staff have taken this responsibility to keep service users and their representatives up to date with any discussions which take place.

The service has received a lot of correspondence from service users, their representatives, other stakeholders and support from the wider community in relation to this matter and people especially the service users are very aggrieved that this facility could be removed from them.

## **Requirements**

None

## **Recommendations**

None

**Gillian McPake**

**Care Commission Officer**